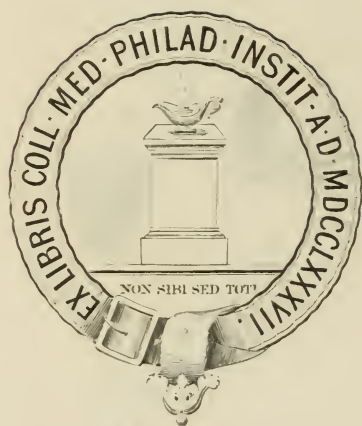






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THE

# AMERICAN PRACTITIONER AND NEWS:

A BI-WEEKLY JOURNAL OF

MEDICINE AND SURGERY.

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D. W. YANDELL, M. D., AND H. A. COTTELL, M. D., EDITORS.

VOLUMES I AND II.—1886.



LOUISVILLE, KY.

JOHN P. MORTON AND COMPANY, PUBLISHERS.

1886

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# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. I.  
[NEW SERIES.]

LOUISVILLE, KY., JANUARY 9, 1886.

No. 1.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### NOTES ON THE CONTAGIOUS MIASMATA OF SCARLATINA AND MEASLES.\*

BY DR. FREDERIK EKLUND,

Senior Physician at the Royal Naval Station, Stockholm, Sweden.

Epidemics of scarlatina and measles are extraordinarily frequent in Sweden. During the decennial period from 1870 to 1879, inclusive, as gathered from the official registers, there were 85,045 cases of scarlatina, with 17,045 deaths, a mortality of 19.8 per cent, and 59,498 cases of measles, with 2,375 deaths, a mortality of 3.9 per cent. The mortality in the entire kingdom from these two infectious diseases is found quite uniformly dispersed, with the exception of our three northern provinces, where they are observed comparatively less often. In one single year (1869) 39,820 cases of measles were registered, with 2,391 deaths, a mortality of 6 per cent. These figures demonstrate incontestably that the public health is threatened by a calamity, national, grievous, and generally distributed, against which all measures of prophylaxis and therapeutics provided up to this day have proved impotent.

The contagiousness of the zymoses in question has never been denied by any one, but rigorous and attentive observers could not have failed to be struck with the occurrence of cases of these diseases, by no means rare, which

have not been explicable on the hypothesis of contagion, or for the elucidation of the etiology of which that supposition has been too strained, too little natural, and in the highest degree improbable.

It is now already more than eight years since I began to direct attention to the presence in the urine of scarlatinous patients of large quantities of corpuscles (*Plax suidens*), broad and flat, in oval or round disks, colorless, or yellowish white, also sporoids, surrounded with a cellular membrane clear and distinct, and supplied with a nucleus separated from the cellular contents by a very delicate limiting membrane. Sometimes the nucleus itself contains a nucleolus extremely attenuated. Placed in the focus of the microscope, the nucleus presents, as a general rule, a clear or brownish-tinged color, but on changing in the least the field of the microscope, the nucleus appears of a dark tint. On examination with the eye-piece No. 2, and No. 8 objective (Nerich), the diameter of the cells (*Plax suidens*) is, as a general rule, about 0.5 micro-millimeter, while the long axis of the typical oval, perfectly developed, is a little more than a micro-millimeter, and the diameter reaches almost a micro-millimeter. Ordinarily, in the beginning of investigation, they show a rotatory movement, corkscrew- or tendril-like, or even circular.

If one raises the cover-glass by means of a thin knife blade, one observes instantaneously, after the addition of a drop of water to the microscopic preparation, that the cells in question begin to turn and to execute circular sawing movements on the slide, or bore, in a corkscrew-like way. They multiply, as I have many times observed, by the bifurcation of the nucleolus first, then the nucleus, and finally, the cell itself.

The *Plax suidens* is then a veritable schizo-

\*Translated from the author's original manuscript by Dr. D. T. Smith.

mycete, of which I am still more certain, as I have always been able to determine that the filaments of mycelium are developed from those corpuscles that never unite in chaplets after the manner of the saccharomycetes or the torulas, nor present groups or heaps under the form of zoöglea, properly so called. Since the *Plax suidens* never multiply by spores, I have rejected the name of *Saccharomyces urinice* (Toebisch).

These schizomycetes constitute the essential contagion of scarlatina. But I am not able to put in perfect evidence at present this assertion of mine by adding successful cases of inoculation accomplished by me in an experimental view, for I can not but regard it as contrary to my noble vocation of physician to subject either my own kind or animals to mortal affections.

Having assured myself that the *Plax suidens* represent the contagion of scarlet fever, I am still more certain as I have never been able, in my thousands of microscopic examinations of urine, to find them in the case of persons who have not been affected with scarlatina; while on the other hand I have observed them constantly and abundantly in the urine of the scarlatinous, and of persons who have just recovered from the affection, when I have endeavored immediately to discover them, and where they are found spread out in the manner of *Plax suidens*. I have found them in great quantities in the water of the earth, about abscesses, in clothing, in marshy borders of lakes and of the sea, on the walls of houses, and on the surfaces of musty papers, from infected chambers. Also it has been observed as a parasite in *Englena virides*. If I shall shortly come to observe that in a family where one child is affected with scarlatina, the urine also of the others not attacked contains *Plax suidens*, that fact does not at all constitute a valid motive for reversing my theory, since it is very probable that many infants enjoy a perfect immunity face to face with the contagion of scarlatina, in consequence of the respiration or ingestion previously, but unobserved, of minimum quantities of cells of *Plax suidens*, against which the faculty of reaction may be quite unequal in different subjects

in proportion as the virulence is attenuated by the fresh air or altered by the passage through many diseased organisms. It is precisely in the same manner that other viruses behave, and also poisons.

It is, I wish to say, notorious that there are those who will fall dangerously ill from conditions under which another is not incommoded. Here is, then, according to my humble view, the most natural explanation one can give: The notorious fact that some are perfectly refractory, while others are grievously affected.

And in nature, as well as in the soiled belongings of the habitations, the *Plax suidens* is found, often accompanied by filaments of mycelium, hyaline, and extremely slender fungus molds (never of *aspergillus* or of *penicillium*). These simple and hyaline mold filaments are identical with those which cause the anginas followed by necroses, and which also originate nephritis in scarlatinous patients. On examining, microscopically, the urine tinged with blood in cases of nephritis originating after scarlatina, I have found, as a general rule, urinary cylinders, called tube-casts, consisting of filaments of hyaline-fungi, simple or folded a number of times and in diverse ways, but very lightly; or two in juxtaposition very near each other and surrounded with a mass in the form of micrococci, properly so called.

The diphtheritic parasite, on the contrary, consists of a true basket-work or net of filaments of mycelium extremely fine, colorless, and of double contour. One finds the same wicker-work in the urine of the diphtheritic under the form of cylinders (casts).

The stalks of fungus (mold) perfectly developed as it is presented in nature, for instance, in rotten and musty waste material about our ill-conditioned dwellings, and in diphtheritic pseudo-membranes, consist of filaments of dichotomous hypo-mycetes, here and there supplied with jointed nodes, and of a light bluish-green color (*Boantiophyton glaucum*). The colorless sporoids, properly so called, are innumerable.

Nevertheless, if we reflect seriously that there prevails a complete ignorance in re-



gard to miasms which are contained in the soil, in reference to which it has already been convenient to advise, in the case of children, that the water of the soil, the cast-off clothes, and the soil itself which they contaminate, are permeated with the germs of many infectious maladies of the most destructive nature; that not any efficacious measures have been arranged to isolate thoroughly the houses, the soil about them and beneath them, but that all sorts of miasms have free access to the occupied chambers on the level of the ground,\* of which the furnishings as a rule are impregnated with various micro-organisms, which it is necessary to attribute to the negligence generally exhibited, such as tempering mortar with unfiltered water, and with dark earth which has not been raised to a red heat, both of which are infected with deleterious miasms; and, further, that the apartments have been for ages contaminated also with divers contagions, against which the methods of disinfection generally employed, such, for example, as fumigations of chlorine, of sulphur, etc., are perfect illusions, on account of the tenacity of the infectious agents, above all those of scarlatina and diphtheria, for the destruction of which there remain only two measures, to wit, fire and super-heated steam; that the walls of the houses are sometimes warm and moist, which is favorable for the development of the organisms in question, sometimes dry and cold with pores dilated, which, with the aid of impetuous winds and the great difference of temperature inside and out of the houses in winter, facilitates the development of micro-organisms from the refuse of the chambers and their entrance into the air found there; that the exhalations even of the children have little by little been converted into quasi-malarial emanations, abominably stinking, in consequence of the constant respiration of an atmosphere extremely vitiated by the emanations of the soil and by excrementitious gases, and which constitutes the morbid opportunity or the unusual predisposition; further, that when the children cry, often lying supine with their mouths open, the depo-

sition of the cells of *Plax suidens* and the filaments of mycelium in the mucous membrane of the throat is favored, and also that their milk is very often diluted with impure and unfiltered water (the filtration of the water through pure gravel, if it be not often renewed, gives a perfect guarantee of all the miasms, with the exception of those of intermittent fevers and perhaps of ileo-typhus and of diphtheria); if, I say, we reflect seriously on all these circumstances that I have mentioned, we can not be astonished at the frequency of cases of scarlatina, in which it is altogether impossible to discover the least trace of contagion, but where it will be necessary for us to impute the origin of the malady to a miasm as the only natural explanation.

The pathognomonic symptoms of scarlatina, as is well known, are the diffuse rose-colored tint of the skin, due to an extraordinary congestion, and an inflammation of this as by a most intense irritant. It goes without saying that the cellules of *Plax suidens* produce this sharp dermatitis by their simultaneous chemical and physical action. As to the former, the schizomycetes in question decompose the liquid portions of the blood itself and engender humors and gases both in large quantities. Whether they have also some influence upon the average alkalescence of the tissues, that they reduce it considerably or change it, perhaps into acid, so that such physiological processes as may depend upon the alkalinity of the media concerned are checked or modified, can only be a pure hypothesis.

Nevertheless, since the cellules of *plax* constitute the ferment of the acid fermentation of the urine, we are bound to concede that this hypothesis is very well founded. The rotatory movements of the cells in question on the slide, circular as well as spiral, can not but take place upon the numerous peripheral ganglions (end organs) which they find in the immediate neighborhood of the extremities of the nerves of the vessels.

In the expectorated matter of measles I have found, constantly and abundantly, the form torula, the megacoccus properly so called; that is to say, without spontaneous movement, characteristic of megacoccus, colorless, hyaline, and

\* It is impossible to describe with words the dangerous pestilential exhalation which spreads every where about them, the clothes, the bodies of the inhabitants, and the insalubrious lodgings.

of unusually large size, up to 15  $\mu$ . (with the eye-piece No. 2 and objective No. 8 of Nerich), and ordinarily coherent one with the other to the number of two, three, five, eight, or more. In the blood of the maculae and papules of measles, I have observed the red blood cells furnished and even sometimes entirely heaped with this identical megacoccus, which, at the beginning of the vesicles of the lungs, which they had probably pierced in bifurcating, were attached to and incarcerated in the red blood cells. Also in the urine and in the milk drunk by the patients in question, I have found abundantly the torula, which I have just described, constantly in the chaplet form of megacoccus, either free or carpeting the loose epithelial cells of the mucous membrane of the calyces of the ureters and of the bladder. Thus the presence of that form of torula, which is most probably the same as that met (although in a state a little narrowed) without exception, in quantities greater or less, in the urine of each person who has been affected with measles, and attributed to the alkaline fermentation of the urine, in this simple and easy manner is quite naturally explained.

Since the schizomycetes, properly called at present those of scarlatina, are deprived of filaments of mycelium, they can not support themselves in the organism in the same way as the parasite of intermittent fevers, the *Limnophysatis hyalina*, also observed by Dr. Sternberg, of the U. S. A. They pass the kidneys latent, and developing in the pelvis may constitute the point of departure of urinary calculus; in the bladder they develop rapidly, and soon bring the urine into advanced decomposition.

This torula (*Torula morbillorum*) is not to be taken for that which I have described, many years since, as an integral part of the mixed vegetal miasm of the mumps; of which the form torula is surrounded by a membrane exceedingly delicate, slender and fine.

Nor should it be confounded with our common mold fungus, which in developing forms filaments of fungus but does not bifurcate.

The *Torula morbillorum* is found generally disseminated at the same time with *Micrococcus phthisis irritans*, which explains the fre-

quent development of phthisis tuberculosis after but not in consequence of measles, although the *Torula morbillorum* traces out a passage for the micrococcus phthisis irritans among our mold fungi; for example, in the soil, in the air, and in the clouts, upon the moist walls of houses, upon the musty wall-papers of the chambers, on the moist flower pots, etc.

In a limited number of cases of measles, which I have had occasion to observe, I have found the micro-organism to consist of filaments of simple mold stems, hyaline and exceedingly delicate.

STOCKHOLM, SWEDEN.

## ELECTROLYSIS IN THE TREATMENT OF DISEASES OF THE SKIN.

BY J. CLARKE M'GUIRE, M. D.

Faraday first used the term electrolysis, signifying the act of chemical decomposition of such substances as water by means of electricity. Shortly after this Davy, by the same means, succeeded in decomposing the alkalies soda and potassa, and proved that they were the oxides of the then unknown metals, sodium and potassium. Physicians have since utilized the power of the galvanic current to destroy tissue elements and surrounding fluids by chemical decomposition. They found, if the current was introduced into the tissues by means of needles, oxygen and acid would collect around the positive pole, that it (the acid) would act as a caustic and char the tissues, while hydrogen and alkalies would collect around the negative pole and cause absorption.

Electrolysis has been used for the destruction of small vascular nevi, freckles, telangiectasis, small tumors, the small non-inflammatory elevations called milia, connective tissue, new growths, and chancres; for the removal of superfluous hairs, and for the obliteration of enlarged blood-vessels in rosacea. In general surgery Dr. W. H. Dukeman, of Olean, N. Y., reports the successful treatment of twenty-eight organic strictures of the urethra. For aneurism, according to A. M. Hamilton, forty-eight out of ninety cases were cured by this method. It was used in the latter cases to se-



cure a gradual deposit of layers of fibrin. Dr. Craft, of Cleveland, has successfully employed this method in the treatment of hernia and hemorrhoids.

The instruments necessary are a good galvanic battery, electrodes, needle-holders, and needles. Batteries, devised by certain makers, have been particularly recommended, but any twenty-cell galvanic battery that produces a good electro-motive force is sufficient. Different kinds of needle-holder have been employed, one having a current-breaker attachment; but this is not generally used, as it produces too great a shock. Dr. Piffard has invented one with a lens attachment. Dr. Heitzmann recommends one with a guard attachment to measure the depth to which the needle is introduced. Dr. Hardaway prefers a heavy holder in the removal of hairs, so the needle may pass in by its own weight, thus avoiding perforation of the follicle wall. As to the needle, many different kinds have been used, as the fine cambric needle, curved steel needles of different shapes and sizes, and the irido-platinum needle, suggested by Piffard. Dr. Hardaway believes less scarring will follow the operation if the needle is coated up to a certain point, so the disintegration will be entirely subcutaneous; but the instrument known as the jewelers' broach is now generally used in preference to any other. It is flexible and very fine. In operating the needle is connected with the negative pole, while the patient holds the sponge electrode attached to the positive pole.

Several practical points are to be borne in mind. To cause absorption attach the needle to the negative pole, for if the positive pole is used it will produce charring of the tissues, and leave a permanent scar. The needle is first introduced, and *then* the patient places the disengaged hand over the positive electrode. The circuit should not be broken until the needle has been withdrawn, for otherwise shock is produced. The amount of pain during the operation varies with the individual and the part operated upon; it is usually very slight, but in an excessively irritable skin it may be decided. After a time such tolerance is established that even the most nervous and irritable patients do not complain. Muriate of co-

caine has been used in these cases, but those who have resorted to it report little benefit from its application. The most sensitive points are found to be about the upper lip.

In 1879 Dr. Hardaway recommended electrolysis for the obliteration of enlarged blood-vessels in rosacea. If the vessel is a large one he makes perpendicular punctures along its course; if a short one, the needle is inserted parallel with and into the vessel. He also recommends it for the same purpose in telangiectasis. At the last meeting of the American Dermatological Association he spoke of it as a valuable means of getting rid of freckles, particularly the large dark ones. In the treatment of nevus vascularis, commonly known as "wine marks," Piffard uses small needles attached to the negative pole, introduced superficially in the skin with a sponge electrode placed near by on the integument. Others advise the introduction of two needles from opposite points, attached to the negative and positive poles. I have removed small nevi in this way, leaving hardly a visible scar. Duhring speaks of the advantages of this method of treatment over all others for small wine marks, its advantages being "the safety of the operation, the absence of hemorrhage, the cessation of pain after the operation, the absence of scar, and finally the simplicity, rapidity, and effectiveness of the operation." In the December number of the *Journal of Cutaneous and Venereal Diseases*, Dr. Biart, Omaha, Neb., calls attention to the destruction of chancre by electrolysis. The results, he says, are gratifying and preferable to excision. It has advantages over excision on account of its "destructive action on the virus, beyond the seat of the actual destruction of tissue." The operation, he further says, "was undertaken with a view of ascertaining whether or not the initial sclerosis be purely local, which I am inclined to believe, or merely a symptom of constitutional syphilis."

The removal of hairs is the most important use to which the physician has applied electrolysis. Dr. Michel, of St. Louis, was the first to remove hairs in trichiasis by this means. Dr. Hardaway, of St. Louis, about the same time, made use of it in removing superfluous

hairs; since then it has been recommended and practiced by Piffard, Duhring, Fox, Hyde, White, and many others. That the removal is permanent is best illustrated by the case of Dr. G. H. Fox, in which he removed eight thousand hairs, "the face being now practically free from hair, and has been for three years." The statement has been made that the success of the operation depends entirely upon the skill of the operator; the object to be accomplished is the destruction of the hair papillæ. But the hair may be spiral in its course through the skin, or may be placed at an angle with the surface of the integument; in such cases of course the papilla would not be reached in the operation. In the experience of Dr. Fox one per cent of hairs removed returned; in that of Dr. White, one in ten returned; Dr. Heitzmann, one in four. Dr. Hyde speaks of the great injustice done the American operation in the last volume of Ziemssen's Cyclopaedia, where it is stated that fifty per cent of hairs return. The operation for the removal of hair is as follows: The hair to be extracted is put slightly on the stretch with forceps. The needle is then inserted in the follicle; the patient, holding the positive electrode in one hand, places his disengaged hand over the sponge. The needle is allowed to remain in contact with the papilla and follicle for about thirty seconds, when a slight frothing will be observed around the opening of the follicle, and the hair is found to be so loose that it may be extracted with very slight traction. After the operation a small wheal will be left, but this will disappear in the course of a few days. Scarring is usually so slight that it is not perceptible.

From six to twelve cells of the battery are used, according to the pain produced.

LOUISVILLE.

SIR WILLIAM MACCORMACK has been made an honorary member of the Royal Medical Society of Munich, receiving a diploma handsomely illuminated on vellum. This distinction was unanimously voted him at the instance of Prof. von Nussbaum. The diploma bears the signature of Dr. Lotzbeck, Surgeon-General of the Bavarian Army, President.

## Bibliography and Reviews.

**Cutaneous Memoranda.** By HENRY G. PIFFARD, A. M., M. D., Clinical Professor of Dermatology, University of the City of New York, Consulting Surgeon to the Charity Hospital, and to the Bureau of Out-door Relief, Bellevue Hospital. Third edition. New York: Wm. Wood & Co. 1885.

This is the third edition of the cutaneous portion of the book, first published in 1877, under the title of *Cutaneous and Venereal Memoranda*, edited by Henry G. Piffard, A. M., M. D., and George Henry Fox, A. M., M. D. There are several changes in this edition. Erysipelas and epithelioma, which were omitted in the second edition, are treated of in this, while pityriasis, xanthoma, and nevus are omitted. The illustrations here incorporated add little in elucidating the text, as it would be impossible for even an expert to make a distinction between some of them.

J. C. M'G.

**Transactions of the Indiana State Medical Society.** 1885. Thirty-fifth Annual Session, Indianapolis, May 12-14, 1885. Indianapolis: W. M. Burford, Lithographer, Printer, Stationer, and Binder. 1885.

The thirty-fifth meeting of the society was opened by a terse and logical address by the President, Dr. J. H. Woodburn, in which he takes bold ground in regard to the notion that the type of diseases has changed, as a concession to the fathers for throwing away their treatment. This brought to their feet a number of old practitioners who still insist that "the sun do move." Papers were read by Drs. D. C. Bryan, of Indianapolis, R. A. Woods, of Seymour, Wm. Lomax, of Marion, J. O. Stilson, Wilson Hobbs, of Knightstown, E. Hadley, of Indianapolis, Byford Ryan, of Willow Branch, G. W. McCaskey, of Ft. Wayne, C. S. Bond, of Richmond, Walker Schell, of Spencer, Joseph Eastman, of Indianapolis, Geo. Sutton, of Aurora, M. H. Harding, of Lawrenceburg, J. H. Dunning, South Bend, Mary F. Thomas, Richmond, James F. Hibbard, Moses Baker, Geo. J. Cook, Indianapolis, Geo. F. Chittenden, of Anderson, C.



B. Steman, Fort Wayne, E. E. Glover, Terre Haute, J. S. Gregg, Fort Wayne, W. H. Myers, Ft. Wayne, S. C. Weddington, Jonesboro, J. H. Garver, Indianapolis, and others. The papers are of an excellent character and reflect credit on their authors and the Indiana Medical Society. Dr. J. S. Gregg was elected President for the ensuing year. D. T. S.

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**Transactions of the American Dermatological Association.** At the ninth annual meeting, held at Indian Harbor Hotel, Greenwich, Connecticut, on the 26th, 27th, and 28th of August, 1885. Official report of the proceedings by the Secretary, W. T. Alexander, A. M., M. D. New York. 1885.

This is a pamphlet of forty-seven pages, containing a list of the officers and members of the Association. Besides the papers read during the meeting, there is a list of contributions to dermatology, published by members during the year ending September 1, 1885. As evidenced by the excellent character of the papers and proceedings, the society is doing substantial work in the science of dermatology.

J. C. M'G.

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**A Manual of Microscopical Technology.** For use in the Investigations of Medicine and Pathological Anatomy. By Dr. CARL FRIEDLÄNDER, Lecturer on Pathological Anatomy in the University of Berlin. Translated, with the express permission of the author, from the second enlarged and corrected edition, by STEPHEN YATES HOWELL, M. A., M. D., Buffalo, N. Y. New York and London: G. P. Putnam's Sons. 1885.

An English translation of this valuable working manual will be welcomed by every physician who knows the value of the microscope as an aid to diagnosis.

The author has not only given a faithful translation of the original text, but in many places he has enriched it by the introduction of valuable items brought to light since the German work was put to press. The latest inventions in apparatus and improvements in staining are here to be found, while the comparatively new and fascinating subject of bacteriology is treated in a manner which leaves the student nothing to desire.

Other features of the manual are chapters upon the examination of living tissues, and the study of fluids. The last named is very elaborate, and, addressing itself especially to the needs of the practitioner, will add materially to the popularity of the work. With the exception of one plate, the book is without pictures; but this sets forth in beautiful delineation the chief pathogenic microbes in the diseases of man. Lustgarten's bacillus of syphilis does not appear, and properly, since much doubt has been thrown upon its specific character by recent investigations.

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**Practical Notes on the Treatment of Skin Diseases; Diseases of the Perspiratory and Sebaceous Glands.** By GEORGE H. ROHE, M. D., Professor of Hygiene and Clinical Dermatology in the College of Physicians and Surgeons, Baltimore, author of "A Text-Book of Hygiene," etc., Baltimore, Press of Thomas & Evans, 1885. 12mo, pp. 60, flexible paper.

This excellent little book commends itself to the general practitioner especially, although mostly compiled from older and more extended works upon diseases of the skin, as such a book must of necessity be, it is in treatment fully up to date.

The author makes a few rather misleading statements. In referring to the etiology of chromidrosis, he says, "It is not improbable that colored sweat, unless feigned, is always due to the presence of minute organisms." Yet in such cases it is not unfrequent to find either prussian-blue, copper, or indigo, in the secretion.

The only causes of acne rosacea referred to in the book are said to be due to excessive indulgence in wines and liquors, and defective cutaneous circulation in young people. This statement is apt to impress upon the mind the popular error, that a person who, in middle life, has a red nose is a hard drinker, when, in reality, the disease is as frequently caused by exposure to cold, uterine or gastric disturbances and nervous affections.

In the treatment of sycosis non-parasitica, the author says, he declines to treat a patient unless he will consent to be shaved daily or every other day. In this he differs from other



dermatologists, as there are cases without doubt in which shaving is not tolerated, or if insisted upon will only increase the trouble.

J. C. M'G.

**Essentials of Vaccination:** A Compilation of Facts Relating to Vaccine Inoculation, and its Influence in the Prevention of Smallpox. By W. A. HARDAWAY, M. D., Professor of Diseases of the Skin in the Post-Graduate Faculty of the Missouri Medical College, St. Louis; Member of the American Dermatological Association; formerly one of the Vaccine Physicians to the city of St. Louis. 16mo, pp. 146. St. Louis: J. H. Chambers & Co. 1886.

This little book by the eminent Western dermatologist, confessedly a compilation, seems to embrace about all that is practically required to be known on the subject of which it treats. With careful search it is not easy to find any thing not deserving approval. If there were one point we would desire more than another to emphasize it would be the comparative worthlessness of bovine vaccine virus as found generally in commerce in this country.

It is generally so untrustworthy, doubtless for the most part from fraud or carelessness in preparation, that it seems little less than criminal to rely on it for the protection of those who have been exposed to the contagion of smallpox, when good humanized virus can be had. We would always prefer virus that had proved its qualities in the human subject, first using the bovine to be sure of a proper start. The fault of humanized virus is usually the fault of the operator.

D. T. S.

**Practical Suggestions Respecting the Varieties of Electric Currents and the Uses of Electricity in Medicine,** with hints relating to the Selection and Care of Electrical Apparatus. By AMBROSE L. RANNEY, Professor of the Anatomy and Physiology of the Nervous System in the New York Post-Graduate Medical School and Hospital, etc. 12mo, pp. ix and 161. Cloth. New York: D. Appleton & Co.

The treatise under notice consists of a series of papers on the Uses of Electricity in Medicine, contributed by the author during the past year to the New York Medical Journal, with elaboration befitting the more permanent book-form.

The book is divided into three parts, under the following heads: Electro-Physics; Electro-Diagnosis; Electro-Therapeutics.

The author, who shows full mastery of his subject, has framed a work of refreshing brevity for the general practitioner, who must feel that life is too short to allow of his wandering through the long and intricate ways traversed by most authors upon this overpraised branch of the therapeutic art. The text of Dr. Ranney's work is sufficiently full, and his topics admirably classified, while every feature relative to apparatus and nerve anatomy is made plain by a liberal use of pictorial illustrations.

We gather from the author's not very lucid preface that the present volume is but the vestibule to a structure of imposing proportions soon to be set up for professional admiration, and venture the prediction that the coming book will find readers in inverse ratio to the number and size of its pages.

Electricity has, unquestionably, valuable uses in medicine, but its limitations are clearly measurable and in no sense warrant the unlimited quantities of time, paper, and printer's ink which its enthusiastic advocates are wont to waste upon it.

**Plumbing Problems,** or Questions, Answers, and Descriptions relating to House-Drainage and Plumbing, from the Sanitary Engineer. With one hundred and forty-six illustrations. 12mo.

This volume is made up of a collection of questions presented by the readers of the Sanitary Engineer and their answers by the editors. It is a live book, and to those interested in this branch of learning is both useful and interesting.

D. T. S.

**Surgical Treatment of Infants.** By De F. Willard, M. D., Lecturer on Orthopedic Surgery, University of Pennsylvania, etc. Read before the Philadelphia Obstetrical Society, June 4, 1885.

**Joint Diseases.** Treatment by Rest and Fixation. By De F. Willard, M. D., Philadelphia, Surgeon to the Presbyterian Hospital, Lecturer on Orthopedic Surgery in the University of Pennsylvania. Reprint.

## Translations.

A FRENCH OPINION ON THE INTERNATIONAL CONGRESS.—The *Progrès Médicale* of December 14th has an earnest article from Comby in reference to the approaching International Congress, from which we make the following extracts:

For many months past, the American journals bring in ceaseless echoes of intestine discussions which may well be effectual, if continued or aggravated, to compromise the success of the Congress or render it impossible. It is in the Journal of the American Medical Association that we find the most complete details of the discord which reigns in the camp of our *confrères* of the United States. The other medical journals have equally taken part in the polemic, which divides the press as well as the physicians, and which is not in the least extinguished up to the time of this writing.

We cite among the journals which, on the other hand, are far from accepting the point of view presented by the official organ of the American Medical Association, the New York Medical Journal, the Philadelphia Medical Times, the Boston Medical and Surgical Journal, the Louisville Medical News, the Maryland Medical Journal, the New York Medical Record, etc., without speaking of the English and German, who have deigned to occupy themselves in this affair. . . .

What will be the result of this quarrel? Is it of a nature to compromise really the success of the Congress? If the strife which we have signalized persists, it is evident that European physicians will hesitate a long time before crossing the Atlantic to accept the hospitality of a profession so profoundly divided.

KAPOSI sums up an exhaustive article on leprosy with the following conclusions:

1. Leprosy, according to prevalent pathological views, is a bacillary disease; but that it is contagious in the same sense as other diseases are, I do not believe. The infectiousness is also hardly explainable by the anatomical location of the tubercles, which extend only beneath the epidermis. In the epidermis itself (with

the exception of G. Thin's single discovery) no one has seen the bacillus. Opportunities for contagion must embrace at least a deep local lesion, intimate contact, and, still further, a peculiar disposition.

2. Symptomatically, leprosy is to be regarded as a disease *sui generis*, and well differentiated from other similar diseases. Leprosy is incurable. By the local application of remedies the absorption of tubercles may be promoted and the general condition improved through various therapeutic measures, but up to this time the actual cure of an undoubted case of leprosy is not known.—*Vienna Med. Wochenschrift*.

APPEARANCES AFTER DEATH FROM CHLOROFORM—(Von Kappler *Münsterlingen*). In a case of death from chloroform there was found in the heart of a corpse, which showed not the least sign of putrefaction, a bladder of gas the size of a walnut, which analysis proved to consist of nitrogen. Death had resulted from administering a moderate quantity of chloroform quickly and immediately before operation.

The usual symptoms of chloroform-poisoning followed, and on opening the veins, in unsuccessful efforts at resuscitation, neither blood nor gas was discharged.

In another case, where the death of a drunkard occurred, at the age of sixty years, from chloroform, a large quantity of gas was found in the heart, which, upon analysis, also proved to be nitrogen.

Investigations of dead bodies, without reference to the cause of death, show that in the hearts of fresh bodies either no collection of gas recurs, or masses of the size of a pin-head or pea-size at most, and that they consist for the most part of carbonic acid.—*Ibid*.

In the Academy of Sciences, of the session November 23d, M. Vulpian read a memoir upon the function of the nerve of Wrisberg considered as a sensitive branch of the facial.

The nerve of Wrisberg, of which the chorda tympani is a production, is at once a nerve of general sensibility, of gustatory sensibility, an excito-secretory and a vaso-dilator nerve. M. Vulpian is prepared to show, (1) That its inter-



vention as a vaso-dilator nerve is not confined to the submaxillary gland and the mucous membrane of the tongue, but that it extends to the velum palati also; (2) that it presides in great part, at least, over the gustatory sensibility of the velum, by means of the great superficial petrosal nerve.

M. Germain Sée communicated the results of his clinical observations on the sulphate of sparteina derived from a species of broom called *spartum scoparium*.

The first effect of the ingestion of this substance is to exalt the heart and pulse. From this report, the new medicament has an action more marked, more prompt, and more durable than that of digitalis and convallarine. The second effect is the immediate regulation of the disturbed cardiac rhythm; the third result is the acceleration of the beats, which assimilates sparteina to belladonna. The sulphate of sparteina seems indicated when ever the heart muscle is weak or the pulse feeble, irregular, and unrhythmical.—*Progrès Médicale*.

## Eye, Ear, and Throat.

[CONDUCTED BY J. MORRISON RAY, M. D.]

TRANSACTIONS of the American Ophthalmological Society, twenty-first annual meeting, held at New London, Connecticut, 1885, is fresh from the press. It is an 8vo volume of one hundred and sixty-two pages, containing the minutes of the meeting, most of the papers read, and the constitution and by-laws of the society.

For the information of such of our readers as may aspire to membership in this society, we quote Article III of the Constitution: "The members shall be graduates in medicine in good professional standing, who have an interest in ophthalmic science and art. No member shall attach or suffer to be attached to his name, in any public manner, the title of 'Oculist,' or any similar title, or shall announce in print that he gives special or exclusive attention to special practice."

The majority of the papers read were of practical value and the discussions creditable to the participants.

In a paper on abscess of both frontal sinuses and the ethmoid bone (operation with complete recovery), Dr. C. S. Bull gives the history of a rare case. The patient had received a blow on the bridge of the nose and median line of the forehead. This injury gave trouble at times, for ten years, before the abscess was fully developed; finally it pointed at the upper and inner angle of the orbit; after incision, an extensive abscess cavity was found; this was thoroughly washed out with antiseptic solutions and free drainage established. The case rapidly improved, and complete recovery was established in a few months. The case recalls one of similar character that was under our care in 1882-83. A boy had a large abscess of the frontal sinus. It had been opened before we saw it, at which time the cavity was surprisingly large. The opening was above the inner canthus, and a probe could be passed into it to the depth of an inch; its width was even greater. Active treatment was instituted, and the boy was seen in consultation with a number of the most prominent New York surgeons. When last seen the sinus was still open, and pus discharging freely.

A paper, by Dr. George C. Harlan, on Rapidly Progressive Myopia permanently checked by division of the external rectus, deals with an interesting subject. The relationship between insufficiency of the internal rectus and myopia has attracted the attention of many since Von Graefe first pointed it out. Whether insufficiency stands in the relation of cause or effect is still *sub judice*. In cases of high grades of myopia, from a consideration of the excessive amount of convergence required, it would appear to be a result of the myopia; and this seems to be proven by the fact that when the myopia is corrected, thus restoring the normal relationship between the convergence of the visual axes and the accommodation, the insufficiency disappears. The case reported, however, shows that insufficiency also exerts a positive effect on the progress of the near-sightedness, for, after division of the external rectus muscle, the asthenopia disappeared and the myopia became stationary.

Remarks on the extraction of the crystalline lens in its capsule were made by Dr. D. B. St.



John Roosa. The ideal cataract operation and the one that many have striven to perform is that in which the lens can be removed together with the capsule without an iridectomy, for in a case of this kind we need have no fear of a secondary capsular opacity or a distorted pupil. The drawbacks, however, have been the great danger of loss of the vitreous humor during the efforts of removing the lens in its capsule, and the dangers of incarceration of the iris in the incision. Dr. Roosa has performed a number of extractions after his method, and we are a witness to many of his happy results. His method consists in making as large an incision as possible, and, after the puncture and counter-puncture are made, he turns the back of the knife against the iris and lens, and by pressure dislocates the lens. It then presents as soon as the incision is finished, and is easily removed by pressure. No iridectomy is made unless the iris should become entangled.

Astigmatism is now considered by those who have studied its course most thoroughly to be congenital, and due to an alteration in the curvature of the cornea. The influences at work in its production are, however, still unknown. In watching its progress it has also been found that it generally remains stationary. Dr. Samuel Theobald, however, gives the notes of three cases in which, during the course of several years, he noticed an undoubted increase of this trouble. The first case was one of hypermetropic astigmatism, the other two of myopic astigmatism. He concludes that we should expect to meet with this phenomenon more frequently in the yielding myopic eye than in the relatively stable hypermetropic eye. Dr. Hasket Derby reported two cases of penetration of the eyeball by scissors during the operation for strabismus. The possibility of this accident is apparent to all who have attempted division of the recti muscles. The rarity of it would, however, seem to be due to the fact that operators are not apt to report their failures and accidents. In the discussion Dr. Knapp said he had met with the accident in three cases. We once heard a surgeon of reputation as an operator state that he had met with the same mishap.

The report contains several other papers of

practical worth, upon which brief comments will be made in subsequent issues of this journal.

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### Abstracts and Selections.

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CHRONIC CONJUNCTIVITIS DEPENDENT UPON DISEASES OF THE INTRA-NASAL TISSUE.—In a paper read at the meeting of the American Rhinological Association, October 6th, 1885, N. R. Gordon, M. D., of Springfield, Illinois, makes the following observations with a report of two cases whose history and successful treatment may be taken as evidence of their truth. (St. Louis Medical and Surgical Journal):

There is a form of conjunctival disease which is dependent upon chronic inflammation of the intra-nasal tissues.

I am not aware that any author has made special allusion to the above subject, but many have given a passing notice, without particular effort to portray the condition of the nasal and ocular mucous surface.

The intimate connection existing between the conjunctiva and Schneiderian membrane through the medium of the vaso-motor and sympathetic nerves does not require elucidation.

Observation has taught that irritation affecting the ocular mucous membrane is reflexed to to the nasal mucous membrane, and *vice versa*: this action takes place through the intervention of the vaso-motor nervous system.

This conjunctival disease is chronic inflammation of the conjunctiva and the connecting tissues, accompanied by increased thickness of the membrane, especially the palpebral portion, which is slightly roughened, giving it somewhat the appearance of trachoma in a mild form; the tarsal cartilages, tarsal glands, and ciliary follicles are more or less involved; marked lachrymation and photophobia; pain is sometimes intermittent, more severe in the afternoon.

These cases are very chronic in character, and possibly in the majority of instances have been cases of trachoma, which may be the legitimate offspring of conjunctival inflammation, the trachomatous growth has either been destroyed by treatment or not appeared as a sequel or complication of the inflammatory action; usually the former condition exists.

My experience does not enable me to give any reliable diagnostic symptom or condition which would aid the discrimination between the idiopathic and sympathetic form of chronic conjunctivitis, that is, from the examination of

the eye alone; but the diagnosis may be determined by the co-existence of disease of the intra-nasal tissues. This disease of the intra-nasal tissue is usually a chronic rhinitis, of the hypertrophic form, mucous membrane exquisitely sensitive, with an abundant flow of thin mucus. The objective symptoms are those of acute rhinitis with a chronic duration, or with the appearance presented in so-called hay-fever.

A marked and important character of the conjunctivitis is its chronicity. It is not limited by weeks or months, but years; it yields slowly and only temporarily to the orthodox method of treatment of chronic conjunctivitis.

The patient contracts cold with great ease and frequency, followed by an increase in the already copious flow of mucus from the nasal passages; also an increase in the grade of inflammation of conjunctiva; often muscular rheumatoid pains, especially in patients beyond the meridian of life.

The successful management of this form of conjunctivitis depends upon the proper treatment directed to the nasal passages. Dr. Noyes says: "Nasal catarrh often is causative of conjunctivitis, and when such is the case requires treatment."

Many cases of chronic conjunctivitis that visit the oculist for months to receive treatment of the eye alone, may be speedily cured by directing the treatment to the nasal and post-nasal passages, thus making the ophthalmic treatment secondary in importance, as will be developed in the report of cases.

Vaseline in which is incorporated a small amount of eucalyptol and *pinus canadensis*, is sprayed in the nasal and post nasal passages daily until the parts give evidence of improvement, which is usually about two weeks, then less frequent until patient recovers.

The ophthalmic treatment consists in the application of either plain vaseline, or in combination with boracic acid to the eye. This application, which is made by the patient, should be very free and frequent, three or four times per day, with considerable friction. Suitable systemic medication is prescribed, according to the indications.

Under this treatment I have seen rapid recovery take place of the severer forms of chronic conjunctivitis.

**THE REUNION OF CUT TENDONS.**—MM. Fargin and Assaki, with the view of ascertaining the best surgical method for obtaining regeneration of tendons when they are shortened by wounds or in operations, tested upon animals the method which Gluck had applied to human subjects. He joined together, by a bridge of catgut threads, the two extremities of a cut

tendon. MM. Fargin and Assaki excised a portion of a rabbit's tendo-Achillis, and filled up the hiatus with catgut threads, rigorously observing all antiseptic methods necessary to insure reunion by first intention. After the operation the animal slightly dragged the paw operated on; it was killed on the forty-ninth day. On examination it was observed that the catgut threads were replaced by a fibrous production, and its structure closely resembled that of a tendon without being identically the same. Another animal was operated on in the same way, and was killed one hundred days subsequently; it was then observed that the newly formed tendon was more fully developed than the one in the preceding experiment. Encouraged by the success, these authors made further experiments. They substituted portions of tendon for the catgut. In one series of experiments the tendons used for grafting were taken from an animal of the same species as the one operated on; in another series, from animals of a different species. They grafted on a rabbit from the tendons of a sheep, of a dog, duck, fowl, and turkey, and *vice versa*. They observed that reunion by first intention took place rapidly notwithstanding the difference in the zoological rank of the animals. These results evidently warrant surgeons adopting the method of animal grafting. When reunion by first intention is impossible, and the loss of tendon-substance must be replaced by a substitute, the chance of success will be greater if the tendon used for grafting be chosen from an animal which is nearest in zoological order to man. Rigorous antiseptic measures are indispensable.—*British Medical Journal*.

**WORMS — PRURITUS ANI.**—The *Oxyuris vermicularis* (seat worm, pin worm, thread worm, ascarides) derives some of its many names from its resemblance to a small piece of fine white thread, which, by careful examination, especially after the child has been put to bed for the night, may be seen wriggling in the radiating folds of the anus and adjacent skin. Like all other parasites, in or upon the human body, it is an exceedingly interesting object for study. The rectum is not its only seat, for it inhabits the whole length of the alimentary canal, and recent investigations make it probable that it only undergoes full development in the stomach after being swallowed. When it is remembered that this disease is much more common in children than adults, it is not difficult to understand how the worm may be perpetuated in this way. The eggs are exceedingly small, and are mostly discharged by the female in the rectum, whence they are voided together with many of the worms themselves



in a pregnant condition. The child, after being put to bed, scratches vigorously, even puts its finger into the anus to allay the irritation. At the same time there is a sympathetic irritation of the other end of the alimentary canal, and the hand is carried to the mouth and nose, possibly with a female worm, containing many thousand eggs, under the nail. The same thing occurs while the child spends an hour or more with a dirty piece of bread or candy in its hand, for this affection, though limited to no age or condition of life, is more common among the lower classes. From the child it may spread to the nurse, or *vice versa*, and thus, though many millions of eggs and worms are voided daily, the disease continues to exist.

The symptoms caused by this affection are generally slight, but occasionally serious. Itching is the most prominent, and this should always lead to careful examination. But in addition to the itching there may be pain, sometimes very severe and difficult to account for, rectal and intestinal catarrh, constitutional disturbance, masturbation from local irritation, and finally convulsions and chorea. Infantile leucorrhea may be traced directly to this source of irritation.

In children this disease is generally easily curable; in adults it is occasionally exceedingly obstinate. A single examination is not sufficient to establish its absence, and when discovered the line of treatment is plain, and the worms must be attacked both front and rear, in other words both by stomach and rectum. Epsom salts and castor oil will generally be sufficient to bring most of them down from the higher parts of the canal, and a large enema of lime-water, administered with a long tube just after the bowels have moved, will generally bring away many more. The enemata should be generous in quantity, and the changes may be rung upon lime-water, carbolic acid, and water (3j—3viiij), turpentine soap, and water of borax, and water (3ij—Oj). If the injections are made after a passage and are landed by a long tube well up into the sigmoid flexure and descending colon, this line of treatment is pretty sure to be effectual.

The round worm (*Ascaris lumbricoides*) will produce in children the same symptoms as the pin worm, but as its favorite *habitat* is the small intestine, it tends to produce less local trouble at the rectum and anus, and more general intestinal and constitutional disorder. When passed by the anus, it is usually dead. It seldom attains to surgical importance except from immense numbers, when it may cause a distinct abdominal tumor, or lead to even fatal intestinal obstruction.

*Pruritus.* Although generally a symptom of worms in children, this may be an independent affection, and it may require independent treatment, even after its cause has been found and removed. When due to worms, it is usually much worse at night, in other cases it may be more severe during the day. As these cases are not attended by the changes in the skin which are seen in chronic cases in adults, they usually yield readily to simple measures. A favorite plan of my own is to have the parts thoroughly washed with tar soap and cold water every morning, the soap being worked into a plentiful lather and well rubbed in with the hand. This is washed off with cold water and the parts dried with a soft cloth without friction. At night an ointment or wash may be applied. One made of menthol is exceedingly grateful and cooling, and carbolic acid is also an efficient application, mixed with glycerine and water. The use of very hot water to the part, for a few minutes just before going to bed, will often secure a night's quiet sleep, but the water should be applied on a soft cloth and held to the part, and no friction should be used.—*Dr. Charles B. Kelsey, in Archives of Pediatrics.*

**SUPRA-PUBIC LITHOTOMY; SUTURE OF THE BLADDER-WOUND; PRIMARY UNION.**—At a meeting of the New York Medical Society, December 8, 1885, Dr. Pilcher presented a man, twenty-one years of age, upon whom, two weeks ago that day, he had operated for the removal of stone from the bladder by the supra-pubic method, as perfected by Petersen, of Kiel. The patient had suffered from symptoms of stone about nine years. After etherization, a rubber ball having been introduced into the rectum, it was distended with about ten ounces of water, after which nine ounces of a warm solution of boric acid were injected into the bladder through a soft rubber catheter. The result was to cause a very marked protuberance of the bladder above the pubes, and to make exposure of its antero-superior wall by incision above the symphysis pubis remarkably easy. The wall of the bladder having been exposed, he followed the suggestion of Von Antal of making an incision first through the muscular wall of a beveled shape, so as to increase the width of the fresh surfaces afterward to be united by suture. This step having been accomplished without serious inconvenience, the blue color of the mucous membrane of the bladder could be plainly seen by all present in the operating-room of the Post-Graduate Medical School, where the operation was performed. Upon the incision into the bladder being completed, the stone



was seized and removed without difficulty. It was of moderate size, weighing two hundred and seven grains in its dry state, and was composed of a nucleus of uric acid with an external layer of oxalate of lime, principally, with some triple phosphates. The ease with which the interior of the bladder could be inspected, after removal of the stone, was particularly noteworthy. The posterior wall was clearly visible, and the whole anterior wall was easy of exploration. The catheter, through which the preliminary injection of boric-acid solution had been made, was left *in situ*, to insure continuous drainage of the urine; the wound in the bladder was closed at seven or eight points by fine silk sutures passing through only the muscular and submucous layers. The suprajacent musculo-tendinous layer was then closed by a running catgut suture, and the subcutaneous tissue was brought together and supported with three hare-lip pins, and finally a superficial line of sutures was placed through the integumental wound. A little cotton, sprinkled with iodoform, was laid upon the wound, and the man was put to bed and did perfectly well. The catheter was removed on the ninth day, and the pins were taken out the day following. On the eleventh day the man went to his home, permanent primary union throughout the whole extent of the wound having taken place without unpleasant symptoms of any kind. It was now fourteen days since the operation had been performed.

About fifteen months ago Dr. Pilcher had advised with regard to an operation in the case of a child ten or eleven years of age, in whom, according to his wish, the supra-pubic method was likewise adopted. The operation was performed by Dr. McPhail, at the Brooklyn Orphan Asylum. In that case no attempt was made to close the vesical wound, and the supra-pubic wound was left to granulate, while the bladder was drained by a pair of drainage-tubes passing through the supra-pubic wound to the base of the bladder and outward over the pubes and down between the thighs, after the method of Perrier. The progress of the case was as satisfactory as could be expected; granulation took place and the wound ultimately healed, the patient being discharged cured at the end of the third or the fourth week.

He thought the case presented had a bearing more particularly upon what seemed to be taking place at the present time, namely, a readjustment of views with regard to the relative merits of cutting and crushing methods for the removal of stones from the bladder.—*New York Medical Journal*.

ON THE USE OF INJECTIONS OF AN ETHEREAL SOLUTION OF IODOFORM IN THE TREATMENT OF COLD ABSCESSSES.—At the late session of the French Congress of Surgery, Professor Verneuil, of Paris, enthusiastically recommended the use of iodoform dissolved in ether as an injection into the cavities of cold abscesses. In the *Revue de Chirurgie* he gives full details of his method of procedure, with a brief statement of the theoretical ideas upon which the treatment is based. He calls attention first to the fact that it is not so much the fluid contained in these abscesses as it is the abscess-wall in dealing with which therapeutic measures are called for. This wall he would divide into two layers; an external, of irritative origin, but without specific character, and which, with the subsidence of irritation, quickly contracts and spontaneously disappears; an internal, in which is concealed the cause of the disease, the parasitic tuberculous germ.

This internal layer, or parietal tuberculous depot is then the part which, if a cold abscess is to be cured, must be destroyed in some way, rapidly or slowly, by operative or therapeutic measures. Rapid destruction by operative measures, Verneuil considers to be inconvenient and dangerous, while often unreliable and sometimes impossible. Iodoform, however, he believes to be a parasiticide whose power to destroy tubercular matter is well demonstrated, so that it presents itself as a therapeutic agent, benign, efficient, and of easy application.

It is true, however, that this agent is toxic in certain doses and conditions, so that it is necessary to seek for those proportions in which it might be introduced into an abscess cavity, and be efficient in destroying the virulence of the internal layer without producing toxic phenomena. It is to be considered also, whether if, in place of using a strong and consequently somewhat dangerous solution, success might not be obtained as well by the use of weak and harmless solutions on condition that they are left in prolonged contact with the parasite.

For carrying with certainty into the most distant parts and into every minor irregularity of cavities of such varying extent and irregularity as those of cold abscesses, a vehicle is needed particularly diffusible. For such a purpose ether seems better adapted than any other liquid, while, in addition, it possesses the advantages of cheapness, is devoid of toxic properties, and is every where attainable. When an injection of an ethereal solution is made, the ether is vaporized and quickly absorbed and the iodoform is deposited as an impalpable powder in a uniform layer upon the whole extent of the abscess-wall.

The method of use, as advised by the author,

is to first evacuate the abscess by aspiration. He makes use of a large-sized trocar, uses as little manipulation as possible, stops as soon as the liquid is a little blood-stained, abstains from any washing out of the cavity, and proceeds at once to make the injection with the iodoformized ether. He uses a five-per-cent solution, and injects at the maximum not more than one hundred grams; generally fifty or sixty grams suffices. Thus the amount of iodoform left to be absorbed never exceeds four or five grams. The absorption both of the ether and of the iodoform seems to be effected very slowly. Scarcely has the injection reached the cavity before it swells up and regains dimensions equal to, if not greater than it had before the operation. Percussion shows this to be due to the sudden vaporization of the ether. The sonority persists several days, sometimes for quite a week. Gradually a regained flatness shows that the ether vapor has disappeared.

However large the quantity of ether injected, Verneuil has never seen any exciting anesthetic or narcotic effect referable to rapid entrance of the ether into the circulation.

The prolonged persistence of the iodoform in the suppurative focus is not less certain. Appreciable traces of it have been found even at the end of five months. Should we have to deal with an immense abscess, such as those that extend from the thorax to the middle of the thigh, the sac might be at first emptied by a single puncture and the iodoform injected later, when it may have become partly refilled. Moreover, the risks of poisoning would certainly be escaped, if, as every thing indicates, the prolonged action of the medicament produces the same effect as its great concentration; if, that is to say, the tuberculous matter can be neutralized as well by leaving in contact with it small quantities of iodoform, as by destroying it outright with large quantities. In the use of weak solutions, several repetitions of the injection may be necessary. According to Verneuil's experience a cure may be expected after from two to four injections on an average, when the cavities are large and the solution is a weak one. Such repeated applications do not prolong the duration of the treatment much more than the more bloody methods of operating. In their favor, also, is the fact that within a few days after this minor operation a patient can resume his occupation.

One may avoid also the two dangers, of too strong doses on the one hand and of too weak on the other. In abscesses of small dimensions, as for example not to exceed the volume of a large orange, a strong solution could be injected, as for instance twenty grams of ether, charged with four grams of iodoform—a twenty-per-

cent solution. By leaving these four grams of iodoform in such a cavity the immediate destruction of the parasite and in consequence a rapid cure could be expected.

In deep and capacious abscesses, repeated injections must be made; but, in order not to prolong indefinitely the treatment, it would be well to know what intervals ought to occur between the successive injections. This has not yet been definitely settled, although, *a priori*, it seems useless to renew the supply of the parasiticide as long as it is not exhausted; this would plead for rare seances. On the other hand, as soon as the pus has lost its specific character, it would be an advantage to extract it rather than to leave to nature this task, always prolonged, of absorbing it. This would suggest the emptying of the sac as soon as the destructive mission of the iodoform has been accomplished. The author appreciates the difficulty of arriving at any exact determination of the time when either the iodoform is all absorbed, or the abscess has lost its specific character. He suggests no way of getting over this difficulty, but proceeds to say that the intervals at which the injection shall be repeated may be left to the discretion of the surgeon. The operation is so devoid of danger, and so simple that it might be repeated every month, on an average, without inconvenience.

Professor Verneuil, in conclusion, apologizes for giving so much prominence to so simple a therapeutic procedure. One of the chief motives which has actuated him, he says, is his desire to protest against a tendency to bloody surgery, which he believes to exist at the present time. Every one can treat a cold abscess by iodoformized injections. There is required only a syringe, a solution, and a degree of skill not exceeding that needed for the common operation for hydrocele. The author believes the method to possess the three requisites of efficiency, safety, facility.—*L. S. Pilcher, in the Annals of Surgery.*

**DIRECTIONS FOR THE PREPARATION OF PARAFFINE MOLDS FOR PLASTER CASTS.**—Prepare the specimen or preparation, making it as clean as possible, place an oiled paper in a position that will show it to advantage. Soft projections may be held in position with threads suspended from a frame, or from a heavy cord stretched across the room. Paraffine melted in a water bath is painted over the preparation with a soft brush, the first layer being put on with single and quick strokes, that the rapid cooling of the paraffine may not cause the brush to adhere to the preparation, thus drawing the soft tissues out of place, until the mold is formed about one eighth inch thick; all undercuts must be well filled. When the mold is hard it can be readily separated from the preparation; it is



then well washed with cold water. Stir fine dental plaster into cold water to consistency of cream, pour into the mold and out again several times, so that there will be no air bubbles on the surface, then fill the mold and let it stand until hard. Place the whole in a vessel containing boiling water until the paraffine is all melted; wash with clean boiling water. When the cast is thoroughly dry it may be painted with oil colors by coating it first with shellac varnish. Casts of any part of the body may be made from a living subject if the parts are not too sensitive to bear the heat of the paraffine, which is about 150° F.—*Dr. F. L. Tetamore, in the Annals of Surgery.*

**LANOLIN, A NEW OINTMENT-BASIS.**—*Dr. Oscar Liebreich* read a paper on lanolin before the Berlin Medical Society, on October 28th (*Berliner Klin. Wochenschrift*). This substance is a mixture of cholesterin-fat (from keratin-holding tissues, such as sheep's wool in particular) and water. The pure cholesterin-fat stands, as Berthelot has said, between a resin and a fat, but is capable of taking up its bulk of water. It is perfectly neutral, and possesses properties which are not shared by the ordinary fats nor by vaseline. In contrast with ordinary fats, lanolin with difficulty decomposes, and, which is its chief property therapeutically, it is extremely readily absorbed by the skin. It is, in fact, the natural fat of the skin and of epidermic tissues generally, such as hair, hoofs of horses, feathers, etc., from all of which it has been obtained. As a proof of this high power of being absorbed, a five-per-cent carbolic-acid ointment made up with lanolin produced a feeling of numbness, without irritation, in the hand in from one to two minutes after being rubbed in. The presence of cholesterin-fats is easily ascertained by Liebemann's cholesterol test. The fat to be tested is dissolved in acetic anhydride (not glacial acetic acid). The solution gives a rose coloration, passing very quickly into dark blue and green when concentrated sulphuric acid is added. Glycerine-fats do not give this reaction. The advantage of lanolin over vaseline and such paraffin derivatives consists in its ready absorbability. Vaseline, as is well known, greatly hinders the absorption of therapeutical agents. It is an advantage to add five or ten per cent of ordinary fat or of glycerine to lanolin, so that the unctuous character may be better preserved.—*British Medical Journal.*

**DECAY OF THE TEETH.**—In the introduction to his "Natural History of the Human Teeth, explaining their structure, use, formation, growth, and diseases," published in 1778,

John Hunter indicated a good and clear line of delimitation between the province of the medical practitioner and that of the dentist. It may be worth while to reproduce his opinion for contemporary guidance: "All the diseases of the teeth, which are common to them with the other parts of the body, should be put under the management of the physician or surgeon; but those which are peculiar to the teeth, and their connexions, belong properly to the dentist." It follows from this that decay of the teeth is a malady which ought to be regarded as falling within the province of the medical practitioner, and we incline to think it deserves more general and closer attention than is commonly bestowed upon it. Hunter (whose works might, with those of Cullen and the old writers, be advantageously studied again by the generation of practitioners who have forgotten them, and even condescendingly read by that contemporary generation which has been so beneficently provided with newer and better light and leading) was of opinion that decay of the teeth had great significance as regards the state of health. He argued, and not unwisely, that if a part of the organism, which is not subject to rapid decay after death, dies during life, there must be something active to kill it, or, as he put it, "there is some operation going on which produces a change in the diseased part." And he deduced from the morbid anatomy of decay of the teeth that it is not due to external or accidental causes, but that the evil commences within; moreover, that "this disease and its consequences seem to be peculiar to youth and middle age; the shedding teeth are as subject to it, if not more so, than those intended to last through life, and we seldom or ever see any person whose teeth begin to rot after the age of fifty years." This last fact is notable. If a man can keep his teeth until after middle age, he may generally count on keeping them to the end. There seems to be some reason for thinking that decay of the teeth is commoner now than it used to be. Assuming this to be the fact, it would be interesting to inquire whether there is anything in our modern mode of life which has a tendency to cause the teeth to decay. The old-fashioned notion about eating sugar and acids and the like is exploded. Meanwhile it may be worth asking if want of vigor is not a cause of decay of the teeth, and if the want of vigor observable among certain classes of children and young persons is not due to the increasingly artificial character of the lives the young lead, with diminution of fresh air and exercise, and that aggravation of mental tasks and brain and nerve worry which characterize the educationary and develop mental stages of



our modern life. The young people of America are particularly subject to decay of the teeth, and the young people of America are conspicuous for their advanced mental culture and the protective care bestowed upon them. They are fed and dressed like adults, and they are "forced," in an intellectual sense, to the serious depreciation of the organic material of which the human body with its brain and nerves is composed, and of the vital energy with which it ought to be endowed.—*Lancet*.

**THE PHYSICAL SIGNS OF PNEUMONIA.**—At a recent meeting of the New York Pathological Society Dr. Van Santvoord presented specimens removed from the body of a man who came into Randall's Island Hospital with the following history:

On admission, his mental condition was fair, and he said that he had been sick seventeen or eighteen days with a fever and cough, but without expectoration. There was marked dullness over the upper lobe, with flatness over the lower lobe; auscultation revealed absence of respiratory murmur over the lower lobe, and amphoric breathing over the upper. The examination was made by Dr. E. A. Maxwell. On the following day the amphoric breathing had disappeared, and bronchial breathing had taken its place. Over the lower lobe flatness had also disappeared, and bronchial breathing had appeared where there was absence of respiratory murmur before. The urine contained albumen to the extent of one eighth of its bulk, and there were epithelial and blood casts and free blood. On the last day of his life the patient had three epileptiform convulsions.

**Autopsy.** The body was in a fair state of nutrition; the arachnoid was thickened as if by some chronic process, and under it was a quantity of a somewhat gelatinous lymph infiltrated with pus. This appearance covered the convex surface, and at the base extended into the spinal canal, especially on the posterior surface of the cord. The upper lobe of the right lung was in a condition of gray hepatization, and differed from that ordinarily observed in the fact that the consolidation extended very nearly to the anterior edge of the lung, which is free, as a rule, in pneumonia of the upper lobe. This fact was interesting in connection with the physical signs. Dr. Janeway had already called attention to the fact that in pneumonia affecting the upper lobe and extending nearly or completely to the anterior edge there might be not only amphoric respiration instead of bronchial, but also cracked-pot note, because the wedge of lung pressed firmly upon the bronchus and gave rise by pressure to the possibility of cracked-pot reso-

nance on percussion. The left ventricle was considerably hypertrophied, and the arteries showed atheromatous change; the kidneys contained a few cysts; one cyst at the upper extremity of one kidney was as large as a turkey's egg; the capsules stripped readily, and the kidney itself had considerable fat in the pelvis, and the process appeared to be one of chronic diffuse nephritis, with great predominance of parenchymatous change; the urine had shown that there was an acute interstitial nephritis, which was the fatal factor in the case. The other viscera presented no lesions of special importance.—*Medical Times*.

**RABIES.**—A. J. Sewell, M. R. C. V. S., contributes to the *Lancet* some interesting facts concerning this disease in dogs. Of seventy-three cases seen during the year past, only sixteen were bitches, the rest (fifty-seven) being dogs. He maintains that in England the number in the two sexes does not vary to any great extent; but if the number of males to females were two to one the preponderance of susceptibility to madness in the former over the latter would still be large. He has kept a record of the temperature in most of the cases (the normal temperature of the dog being 101.4° F.), and finds that at the commencement of the disease it is not altered. On the third day, as a rule, it rises to 103° or 104°, continuing to rise until the sixth day, when it sometimes reaches 107°. In the paralytic or dumb rabies the temperature is subnormal, in many cases falling as low as 96°. Mr. Sewell regards a disposition to be quarrelsome on the part of a dog of previously good temper as an important symptom of the disease, and admonishes owners that a closer study of the whims and eccentricities of their favorite brutes would prevent the havoc which hydrophobia is making among dogs and men.

**POISONING BY POTASSIUM BICHROMATE.**—At 10:30 on the morning of September 5th, my friend, Dr. Thomas Johnstone, was called to see Mrs. W., a woman about forty years of age. He was told that at 10:10 she had taken some "potash." On his arrival he found that she had swallowed in solution a pennyworth—half an ounce—of bichromate of potash, which she had bought at a neighboring chemist's an hour or two previously. She had taken the four drams, with the exception of a few crystals, which had only partially dissolved, and which were adherent to the vessel out of which she drank the poison. On ascertaining the nature of the case, Dr. Johnstone sent the patient's husband with a request that I should see her with him. She died, however, before

I reached the house. Dr. Johnstone found her, twenty minutes after swallowing the bichromate, in great agony, "doubled up" and rolling on the floor. She was quite conscious and spoke coherently. She admitted taking the stuff, and said she had had much retching, but no vomiting. Her pulse was very feeble; her face pallid. An emetic of mustard and water was at once administered, but without effect. Within a few minutes her face became livid, her pulse imperceptible, her limbs flaccid, she lost consciousness, and a state of complete collapse supervened. She was at no time sick; once she passed a black liquid motion. She died at 11, fifty minutes after taking the salt. At the inquest, three days later, the verdict was the customary "Suicide while in a state of unsound mind."

Bichromate of potash is not mentioned in the Poisons Act, and there are consequently no restrictions on its sale. The ease with which it can be procured suggests the advisability of its purchase being made more difficult.—*Dr. John Waugh, in the Lancet.*

**TRANSPLANTATION OF THE EYE**—At the séance of the Société de Chirurgie, of Paris, held on December 2d, an interesting report was read by Mons. Terrier, *à propos* of an observation presented to the Society in August by Dr. Rohmer of Nancy, which bore the title, "Observation of Graft of the Eye (eye of a dog) in a woman of forty-two years: the globe of the transplanted eye adheres by first intention to the soft parts of the orbit; sphacelus of the cornea on the seventh day; atrophy of the globe." In his report M. Terrier gives the history and existing state of this operation, which from its novelty and from the encouraging results deserves a wider attention than it has received. From his report it appears that at the present time the operation has been attempted five times: the first was by Dr. Chilset, on May 4, 1885; the second by M. Terrier, on the 15th of June; the third by M. Rohmer, on the 22d of June; the fourth by H. W. Bradford, of Boston, on August 9th; the fifth by M. Terrier, on October 19th. Of these five attempts only one could be said to be really successful—viz., the fourth, by H. W. Bradford, who employed a rabbit's eye. The choice of what eye to use does not appear to signify much, for the dog's eye, which is much more allied in size and structure to that of a man, has failed in the one operation in which it was used. In the successful operation the patient was thirty-five years of age, and the method of operation adopted was first to suture the optic nerve, then to attach the recti muscles to the subconjunctival connective tissue of the

globe, and finally to suture the conjunctival membrane, thus multiplying the points of attachment and giving a firm support to the eye. In his first operation M. Terrier left a good margin of cornea in the eye to be transplanted, and plenty of subconjunctival tissue, which was removed in Dr. Chilset's operation, and appeared to form one of the elements of the failure. There were eight sutures placed between the conjunctivæ, but an entropion of the lower lid was produced, and on the third day sphacelus of the cornea set in. A similar method was followed by M. Rohmer, and in his case the sphacelus of the cornea appeared on the sixth day. In his second case M. Terrier adopted a part of the operation of the American surgeon, and placed sutures through the conjunctivæ of the patient and the recti muscles and the conjunctiva of the transplanted rabbit's eye. The lids were closed with silver wire to prevent the entropion. At the present time the operation is too young to predict much as to its future. If the operation fail, no bad results appear to follow, for when it becomes painful the stump can be taken away in time to prevent sympathetic changes. It certainly would be a gratifying result if it were found that with careful approximation of the optic nerve the strands of nerve tissue were found to grow into the engrafted eye, but at present the operation has not been undertaken with this idea in view, but rather for the sake of appearances. It certainly is a curious fact that the only case which has succeeded has been that in which the suture of the optic nerve was made.—*Lancet.*

**THE THERAPEUTICAL USES OF OXYGEN.**—So far as we can learn, all careful experiments show that in healthy warm-blooded animals the inhalation of pure oxygen causes almost no increase in the amount of oxygen in the blood. This amount is dependent upon another factor, *i. e.*, the amount of hemoglobin in the blood. If this is increased, the oxygen amount is increased also, and in the same ratio the per cent of iron—a fact of some significance.

It is the opinion of Rossbach and Nothnagel that oxygen inhaled in any manner whatever has no other effect in kind than the ordinary air supplied in extra abundance.

"Good, pure air, free from injurious gaseous or solid impurities, has the same therapeutic effects as the inhalations of pure oxygen."

Oxygen has been recommended for a large number of diseases, *e. g.*, chronic phthisis, scrofula, epilepsy, diabetes, neuralgias, anemia, asthma, pneumonia, asphyxiation, poisoning with toxic gases, intermittent fever, etc. The best results appear to have been obtained in



the dyspnea of pneumonia, asthma, in asphyxiation, gas-poisoning, and anemia. Its value in chronic disorders of nutrition is still *sub judice*, and a practical objection to its use is the difficulty and expense of administering it in large amounts for a considerable period.

We can not quite agree with the somewhat dogmatic views of Rossbach and Nothnagel, that the therapeutic use of oxygen is without a physiological basis. It is possible that the systematic, very slight increase in the per cent of oxygen in the blood, caused by inhaling the pure gas, may give an impetus to the growth of hemoglobin, especially when that substance is below the normal in amount. In other words, oxygen may stimulate hematosis just as iron is believed to do.—*Medical Record*.

**HYPNONE—THE NEW HYPNOTIC.**—Phenyl-methyl-acetone or aceto-phenone are the chemical names of a new drug, upon the hypnotic properties of which M. Dujardin-Beaumetz has recently made a report to the Académie de Médecine, and which he has thoroughly studied with Dr. Bardet, at the Hôpital Cochin. On account of its very marked hypnotic properties the experimenters proposed for it the name hypnone, which is more convenient than the other names, and is at the same time descriptive of its properties and its nature. It was discovered by Friedel in 1857, its formula is  $C^8H^{10}O$ , it is a liquid at  $20^{\circ}C$ ., and boils between  $198^{\circ}$  and  $199^{\circ}C$ . Its specific gravity is from 1.032 to 1.015, it is not soluble in water, and its strong odor resembles that of cherry-laurel water or cut oats. Its physiological properties have been studied by Popoff and Nencki, who show that it is transformed in the organism into carbonic acid and benzoic acid, and that it is finally found in the urine in the hippurate state.

When administered to an adult in doses of three or four drops—5 to 15 centig. mixed with a little glycerine and given in a gelatine capsule—hypnone produces deep sleep, and in alcoholic subjects its hypnotic properties are superior to those of chloral and paraldehyde. Dujardin-Beaumetz and Bardet have administered it to nine patients, and have as yet seen no symptoms of intolerance. The halitus becomes unpleasant from the elimination of acetone by the lungs. Injected under the skin of a guinea-pig 50 centig. caused profound sleep, which deepened into coma, in which the animal died in about six hours. The discovery of a drug with such effects from a very small dose must be regarded as a valuable addition to therapeutics. It still remains to see why it is a hypnotic, and whether further experimentation will abundantly confirm the claims of

the distinguished clinician who now reports upon it.—*Journal of the American Medical Association*.

**INOCULATION OF TUBERCULOSIS IN THE HUMAN.**—Dr. E. A. Tscherning, of Copenhagen, has reported (*Wein. Med. Wochenschrift*) a remarkable case of transmission of tuberculosis by inoculation:

A young woman of twenty-four years, enjoying excellent health and without scrofulous or tuberculous antecedents, was employed as cook in the house of Prof. H., who died of tuberculosis after an illness of five months. During the latter part of the disease the sputa of the patient contained so many bacilli tuberculosis that they might be considered a veritable culture of this organism in a purulent liquid. A few days before the death of the patient, the young woman broke a glass vessel, which contained the expectoration, and a small fragment of glass wounded her on the left hand. The slight wound, located on the palmar aspect of the first phalanx of the middle finger, did not heal spontaneously, yet without suppuration.

A few weeks afterward a small nodule of the size of half a pea could be felt in the subcutaneous tissue. This was excised, and on microscopic examination was found to be composed of round cells. The wound healed by first intention.

Several months afterward the patient complained of pain on flexing the finger, at the same time a swelling of the epitrochlear and axillary glands was noticed. The finger was disarticulated and the thickened part of the tendon and diseased glands were removed. On examining the sheath of the tendon the thickened part was found to be composed of pale granulations inclosing numerous tubercles, some of which had undergone caseous degeneration at the center, likewise many giant cells; in the latter and also on the borders of the degenerated tissue were bacilli tuberculosis. The same organisms and a few tubercles were met with in the extirpated glands.—*Lancet and Clinic*.

**COCAINE IN DELIRIUM TREMENS.**—Dr. E. S. McKee reports the following interesting case bearing on this subject to the Cincinnati Medical and Dental Journal:

The patient was an American, small of stature, aged thirty-seven. His family history revealed the fact that his father's father had died from drink. His mother and only brother were confirmed drunkards, and he had been literally "brought up on the bottle." The patient and his four relatives named had all suffered one or more attacks of delirium tre-



mens. Some two months ago he fell heir to a small fortune, which, in the language of his mother, "made him sick." He had been drinking hard ever since. At the last of those annual nuisances, the October election, he filled up and went down into the nineteenth ward to help out the — party. He came back with a broken head, which was followed by a light case of delirium tremens. This succumbed promptly to chloral, and he was sent out of town. He returned in a week much worse than before. He improved under the same treatment, but suffered almost daily relapses on account of receiving whisky from his mother. I determined to try cocaine, hoping to relieve him of an almost intolerable desire for drink. Gave first hypodermically ten drops of a ten-per-cent solution, equal to one grain. This was followed by no appreciable change in the pulse, temperature, or respiration. Slight dilatation of the pupils was noticed. The face was slightly flushed, and the patient had a sense of comparative comfort; he saw no visions and talked rather more than usual. He, however, obtained no sleep, and at the end of two hours experienced a feeling of increased thirst, discomfort, pain, and restlessness. I was called, and gave him a second injection of fifteen drops of the same ten-per-cent solution. This began to take effect in from three to five minutes; pulse increased from eighty to ninety beats, regular. The respirations were unchanged and the temperature fell half a degree. The loquacity and feeling of comfort returned, and the patient said he had no desire for liquor. Slept fifteen minutes, drank no water, ate none, and even omitted his tobacco, which he had chewed industriously for several days. This lasted about two hours, when the old desire, nervousness and trembling returned with increased force. He obtained some liquor. I was called about four hours after the second injection, and gave him fifteen drops, with about the same result. Saw him the next morning; he had passed a bad night, slept but little; repeated the injection, although he was dissatisfied with it; the result was about the same. Was called at 2 P. M., six hours after the fourth injection. Found the patient suffering intense agony; face alternating red and purple, conjunctiva injected, one hand over each temple to keep them from bursting, while he writhed with pain, and was trying to vomit. I found that after the effects of the last injection had passed away he became very clamorous for whisky; his mother yielded and gave him a good dose. I injected fifteen drops of the ten-per-cent solution and sat by him for an hour. It had no appreciable effect but to dilate the pupils. He expressed an entire want of faith in the injections, and

begged me to return to the chloral. I gave him, one hour after the injection, 3 P. M., fifteen grains of chloral; at 4 P. M. repeated the dose; at 7 P. M. he had still obtained no sleep, suffered intensely from pain and a desire to vomit. His stomach was filled with warm water and he was given an emetic—vomited, and felt better; the chloral was again administered, and he was kept under its influence until his recovery.

Possibly, had he received his injections every two hours, and stronger ones, the remedy would have proved successful. I could not, however, be with him twelve times per day, and did not feel that it was safe to give more than one and a half grains per dose.

#### Sponge-Grafting and Sponge-Dressing.

At a meeting of the Arkhangel Medical Society, Dr. P. A. Pokrovsky made an interesting communication on his experience in the use of a sponge as a grafting and dressing material. Having reviewed the literature of the subject, the author describes his method of treating wounds and ulcers by means of sponge. He takes a best official Turkish sponge (to be found at any chemist's shop), cuts it into fine slices (about two lines in thickness), washes the latter in a three-per-cent solution of carbolic acid, and after carefully squeezing them out, covers with them the whole surface of the wound or ulcer; over the slices oil-cloth or wax-paper is applied, the whole being fixed, under but slight pressure, by a roller bandage or a handkerchief. When purulent discharge is excessively free, a layer of cotton wool or a woolen cloth is placed over the oil-cloth. In other words, the author uses sponge instead of gauze as a constituent of a warming compress. The slices of sponge (as well as the whole dressing) are changed one, two, or three times daily, according to the profuseness of the suppuration. The sponge dressing, applied in this manner, was employed by the author in four cases of extensive syphilitic ulcers of the thigh, leg, scrotum, and elbow; in eight cases of soft chancreous ulcers of the glans and collum penis, prepuce, scrotum, etc.; in one case of chancreous bubo, and in twelve cases of non-syphilitic ulcers of the leg, forearm, shoulder, etc. In several of the cases sponge-grafting, after Professor Hamilton's plan, was tried. The results of the author's observations may be summed up thus:

1. Sponge used as a dressing material acts on the ulcerative process purely mechanically. Being porous and endowed with extreme capillarity, it frees the ulcer or wound from purulent discharge; at the same time it acts as an irritant on the surface of the ulcer. Hence

it favors an afflux of nutritive material to the ulcer, which presents a necessary condition for the healing process.

2. Sponge is an excellent dressing material in all cases of old, obstinate ulcers with free purulent discharge. Under the sponge dressing, ulcers pretty rapidly cleanse themselves and undergo cicatrization. [Thus, in seven cases of crural ulcers, cure ensued on an average in twenty-six days.]

3. The sponge dressing brings about rapid cleansing and healing of soft chancres and chancrous buboes (cured in about ten days).

4. In syphilitic cases, the sponge dressing gives rise to rapid cicatrization only after the syphilitic virus has been mitigated by specific treatment; otherwise the application of sponge causes disintegration of tissues.

5. Sponge-grafting causes suppuration and retards the healing process. [The author's attempts at sponge-grafting had been so unsuccessful that he altogether dismissed Hamilton's method from the treatment of ulcers in his practice. According to his observations, sponge grafts do not undergo absorption, but are disintegrated and fall away in pieces during irrigation, or in consequence of their being undermined by pus.] The ulcer does not heal until the last sponge-particle is removed.

In conclusion, Dr. Pokrovsky points to the extreme cheapness of sponge dressing. All the cases of ulcers which were admitted to the local hospital in 1884 were dressed with sponge; the expense of the latter did not exceed four rubles (about eight shillings).—*London Medical Record*.

**DEATH FROM NITROUS OXIDE.**—The Paris correspondent of the Medical Times reports that an action for manslaughter has been brought against the celebrated dentist, M. Duchesne, for having caused the death of one of his patients by the inhalation of nitrous oxide. The patient was a gentleman of fifty, who came to have a tooth drawn. He was anesthetized by M. Duchesne himself, but without the assistance of a doctor; the tooth was drawn without difficulty, and the whole scarcely lasted ten minutes, but the patient never revived, and in all probability he was dead before the tooth was drawn. M. Duchesne is prosecuted for having used an anesthetic without the assistance of a legally qualified practitioner. A physician, Dr. Rivet, was usually in attendance, but on this occasion he was absent. M. Duchesne states that the patients are usually accompanied by their family physician, but in this case the family doctor declares that, had he been consulted, he would have opposed the operation, as he considered his patient to be

laboring under disease of the heart. There was, however, no evidence of this at the post-mortem. The verdict has not yet issued, but the scientific interest of the case resides in the fact that nitrous oxides, so freely used as an anesthetic by many surgeons, and by nearly all dentists, is quite as dangerous as chloroform, and ought never to be administered without proper precautions and a preliminary examination into the state of health of the subject.

**RADICAL CURE OF UMBILICAL HERNIA.**—Mr. Arthur E. Barker reports, in the British Medical Journal, two cases of this affection successfully treated at the University College Hospital by an operation in which he aimed primarily at three points:

1. On opening the sac to reduce the bowel out of the way at once and clear the ring.

2. Thereupon to close the neck of the sac immediately before proceeding to clear away adherent omentum and redundant sac and skin.

3. To bring as much tissue to unite over the opening as possible.

The first case was in the person of a woman, aged forty-two; the hernia had existed for six years, and was as large as two closed fists at the time of the operation.

The second was in a very fat, flabby woman, aged forty-six. The hernia had appeared ten years before her admission into the hospital. It was irreducible and proved to have been a simple epiplocele. Its dimensions were three by four inches. The first patient left the hospital in one month, and the second in six weeks after the operation. In each the wound was perfectly healed and no sign of a return of the rupture was visible.

**POTT'S FRACTURE AT THE ANKLE.**—Doctor Stimson presented (New York Surgical Society, December 8, 1885) a specimen illustrating a common fracture, but one in which we seldom had an opportunity to obtain the injured parts for study. The patient was sixty years of age, and sustained Pott's fracture at the ankle from a fall apparently caused by a cerebral lesion. He died three days after admission to the hospital. The characteristic deformity of the fracture was present, and crepitus was much more marked than usual. At the autopsy the fracture was found to be very oblique, beginning in front, an inch and a half above the tip of the malleolus, and extending upward and backward more than two inches. The internal lateral and lower tibio-fibular ligaments were ruptured, and the outer malleolus was displaced from a half to three quarters of an inch outward from the tibia. There was no fracture of any other part.—*N. Y. Med. Jour.*



# The American Practitioner and News

"NEC TENUI PENNĀ."

Vol. I. SATURDAY, JANUARY 9, 1886. No. 1.

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon themes of professional interest are solicited. The editors are not responsible for the views of contributors.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

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## GREETING.

Like two friendly managers in adjoining abodes, whose division fence has never been too high for hand-shaking and cordial chat across the paling, we have ordered the fence to the rubbish pile, made graceful columns of the dividing wall, coupled our names upon the door-plate, and turned our two houses into one. And so with ample breathing space, new furniture and fittings, we open for performance with "A Happy New Year" to our many old friends, and the many new ones who are, we trust, soon to be added to the list.

As an overture to the coming performance, which we hope will be instructive and entertaining, we counsel close relationship between our readers and ourselves for mutual and abiding good. We know full well that in the present advanced state of medical knowledge, the sharp competition of contemporary journalism and ever increasing facilities for the diffusion of what is known, that they will be pleased only with items of freshest news and discovery tempered by the wisest thought.

This, with a singleness of purpose to make it useful to the doctor in daily practice, we

shall do our best to provide. But it must not be forgotten that discovery is not confined to the laboratory, or practice limited to the wards of the hospital, nor does a residence in European or our Eastern cities give the physician so placed a corner in observation, intellectual acuteness, or logical reflection. Some diseases may be prevalent in these localities which here are rare or unknown, but the converse is also true, and they must look to us, as we to them, for original researches in the natural history of disease.

Again, while types of disease can not be said to show, as a rule, essential differences in regions of different latitude, geological, or geographical character, it is true that they exhibit noticeable degrees of intensity, according to environment, and that the methods of practice as between North and South and East and West are often widely variant. This point is well illustrated in the familiar instance of malaria, and the strikingly dissimilar views of the Northern and Southern physicians relative to the exhibition of quinine in its cure. The statement is also true in greater or less measure of other diseases.

It is for reasons like these that we have striven in our former spheres of labor to give our journals local color and character, and with a view to a still closer approximation in the present venture to this desired end, we urge upon our readers the importance of keeping accurate records of their bed-side studies, and scattering them through the medium of the AMERICAN PRACTITIONER AND NEWS over regions where they will find appreciative readers and do substantial service to the cause of practical medicine.

As for ourselves, we enter upon our allotted work with the chastened confidence which comes from experience, but with an abiding trust in the cordial support of those who have at heart the good of medicine. And so the curtain rises upon the enlarged and newly-decorated stage, while the new combination steps up to the foot-lights and makes the initial bow.

Rome has at last yielded the doctorate to a woman. Her name is Signorina Terne.



### COME TO STAY.

With whatever of prudent caution or reluctance many physicians may have accepted the first announcements of the various discoveries of micro-organisms, it must now be confessed that their permanent position in medical science has become an accomplished fact.

It is true there are many diseases in which it would be expected they should first be found, but where as yet they have not certainly been discovered; but so much has been established, and analogy points so strongly to their presence in all contagious diseases, that to-day the presumption is in their favor.

They have come to stay.

There is, it is true, yet very much to discover; and if there is no longer room for skepticism, there is still room for the greatest care and discrimination. In the future, as in the past, there will be a great many more discoverers than discoveries.

There is a large class of men, the camp-followers of science, who discover whatever is expected to be discovered, who draw for their facts upon fancy or imagination, to put it in the best light, and they would have done science a good turn had they discovered elephants and camels, or even a navy for the country, under the microscope, instead of germs, which would have been quite as easy for them and led to so much less confusion in science.

Nor will the question of etiology and pathology be by any means exhausted when all the microbes are unveiled.

Their mode of influencing disease, the cause of the periodic energy which results in epidemics, whether they preserve a single type or have cycles of transformation, in only certain stages of which they are nocuous, are questions that, with many others, promise much employment for scientists in the future.

On reflection, we find in the matter of curing germ diseases much less progress has been made than at first glance we might suppose.

As far as internal medication is concerned, absolutely nothing has yet been accomplished in the way of their destruction in the tissues by any medicaments; indeed, extended knowledge of their nature seems to render that result

more hopeless than it seemed while they were regarded as a part of the tissues merely gone astray. And considering that, as a rule, the lower in the scale of life the more tenacious the vitality of each individual, it is difficult to conceive how any means ever can be devised to destroy micro-organisms in the tissues without first destroying the tissues themselves.

The consensus of views among surgeons lately reached in regard to antiseptics seems to teach that a favoring condition of the parts exposed is fully as important in developing trouble as the presence of bacteria. Something must go before the bacteria. Cleanliness has so far proven a better defense, even on exposed surfaces, than any amount of germicides. If this can be said of them on exposed surfaces, what can be expected in the depths of the tissues in the way of their destruction.

But still a wonderful change has come over the minds of men since Liebig and Pasteur first measured swords over the question of the bacterium of yeast fermentation. Pasteur, who was in at the birth, has seen his child grow under his own training to the strong proportions of manhood; he has seen his triumph, and more than his triumph—he has seen his glory.

s.

### Notes and Queries.

ENGLAND vs. QUARANTINE.—In his review of the official volume containing the *Procès Verbaux* of the International Sanitary Conference in Rome, the editor of the *Lancet* says:

Europe now knows that England is not to be entrapped by any offers of what may be termed progress, so long as any attempt whatever is made to impose upon her restrictions savoring of quarantine; and Europe also knows that the grounds for this attitude have been brought before an international gathering, at which, notwithstanding the appeals of the delegates from this country that they might be told where they were wrong, if any error existed on their part, no one in that assembly could answer them. The British and Indian arguments as to the folly and hurtfulness of

quarantine, and as to the preëminent value of an efficient sanitary administration, such as can not be expected so long as cordons and allied restrictions are trusted in, may be found on nearly every page of the *Procès Verbaux* of the conference; and it is hardly likely that England will again be asked to join other nations in considering the question at issue, until those nations are prepared to abandon the present retrograde attitude into which they were so easily led by the French delegates.

“ELECTION FEVER.”—The following, by the editor of the *Lancet*, has an odd sound in the ear of one from childhood accustomed to popular elections, equal rights, and indiscriminate franchise; and if the authority were less distinguished, the American reader would probably question the grounds of the diagnosis, and charge the deaths in question to boodle and booze:

The record of deaths resulting more or less directly from the feverish excitement caused by the general election now in progress is being filled up, and the number of cases of illness traceable to this source of disturbance will be large. It is strange to note the extent to which minds of even small caliber are stirred by politics. No very high order of intellect seems to be requisite for the formation of an “opinion” as to the way in which public affairs ought to be managed; and the opinion formed is apt to be strong in proportion to the feebleness of the mind that shaped it. Statesmanship itself is not an exalted intellectual faculty. We are apt to worship the prescience and tact that compose the demonstrative form of political intelligence; but, in truth, these qualities are commonly found in connection with general capacities which do not by any means bespeak a high development of the cerebral centers. There are, of course, a goodly number of exceptional instances of statesmanship combined with the highest intellectual powers and attainments. Mr. Gladstone, for example, offers a conspicuous illustration of the fact that a really great mind may busy itself with politics; but taking the matter-of-fact view of this question, and looking to the mental condition of the average politician, whether in the Cabinet or in

Parliament or among the people, it is impossible not to perceive that the strongest, and in a sense the clearest, views of policy, and every faculty or power necessary to make a man statesmanly are quite compatible with an order of intellect certainly not above, and probably often below, the medium grade in development. It is just as well to speak out plainly on this point, as curiously erroneous views prevail, and wholly needless surprises and disappointments arise in consequence of the misconception which exists. It used to be the custom to “send the fool of the family into the church.” Times are so changed that this is no longer possible. A man “without brains,” as the saying is, can scarcely get on in the church. It is now better policy to let the least intellectual of the sons of a house obtain a seat in Parliament, and there would seem to be a reasonable hope that he may in that vocation even distinguish himself. This being so, it ought to surprise no one that a large sprinkling of the “minds” subjected to the strain and excitement attendant on a general election should give way, or that in a certain proportion of instances brains should be so affected as to suffer those coarser injuries which end in speedy death rather than protracted mental disease. The casualties which occur do not, as a rule, befall the weaker, but rather the more excitable, or the least generally healthy organisms. There are two classes of cases. Those in which the perturbed die suddenly are, as a rule, cases of heart or vessel or coarse brain disease. The larger class has yet to be declared in the more or less slow wrecking and drifting of weakly overstrained intellects. Already the mentally maimed are beginning to find their way into hospital out-patient rooms and consulting-rooms. The mind and brain mortality of the election of 1885 threatens to be a heavy one.

BUTTER SUBSTITUTES.—The oleomargarine question is a burning one at every meeting of dairymen, and as a health problem demands the attention of all persons desirous of preventing adulteration in food-products. Almost all of the States have more or less stringent laws on the subject of manufacture or sale, but it is difficult to enforce them. Oleomar-



garine is manufactured very extensively, and when composed of pure materials and combined in a cleanly manner can not be said to be unhealthy; but the process of manufacture is not always satisfactory, and the product is almost invariably put on the market as pure butter. This fraud is one which the laws are always aimed at, but the practical difficulty of determining the imitation butter from the real has caused the sales to be immense. The only remedy was thought by the New York farmers to lie in absolute prohibition of all manufacture and sale, and such a law was placed on the statute-book some two years since. Unlike other prohibitory laws, it was vigorously enforced, and there was little oleomargarine either made or sold until the Court of Appeals in that State decided not long ago that the law was unconstitutional, and that a statute prohibiting a manufacture which, when properly carried on, did not produce an unhealthy article of food, was contrary to the spirit of our institutions. Right upon the heels of this decision the oleomargarine manufactories opened up, and have been in full blast ever since. As a result, it is said that one establishment in New York City has placed upon the market during the past year two million pounds of the stuff, while one in Providence has manufactured one million seven hundred and fifty thousand, and one in Boston one million one hundred and fifty thousand.

The sale of oleomargarine interferes very seriously with that of genuine dairy-products, and the whole farming interest is becoming aroused on the subject. At the recent sessions of the National Butter, Cheese, and Eggs Convention in Chicago, some appalling statistics were pre-ented, and a lively discussion took place as to the best preventive measures to be adopted. One of the best suggestions was a demand that Congress pass a general law prohibiting the use of coloring-matter and the sale of oleomargarine for real butter. It is questionable, however, whether Congress will not say that the States must regulate the matter for themselves.—*Medical Times*.

AN ethical question of some practical importance has been presented to the Boston

physicians for individual solution. Not long ago a burglary occurred at night, which was discovered by a policeman, who arrested one of the burglars. An accomplice attempted the latter's rescue, but was beaten over the head with the watchman's club, which afterward presented signs of sanguinary use. The case was reported by the policeman, who was confident that he had inflicted serious injury. The following day an order was issued that the patrolmen should call upon every physician in the city, to inquire if any one had on that day dressed scalp-wounds in a man answering to such a description, and, if so, to obtain information which might lead to his discovery. It was believed that the man must have called medical aid. A great many of the doctors who gave negative answers to the inquiry asked themselves the question whether they would be justified in exposing the criminal, supposing they had obtained knowledge of him through his seeking their professional services. There was a rather wide-spread feeling that the police authorities had adopted an unjustifiable mode of investigation for apprehending a man who, though a criminal and one whom all good citizens would wish to see brought to justice, had nevertheless, by coming as a patient, a right to protection from exposure by his professional attendant. If there is a "seal of the confessional," why not a seal of the consulting-room? At all events, the police inquiry was fruitless, which may mean that some physician took this view of the matter.—*C. F. W., Boston correspondent, ibid.*

**COLORED WINES AND FOODS.**—Relative to these articles of not unfounded popular fear the *Lancet* says:

Most things that are pleasant to taste are not harmful in the economy. The proportion of things pleasant to look upon and admissible as edibles is probably not so large. The organ of smell seems to be the best indicator of goodness or badness, agreeable odors being as a rule quite harmless. Physiologists have usually condemned the use of various coloring matters in the manufacture of wines and foods, but more on general principles than on certain knowledge that



added matters were of a harmful nature. MM. Cazeneuve and Lépine have found that the "rouge soluble" is innocuous, and "sulpho de fuchsine" appears to be likewise harmless. These coloring agents do not give rise to unpleasant effects of any description, even though ingested in considerable quantities. The workmen in the manufacture of the colors, spending many hours a day in breathing the atmosphere impregnated with the colored particles, appear to suffer no inconvenience, live long, and enjoy good health. Saffranin, which is also employed to tint wines, produces toxic effects on animals if administered in considerable doses: the action of the heart is disordered, the breathing distressed, and diarrhea, with albuminuria, set up. But even saffranin may be administered in minute doses without producing any marked deleterious effect on the health. Investigations of the kind employed in ascertaining these results are useful, for as pigmentary matters please the eye and do not cloy the palate, it would be well to know which pigments may be used for such enjoyable purposes without carrying mischief in their train.

**A WARM WELCOME.**—The British Medical Journal, of December 19th, gives a long account of and wise editorial comments upon the manner in which Dr. David Bradley, of Chesterfield, who had suffered unjustly at the hands of the accuser, judge, jury, and law, was welcomed, after a cruel sentence and long imprisonment, back to his place in the profession by his brethren in medicine.

The reception took place at Sheffield, and was attended by the President of the Council of the British Medical Association and upward of thirty prominent physicians and surgeons from various quarters of England. Speeches warm with sympathy and brotherly love were made by the President, Dr. Balthazar Foster, and others, while Sir William Jenner, Sir Henry Thompson, and other eminent practitioners who could not be present, gave voice to like sentiments in letters read.

At the close of the meeting Dr. Bradley was presented with a purse of four hundred guineas and a fitting address, in which the maladministrators of justice were sharply censured and

their innocent victim reassured of the esteem and confidence of the guild. This was signed by Sir William Jenner, M. D., Balthazar Foster, M. D., M. P., Lawson Tait, F. R. C. S., C. G. Wheelhouse, F. R. C. S., William Ogle, M. D., T. Clifford Albutt, F. R. C. S., W. H. Ransom, M. D., Charles Bell Taylor, M. D., M. Martin de Bartolome, M. D., and William F. Favell.

**THE FIRST BACTERIOLOGIST.**—In the year 1726 a quack, Boile by name, made his appearance in Paris, and promulgated a new theory of disease. All maladies, he said, were due to the presence of animalcules in the tissues, and all that was necessary to effect a cure was to introduce other and stronger animalcules which would destroy the disease-producers. He had, he claimed, a large supply of the superior and curative animalcules, and would dispose of a sufficient number of them to any one who stood in need of their services and would pay for them. Of course, he found plenty of customers and soon drove a thriving business. But he came to grief. He used to demonstrate under a magnifying glass the action of his remedies. He would take a little blood from the patient, and, putting it under the microscope, would exhibit to his awe-struck visitors a number of hideous forms which were the cause of the malady. Then he added a drop of his special culture, and away would go the wicked animalcules, leaving the field clear. Some incredulous fellow, however, examined into the matter a little too minutely, and discovered that the microscope had a false bottom and that the battle of the animalcules was nothing but a printed show. This discovery had the same effect upon M. Boile that his remedy had upon the germs—he disappeared with amazing celerity.—*Medical Record.*

**DURING** the first week of December Sir Joseph Hooker and Professor Huxley retired from the prominent positions to which they had been called for the good of science, the former from the directorship of the Royal Gardens, Kew, and the latter from the presidency of the Royal Society. Sir Joseph vacates his office that he may give time and

attention to the arrangement and classification of his vast collection of Indian plants. Professor Huxley retires in consequence of age and impaired health. He has passed his sixtieth year, the age at which he believes a man has completed the active period of his life as a scientific worker. His ideas being hardened and stereotyped he should no longer stand in the way of younger and more active spirits. Though the victim of no organic disease, he has for a long time suffered from dyspepsia and consequent mal-nutrition, anemia, and debility. A visit to Italy in the spring improved his health in great measure; but the resumption of work on his return brought back symptoms which, with theory above stated, admonished him to retire from a position of high responsibility. A pension of £300 per annum has been conferred on Professor Huxley in recognition of his eminent scientific services.

**HIGHLY SPICED.**—A writer in the British Medical Journal says, "The Calcutta milk-supply appears to be a source of public danger, which should be dealt with instantly. The city is provided with milk, for the most part, from cows kept in the suburbs. While Calcutta is highly favored in the matter of its water-supply, one of the best in the world, its milk-supply, received from the suburbs, is described as being impure and dangerous, the product of badly fed, badly kept, and often diseased cows, and diluted to the extent of twenty-five to fifty per cent with tank-water. Of this tank-water, an eminent chemist recently said 'that a good average quality of tank-water may be made by mixing six parts of our present hydrant-water with from one to two parts of the most concentrated Calcutta sewage.' The cow-houses are dark, foul-smelling dens, crowded with gaunt, filth-caked cattle, which have barely room to stand, the feeding-tubs full of an ill-smelling fermented wash of chopped straw, oilcake, and spent-wash from the distilleries, the milk standing in smoke-begrimed earthen jars, the surface covered with a drowning struggling mass of carrion flies, the cow-house bordered on one side by an indescribably filthy pond, whence cattle and milk are alike watered, on the other by a quagmire of liquid filth. Rinderpest,

moreover, is seldom absent from suburban cow-houses, and the gowalla mixes the milk from the diseased cattle, as long as they continue to give milk at all, with that from the healthy."

**M. PASTEUR'S TREATMENT OF HYDROPHOBIA.**—M. Gomot, the Minister of Agriculture, has officially visited the laboratory of M. Pasteur. He is so well satisfied with his visit that, it is announced, he will ask the Chambers to enable him to practice inoculation against rabies on a large scale, and to treat human beings suffering from that malady in a special hospital. About forty persons were under treatment when M. Gomot was at M. Pasteur's. One was a Hungarian, sent by his Government; another, a captain in the Russian Imperial Guard, whose hand a mastiff had bitten. He was accompanied by the Czar's medical attendant. There were several children who had received bites in the face. Two patients, whom M. Pasteur alleges that he has saved, gave him, between them, a donation of £48, which he sent to a night asylum for indigent houseless persons.—*British Medical Journal*.

**A NEW HEMOSTATIC AGENT.**—Dr. Spaak (*Journal Med. de Bruxelles*) claims for the following simple solution excellent, not to say fabulous results: Chloroform two parts, water one hundred parts. He says that he has used this hemostatic liquid for several months, and attributes to it the following great advantages: (1) It acts with truly wonderful rapidity; (2) it possesses no escharotic action; (3) it is to be had every where, and may be prepared instantaneously; (4) it costs very little; (5) it possesses no disagreeable effects, and does not hinder a surgeon in his operations.

At a recent meeting of the Louisville Medical Society, Surgeon Godfrey, of the United States Marine Hospital Service, detailed some interesting experiences with this mixture. In his opinion it is the coming hemostatic.

SOME time ago, Professor Virchow collated the results of an inquiry into the relative proportions of the blond-haired, dark, and mixed types among the school children of the German Empire. Since then the inquiry has



been extended to Belgium, Austria, and Switzerland, embracing nearly eleven million children in its scope; and, in a recent lecture at the Berlin Academy of Science, Professor Virchow showed that more than fifty per cent of the school children of Central Europe belonged to the mixed type. The distribution of the purely blonde type, which contributes more than twenty-five per cent, and is associated with unmixed Teutonic blood, is highest in Hanover, where it forms forty-three per cent of the population; but it is very nearly as high in the extreme East Prussian and Pomeranian districts, where history and tradition would indicate a preponderating Slavic element.

**CARBOLIC ACID IN INDIGESTION.**—I have just passed through a severe attack of indigestion accompanied by colic, pyrosis, food eructations, epigastric weight, uneasiness, etc. Alkalies, muriatic acid, pepsine, and pancreatic extract failed to give relief. Seeing your note in the American Practitioner on the use of carbolie acid in acid eructations, etc., I took, with almost instant relief, two or three drops of the acid as soon after food as regurgitation, distension, or acidity occurred. One dose was usually sufficient. On two occasions only was a second dose required. This I took half an hour after the first. I dropped the acid on a bit of fresh bread and rolled the mass into a pill. Since my own case, I have given it in a similar case with like good result. Here I added a scruple of carbolie acid to one ounce of glycerine. Dose, a teaspoonful. R.

**IMPOSSIBLE.**—In a recent letter to the Lancet relative to the removal of suppurating kidneys, Mr. R. Clement Lucas says, bravely:

I do not wish to underrate the difficulties that may have to be encountered; but those who undertake these operations are not of the school which contented itself with the opening of abscesses when pointing, and the amputation of limbs. I dislike the word impossibility, for it is one always on the retreat, and that which yesterday was regarded as impossible, to-day under a different sun appears easy to overcome. Certain it is that he who commences to act with a fear of meeting with the

impossible will often leave unfinished what another would effect with ease. The tendency of scientific progress is to thrust back the impossible to the extreme confines of the unknowable.

A NEW DISEASE is reported from Brazil, by Dr. Lutz. The *Berliner Klinische Wochenschrift* summarizes its chief characters as follows, from the paper read at the recent meeting of German naturalists and physicians at Strasburg. The disease has a very chronic course, and caused death in ten out of twenty-three patients. Its main features are gastrointestinal and respiratory catarrh, edema of the skin, and a peculiar erythema, which quickly becomes livid and even black, finally leading to a ragged desquamation. The cause of this disease is apparently the use of spoiled maize. The spleen was said to be not enlarged during life, and no anatomical alterations of the viscera were found on post-mortem examination.—*British Medical Journal*.

**LEPROSY NOT CONTAGIOUS.**—The Virginia Medical Monthly says that the daily papers of November 25th contained an Associated Press telegram from Washington, D. C., stating that Consul-General Putnam, at Honolulu, has sent to the Department of State an exhaustive article on the subject of leprosy, written by Dr. George L. Fitch, who, the Consul-General says, has enjoyed rare opportunities to become thoroughly acquainted with the malady. For years he had charge of the government hospital and leper settlement on the island of Molokai. Dr. Fitch believes himself justified in saying that leprosy is hereditary, and can not be communicated by one person to another under any circumstances.

It has been often observed that statistics may be made to prove any thing. Like many other similar sayings it has its true as well as its false meaning. Rightly used, fairly stated, and treated with scrupulous accuracy, they are of great value. It was observed by Dr. Robert Barnes, many years ago, that statistics were very despotic; certain columns are marked off, and diseases must go into some column, even



when there is some reasonable doubt as to which column they ought to go under. There are other difficulties in connection with all statistics, which, together with that just mentioned, make it very easy for unscrupulous persons, determined to prove their own crotchets, to make statistics prove any thing.—*The Lancet*.

**A NEW THEORY OF ASTHMA.**—Dr. M. R. O'Connor, in a letter to the *British Medical Journal*, puts forward the hypothesis that asthma is due to a reverse action of the cilia lining the bronchial tract; that instead of waving toward the external orifices they wave backward toward the air cells, and so obstruct the exit of both air and mucus. The doctor regrets that he can not prove the point; but thinks that the power of chloroform, and some other drugs, to control an asthmatic attack, taken together with the fact that they arrest the action of the cilia on mucous membranes taken from the body, bear testimony to the truth of his conclusion.

**SUCCESSFUL VACCINATION AFTER SMALL-POX.**—Dr. E. D. Powers, of Lafayette, Ind., writes to the *Medical Record* January 2d: "My wife and her brother had the smallpox when young children, both sick at the same time. The brother's face is very badly marked, my wife's not so badly. So there is no doubt as to the nature of the attack in her case. My son, fifteen years of age, having found a point that had been used, playfully insisted on vaccinating his mother, and did so. The vaccination was successful, and ran through a typical course, very much to our surprise, as we considered her perfectly safe."

**PROF. JOHN C. DRAPER**, the distinguished chemist, physician, and scientist, died in New York City, on the 20th of December, after an illness of but two days' duration. He was born in Virginia in 1835. He graduated from the medical department of the University of New York in 1856, and for many years held in this college the chair of Physics and Chemistry. He was renowned as a teacher and author, and esteemed by all who knew him. His latest

work, issued during the past year, on *Physics as Applied to Medicine*, received the highest encomiums of the medical press.

**THE OBLIGATION OF A MEDICAL MAN TO A PATIENT.**—An English judge recently, in refusing to grant a new trial of actions brought by a woman against two physicians for signing a certificate for her removal to a lunatic asylum, a verdict against her having been returned at the former trial, said that a medical man was not bound to be infallible, and whether he was dealing with a patient suffering from physical or mental disease, his obligation was only to exercise proper care and skill in performing his duty.

**PILOCARPINE IN HICCUGH.**—Dr. J. Churton (*British Medical Journal*, December 19th) has recently employed pilocarpine with fine effect in obstinate hiccough. One fourth of a grain of the hydrochlorate injected hypodermically stops the spasmodic jerking in about ten minutes. The hiccough may recur at intervals of two or three days, but is easily controlled by resumption of the drug. If, as sometimes happens, the spasm proves uncontrollable by pilocarpine, Dr. Churton resorts to the use of scutillaria, which is successful in some cases.

**THE R. O. COWLING MEDICAL SOCIETY.**—A few weeks since the physicians of Danville, Ky., met and organized a new medical society. It is named in honor of the lamented founder of the *Louisville Medical News*, and, representing among its members some of the best talent of the State, stands as a fit tribute to the memory of the brilliant young surgeon, wit, and editor.

Dr. W. R. McKee is the President, and Dr. W. J. McClure, Secretary.

**DR. AUSTIN FLINT.**—The *British Medical Journal* pays the following well-deserved compliment to the great American physician:

Dr. Austin Flint holds a position of recognized eminence and seniority in America, and has filled with honor the highest professional offices in his country. He is well known at the meetings of our Association, and has won

for himself universal esteem and friendship. He is an admirable type of a class of American physicians, and, while retaining the national characteristics, is distinguished for cosmopolitan culture and calmness of judgment.

PASTEUR is doing a thriving business with his vaunted hydrophobia cure. Not only are the French and English dogs doing all in their power to test the virtue of his attenuated viruses, but all the mangy curs in Christendom seem conspiring to make a market for his wares. Recently four dog-bitten children, from New Jersey, were his guests. It is reported that the master has rendered them insusceptible to rabid virus, and that they will soon be returned to the dental caresses of their canine pets.

A REMEDY FOR COLIC.—A correspondent writes: "Take the whites of two eggs, one tablespoonful each of powdered sugar and best cider vinegar. Mix and beat into a froth. Dose, two teaspoonfuls every half hour till relieved. This is a handy recipe, as the ingredients are to be found in almost every house. Next to the 'regulation' dose of castor oil and turpentine, I have relieved more cases of colic with this than any other remedy."

SLOW BUT SURE.—Mr. Mordaunt G. Dundas reports, in the British Medical Journal, a vaccination in three places with calf lymph, which showed no sign of taking until after fourteen days, when some itching was felt at the seat of inoculation. On the day following two vesicles appeared, which developed in the usual manner, the areolæ being very much inflamed and the axillary glands enlarged and painful. The patient, an adult, had been successfully vaccinated in childhood.

DEATH FROM TOBACCO-SMOKING.—In London, on the 3d of December, a boy, aged twelve years, after eating a hearty dinner went into a shop, purchased a pennyworth of thick twist tobacco and smoked it. He soon became so very sick in the street as to fall. He went home, and thence to bed. At four o'clock he got up, and after vomiting went to bed again.

A man who slept with him was astonished to find him dead and cold at the foot of the bed at seven o'clock in the morning.

THE DOCTOR AS A MISSIONARY.—Dr. P. Cullen, Surgeon-Major in the British Indian Service, says that since vaccination has become general in the region of India where he is now stationed, the village gods, to which the country people made pilgrimages for protection, have become unpopular, hardly a local deity being now maintained. This is a point of conflict between science and religion which the most orthodox will not disallow.

HAIR ON THE EYEBALL.—A member of the British Medical Association claims, through that society's official organ, to have recently seen a bull-dog on whose left eye was a sessile outgrowth surrounded by a circle of well-developed hairs. The growth was situated on the outer side of the ball near the corneo-sclerotic junction, and extended backward for some distance over the sclerotic.

MAD DOGS.—In the London Dogs' Home the records show that thirteen cases of rabies were developed in 1883, fifteen in 1884, and fifty-six during 1885. 'Tis true that this year's gleanings from among the London canine loafers amount to 21,614 as against 14,772 for 1884, but the increase in the number of dogs by no means accounts for this large showing of madness among them.

PRIORITY IN INOCULATION AGAINST RABIES. The Medical Record says, on the authority of *Le Progrès Médical*, that in a medical journal (*Klinische Anweisungen*) appearing in Leipsic in 1849, an article is published discussing a method of preventing rabies by vaccination. The doctor employing this method called himself Constantine Hering, and lived in Philadelphia.

THE knowledge a trained nurse possesses—the very utmost she can acquire—must be simply so much quackery, in so far as it extends beyond the mere womanly qualification of ministering gently to the sick and obediently car-



rying into effect a careful practitioner's instructions. Unhappily, female nurses are actually allowed to pass catheters and give hypodermic injections.—*The Lancet*.

MR. FRANK H. HODGES, Ophthalmic Surgeon to the Leicester Infirmary, states that Professor Hirschberg, of Berlin, exhibits cocaine in a solution of bichloride of mercury (1 in 5000), and that he has had no case of septic inflammation following its use. The drug as commonly applied with distilled water alone as a solvent is making for itself a disastrous reputation.

MEDICO-CHIRURGICAL SOCIETY OF GERMAN PHYSICIANS.—At the last meeting of the Medico-Chirurgical Society of German Physicians, (New York), the officers for the following year were elected as follows: President, Dr. C. Heitzmann; Vice-President, Dr. L. Weber; Recording Secretary, Dr. Willy Mayer; Corresponding Secretary, Dr. H. J. Garrigues; Treasurer, Dr. A. Throg.

ANOTHER FAUX PAS OF THE TELEPHONE.—“Hello! doctor!” “Hello! Mrs. Elcho.” “Clara grows better, and her baby is quite well.” At this point the girl at the central office cuts off the doctor and turns on a veterinary surgeon, who is giving the order to his assistant to “Give ’er bran mash, and have the groom rub ’er down.”

A MEMBER of the German Reichstag is said to have tabled a petition in favor of the introduction of optional cremation. The petition bears over 23,000 signatures, tendered in various towns and cities of the empire, among them being those of 1,942 physicians, 1,006 lawyers, 849 professors and teachers, 13 clergymen, and 361 women.

THE MEDICAL ANALECTIC.—In consequence of a change in the editorial arrangements of our esteemed contemporary, there has been a delay of a few days in the publication of the number due on the 31st of December. The *Analectic* is under the editorship of Dr. R. W. Amidon.

A 3440-GRAIN CALCULUS REMOVED FROM A YOUNG BOY'S BLADDER.—At a recent meeting of the Surgical Staff of the City Hospital, Jersey City, New Jersey, Dr. Theo. R. Varick, Surgeon-General of the State, removed a calculus weighing three thousand four hundred and forty grains from the bladder of a boy twelve years old.

SMALLPOX IN NEW YORK AND BROOKLYN, as well as in a number of other places, although not verging on epidemic prevalence, is coming to light far oftener than it is comfortable to contemplate. It is reported that the number of patients now in the Flatbush Hospital is greater than at any other time during the last three years.—*New York Med. Journal*.

CURARE A CENTURY OLD.—M. Laborde, at a recent meeting of the Société d'Anthropologie, exhibited some arrows which had been poisoned with curare a hundred years ago. He had wounded a few guinea-pigs with them, and the results were as powerful and as deadly as though the poison had been fresh.—*Brit. Med. Journal*.

BON VOYAGE.—Dr. A. W. Johnstone, of Danville, Ky., passed through Louisville on the 28th ult., on his way to Europe. He sailed from New York last week. He will spend six months with Lawson Tait, in Birmingham, and visit the hospitals of London, Paris, Berlin, and Vienna.

DR. G. H. MOORE (British Medical Journal) recommends the following for the relief of rigid os in the first stage of labor. Cocaine and boric acid, each three grains in a hollow cone of cocoa-butter, so shaped as to receive the tip of the obstetrician's forefinger, by which it may be readily pushed into the cervical canal.

LUMINOUS TREES are reported to be growing in a valley near Tuscarora, Nev. At certain seasons the foliage gives out sufficient light to enable any one near at hand to read small print, while the luminous general effect may be perceived some miles distant. The phenomenon is attributed to parasites.



FIVE persons in London have recently fallen victims to the bite of one rabid dog, and John Bull is seriously considering the propriety of muzzling all dogs who are given by their owners the freedom of the city. A better way would be to shoot the brutes.

THE proprietors of the London Medical Times and Gazette discontinued its publication with the close of the year. This journal has long stood in the front rank of medical periodical literature, and its loss will be regretted by many readers on both sides of the Atlantic.

A SQUALL.—The obstetric fraternity is paralyzed by the announcement that a woman of Valladolid has recently brought forth a litter of seven babies. The mother still lives, with a majority of the infants, but the father is not likely to survive.

CIDER AS A CURE FOR RHEUMATISM.—A writer in the British Medical Journal notes a case of obstinate rheumatism which, after resisting the usual remedies, let go its hold under the weight of two quarts of cider drunk by the patient daily for a reasonably short time.

AN English physician says that he has met with no case of offensive urine (intestino-vesical fistula excepted) which did not yield to ten or twenty grains of boracic acid given internally every three or four hours.

MEASURES, it is said, are on foot for the establishment, in St. Louis, of an institution for the treatment of hydrophobia by inoculation after the method devised by Pasteur.

It is estimated that there are now in the United States 120,000 practitioners of medicine, including non-graduates.

THE distinguished German surgeon Volkmann, of Halle, has been made a noble by the King of Prussia.

THE American Journal of Obstetrics has discontinued the department of Diseases of Children.

GIUSEPPE PONZI, the distinguished professor of the University of Rome, is dead, at the age of eighty years.

DR. WALKER, in the British Medical Journal, recommends the use of strychnine in post-partum hemorrhage.

SMALLPOX prevails to a very considerable extent in Vienna. In Berlin, where re-vaccination is now universal, the disease is almost completely stamped out.

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#### Army and Navy Medical Intelligence.

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OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from December 20, 1885, to January 2, 1886:

*Fryer, B. E.*, Major and Surgeon, sick leave extended six months on surgeon's certificate of disability. (S. O. 292, A. G. O., December 21, 1885.) *Vickery, R. S.*, Major and Surgeon, relieved from duty in Department of the Columbia, to repair to Washington, D. C., and report in person to Surgeon-General for duty in connection with Army and Navy Hospital, Hot Springs, Arkansas. (S. O. 293, A. G. O., December 22, 1885.) *Reed, W.*, Captain and Assistant Surgeon, leave extended one month. (S. O. 293, A. G. O., December 22, 1885.) *First Lieutenant Thos. J. C. Maddox*, Assistant Surgeon, killed December 19, 1885, in affair with Apache Indians, near the White House, New Mexico. *Assistant Surgeon F. J. Ives*, ordered to report to commanding officer District of New Mexico, for duty in the field. (S. O. 127, Department Platte, December 23, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the three weeks ended January 2, 1886:

*Purviance, George*, Surgeon, to proceed to Chicago, Illinois, as inspector. December 23, 1885. *Guiteras, John*, Passed Assistant Surgeon, to proceed to St. Louis, Missouri, for duty. December 23, 1885. Granted leave of absence for seven days. December 26, 1885. *Urquhart, F. M.*, Passed Assistant Surgeon, to proceed to Charleston, South Carolina, for temporary duty. December 23, 1885. *Bratton, W. D.*, Assistant Surgeon, granted leave of absence for twenty-two days. December 22, 1885. *McIntosh, W. P.*, Assistant Surgeon, granted leave of absence for fourteen days. December 22, 1885.

*Guiteras, John*, Passed Assistant Surgeon, upon expiration of leave of absence, to reassume charge of the service at Charleston, S. C. December 29, 1885. *Fattie, J. B.*, Assistant Surgeon, appointed an Assistant Surgeon, December 28, 1885. Assigned to duty at Baltimore, Md. December 29, 1885.

# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. I.  
[NEW SERIES]

LOUISVILLE, KY., JANUARY 23, 1886.

No. 2.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### ON COMPRESSION IN MASTITIS.

BY DAVID W. YANDELL, M. D.

Two reputable physicians and their respective friends have occupied much printed space recently in endeavoring to determine to which one of the claimants belongs the credit of having originated the treatment of mastitis by methodical compression. The fact remains that the application in this affection of pressure by one and another means quite antedates the birth even of the present disputants or their champions. It is indeed an ancient practice, and, with certain additions, is, in the opinion of the writer, the best known up to the present time.

Among the earliest advocates of the management of mastitis by compression may be mentioned Heister, who, in his "Surgery" (Vol. I, Book iv, chapter 4), says on this subject:

"The strongest discutient that I have frequently found to excel others for these tumors is the empl. ex sperm. ceti præparat."

Pearson's "Principles of Surgery" contains an allusion to the same practice. MM. Trousseau and Contour published in 1841 a memoir on the Treatment of Mammary Abscess by Compression, a translation of the leading points of which appeared shortly after in the Medical Gazette, of London. The authors of the memoir made the compression by strips of adhesive plaster, broad and sufficiently long to go several times round the body. The surgeon, standing by the side of the patient, aimed first to

"fix one of the extremities of the slip at about the middle of the back; then carry it toward the side of the chest; then pass it over the breast, beginning from the lowest part; then obliquely from below upward to the outer third of the clavicle on the healthy side; and then obliquely downward across the back, so as to cover the extremity of the slip already fixed. Following this course several times, he must take care that the portion of the band applied each time covers the two upper thirds of the preceding turn. But it is easy to see that if the bandage is always carried in the same direction, the breast can not be completely covered; and that, on the other hand, as its several turns go across the clavicle of the healthy side, the movements of the shoulders would tend to displace it, and the lower part of the breast might soon be uncovered. Other strips of plaster are therefore applied, which, proceeding from the anterior and upper part of the abdomen, ascend, crossing the first obliquely; then pass under the axilla, and return, after passing over the posterior part of the chest, to the part where they were first applied, and then are carried again along the same track, covering each time the two upper thirds of the slip last applied. The breast is thus completely covered by the bandage, which is prevented from rising by this last described, which ought to cover only the upper part of the breast."

The advantages claimed by its authors for this method are immediate relief of pain and diminution of inflammatory engorgement, and that, when applied after the abscess has opened, it promotes the evacuation of matter and shortens the suppurative period.

James Gilmour, M. D., of Liverpool, called attention anew to the subject in 1856, in an article "On Sparganosis," contributed to the London Lancet, Vol. II, page 164. This writer



both simplified the method and lessened its cost by having the strips but fourteen inches long and one inch broad, though they may occasionally need to be both broader and rather longer. He begun the dressing by attaching the extremities of one set of strips to the ribs behind, passing over the affected mamma and fastened on or about the sternum; while a second set is brought up from the anterior part of the abdomen to the clavicle, covering the first layer, and *vice versa*—each strip to overlap two thirds of the strip last applied.

Dr. Gilmour further states that in cases seen too late to prevent suppuration he was astonished at the relief afforded from pain, tension, and throbbing; and where the abscess had burst or been opened he found enormous benefit from the compression.

I saw this article soon after it appeared, and having, at the time, a case of milk abscess at the clinic at the University of Louisville, I at once strapped the breast after Dr. Gilmour's method. I am sure that the author could himself at no time have been more astonished at the results in his practice than I was at the absolutely immediate relief which followed the strapping in this case, and from that day to this, though I have strapped many breasts in various stages and degrees of inflammation, I can not recall an instance in which the treatment was not of signal benefit.

A glance at the method will show that it fills all the mechanical requirements demanded in the management of mastitis with the single exception of providing for adequate drainage in cases of deep suppuration. This being attended to, Dr. Gilmour's is the ideal *methodus medendi* in mastitis, securing, as it does, rest, position, and pressure, the "surgical trinity," so well named by Mr. Sampson Gamgee. If, now, in cases where suppuration has occurred before the surgeon has been consulted, or in spite of his efforts to prevent it, proper antiseptics be added to strapping, I must believe that the suffering from this very troublesome and very painful inflammation will, at least, be minimized.

CASE 1. (Negative.) Mrs. M., mother of four children. Each confinement followed by milk abscess. Saw her in November, 1885, in con-

sultation with her medical attendant. Right mamma enlarged, tender, red, painful. Made compression by rubber strips. Quick relief of pain, rapid subsidence of engorgement. No suppuration.

CASE 2. Mrs. R., sixth confinement. Two previous labors followed by abscess of breast, which was weeks and weeks in being cured; suffering represented to be extreme. Abscess had been opened by her physician when I saw her, December, 1885, and was discharging profusely. Washed cavity of abscess with mercuric-chloride solution, 1 to 2000, and used other antiseptic precautions; inserted horse-hair for drainage, and applied rubber plaster. Pain at once lessened. Discharge quickly diminished. Removed dressings at end of a week, when cure was complete.

LOUISVILLE, KY.

### IMPERFORATE ANUS RUPTURED DURING BIRTH.

BY O. T. SCHULTZ, M. D.

The interest that attaches to the following unique case is my excuse for reporting the same.

Annie, aged seventeen, primipara; syphilitic infection two years ago; presents no signs of this disease; however, at the third or fourth month of the present pregnancy she threatened to abort, but was 'tided over the danger by a month's course of specific treatment. She had been in very good health until two weeks previous to confinement, when a very mild bronchial catarrh set in. No fetal movements had been felt for one week before confinement. Labor at term began in the evening of December 28th. At 7 P.M. the pains were rare, regular, the os dilating, the head presenting in first position, the womb abnormally hard and tense, especially in its upper part, and extending fully up to the arch of the ribs. Fetal movements and sounds were absent; labor progressed normally, but slowly, until 3 A.M., when the head was born. Though the pains were now hard and frequent, external rotation of the head failed to take place. After considerable delay the shoulders rotated into the antero-posterior diameter, firm traction being



made on the head during pains. Pains continued hard, but no progress was made until the fingers were hooked into the axilla, and traction was made almost to the full extent of my power, when the shoulders came forth; then there was another hitch in the progress of the labor. Though the pains were strong and frequent they were not competent to dislodge the trunk. Examination now showed the child's belly to be very greatly distended. Powerful traction was again resorted to, and the body was at last born (4:30 A. M.), followed by a deluge of water. The water was of a reddish, milky appearance, and did not have the sweetish, sickening smell of normal liquor amnii. The placenta followed in due time; it was heavy, dense, large, firm, blue, and dry in appearance. Careful examination showed no extravasation of blood. The woman made a rapid and complete recovery.

The child, a large, well-developed female, weighed about twelve pounds. The epidermis on its thorax, on a part of its belly and back, was peeled off, and in the palms of the hands and on the soles of the feet was raised in blebs. No other sign of decomposition or of maceration was present, the flesh being firm, and the skin of normal appearance except in the places named. The thorax was full and large; the abdomen was tense, enlarged, tympanitic; the spleen and the liver were somewhat enlarged and hard, their margins extending just beyond the ribs. Extending from the rectum across the perineum and into the vulva was a deep and fresh tear, involving the skin and some deep-red muscular tissue; the margins of the rent were serrated. The thickness of the tissues torn through was fully one eighth of an inch, except at the site of the anus, where it was somewhat thinner. The color and consistence of the parts were normal, except over the anus, where for a distance of a quarter of an inch all around a distinct blackish discoloration was observable, through the middle of which the tear extended. The discoloration was apparently a stain with no sign of decomposition or maceration, for the skin flaps were firm in consistence, and the serrations of the tear were deep, clean-cut and fitted into each other perfectly. Posteriorly the tear started at the

gut, and now formed the external opening of the latter; it then ran across the perineum, and tearing through the posterior commissure, broke into the vulva. Posteriorly the rent involved apparently the cutis only, but forward from the anus the deep-red muscular tissue formed two thirds of its depth. Separating the margins of the tear it was seen that the bottom was lined with mucous membrane, smooth, and of darkish color. The appearance of the parts, when well held asunder, was identical with that depicted in Fig. 949, Vol. III, American Edition of Holmes's Surgery. Unfortunately, I did not make out whether this tunnel had been in communication with the vulva before the occurrence of the tear, or whether it had a blind termination.

MOUNT VERNON, IND.

### THE MEDICAL TREATMENT OF CATARACT.

BY J. MORRISON RAY, M. D.

*Lecturer on Diseases of the Eye, Ear, and Throat, Summer School, University of Louisville. Formerly House Surgeon Manhattan Eye and Ear Hospital.*

Long ago the question as to whether cataract could be relieved by non-surgical measures engaged the attention of the ophthalmologist. As experience on this point accumulated, isolated cases appeared in which slight opacities had seemed to disappear, and a few in which entirely opaque lenses had mysteriously cleared up with restoration of sight.

In a recent lecture, M. Galezowski (*Progrès Medicales*) springs the question anew, with the following comments: "We are often asked if we can remove cataracts without operation. In reply to this question, we may say that all attempts at medical treatment of cataract have been striking failures. Cataract is, in fact, nothing else than a fatty degeneration of the crystalline lens analogous to that which is produced in other organs, and which is never made to retrograde. Nevertheless search has been made for a drug capable of causing the disappearance of opacities. About fifteen years ago Farignot made a communication to the Academy on the properties of phosphureted oil. Time has demonstrated the small value of his treatment, and the same may be said of

attempts made with the iodides of potassium and sodium. In the hand-book of Graffe & Samisch, Becker reports some observations in which he had seen cataract disappear without operation: I do not believe in the resolution of cataract; it can disappear only with the disappearance of the lens. Other men have been able in good faith to publish observations of cure, but in my opinion the observations are founded on errors in diagnosis."

Notwithstanding the fact that the foregoing is in accordance with the opinion of most experts who have examined the subject, men are found in different parts of the country who claim to be able to cure cataract by medical means. A few years ago one of this class did a large business in New York City, and his wonderful cures were heralded in the daily papers. On investigation it was found that his method consisted in the application of galvanism to the eye, and the reputed cures were in cases having opacities in the center of the lens. In these electricity caused dilatation of the pupil which permitted the light to pass in through clear portions of the lens, thus improving the patient's sight.

Traveling quacks take advantage of the fact that by dilating the pupil with atropia, when the opacity is not too extensive, sight is improved in many cases, and in this way gain great notoriety.

Galezowski observes that in many cases of reputed cure, the defect was not in reality due to opacities of the lens, but to exudates upon the anterior or posterior surface of the capsule. These often disappear under proper treatment. He says also that Ryder, of Cracow, has reported cases of traumatic cataract which resolved with preservation of the lens, but they are unsatisfactory. I have seen and reported a case of traumatic cataract in an elderly person which disappeared without operation, but there was a rent in the capsule and the dissolving action of the aqueous humor removed the entire lens substance.\* Galezowski further claims that in some cases of undoubted disappearance of fully developed true cataract, the lens has been dislocated into the vitreous humor, and on examination will be found lying in the bottom of the posterior chamber of the eye.

The well-known case reported by Desmarres is to the point: A man, blind from cataract, after a series of prostrations before the altar of his church, was rewarded by a sudden return of sight in one eye. The case attracted much attention, but on examination it was found that he had ruptured the zonule of Zinn, and that the lens had escaped into the vitreous. The same result is obtained by those who propose to cure this disease by massage of the lids.

The older text-books treat this question vaguely, and contemporary literature leaves it still in obscurity; such proof as may be adduced in favor of the measure is by no means conclusive in any case, while the weight of evidence has ever been upon the negative side. The cure of cataract by medical means must therefore be held as "not proven."

LOUISVILLE, KY.

### RUBEOLA: ITS COMPLICATIONS AND FATALITY.\*

BY LEON STRAUSS, M. D.

The following paper is based upon the study of sixty-eight cases of measles:

The cases occurred in my own and in the practice of my partner, Dr. D. M. Bates, and were seen during the epidemic of measles which was observed in Bullitt County, this State, during last winter and spring. The *complications* were, broncho-pneumonia, twelve cases (or seventeen per cent); capillary bronchitis, six cases (eight per cent); gastro-enteritis, three cases (four per cent); aphtha, two cases (two per cent). I use round numbers, no fractions.

The *fatality* was, in broncho-pneumonia, two cases (or nearly three per cent); capillary bronchitis, two cases (or nearly three per cent).

Practitioners are often not sufficiently alive either to the complications of measles or its sequelæ. Hence, in some degree, may be explained the slight importance which the laity so generally attaches to the affection, among whom, we all know, is the belief that if the rash comes out well and quickly there is practically no danger to be feared. Now in

\*See Louisville Medical News, August 29, 1885.

\*Prepared for the Kentucky State Medical Society, at its meeting in 1885.



most of the cases of this epidemic accompanied by complications, especially in the double pneumonias, the eruption was distinctly confluent and the pulmonary mischief arose simultaneously with the rash. This latter statement is, I know, contrary to the generally received opinion on the subject, but I can not, I think, be mistaken as to the fact observed.

When pneumonia occurs in measles, it does not materially differ, except in its duration and fatality, from the affection as seen under other conditions. Its form is in most cases catarrhal, resulting from an extension of the bronchial inflammation. The second most frequent complication in measles is, according to J. Lewis Smith, entero-colitis. Our cases give this place to capillary bronchitis or suffocative catarrh.

I shall allude to the treatment of measles only to say that much the most important part of this consists in watchful care and thorough protection against sudden changes of temperature.

Henoch says patients should be kept in bed for at least one week, and in their room for three weeks in summer, and in winter for a month, even though the disease runs an entirely normal course; no doubt many of the severe and stubborn sequelæ are due to neglect on the part of physician and nurses of these precautions. Affections which complicate measles should have in the main like treatment with that demanded under other circumstances. For the cough, when sufficiently troublesome to require a remedy, J. Lewis Smith's prescription is as good as any:

Paregoric.....	} āā 3ss;
Syrup squills.....	
Syrup ipecac.....	
Spts. nitr. ether.....	
5ij. M.	

Give a teaspoonful to a child five years old, and repeat according to circumstances.

In capillary bronchitis and pneumonia general stimulants and stimulating expectorants are required. Quinia is almost indispensable, while in cases accompanied by feeble action of the heart, digitalis is often times most serviceable.

SHEPHERDSVILLE, KY.

## COCAINE IN TRACHELORRAPHY.

BY A. GASTON ROETH, M. D.

Mrs. M., aged thirty-five; multipara; her last child was delivered with forceps, since which time she has complained of leucorrhea, menorrhagia, and backache. On examination I found a laceration extending from the os externum to the fold of the vagina, on the right side, readily admitting the finger into the cavity of the uterus. As Emmet's operation for the relief of this condition is always performed under ether, I deem it noteworthy to give my individual experience relative to the value of cocaine in its performance.

With twenty minims of a four-per-cent solution of Merk's hydrochlorate I made three hypodermic injections into the cervix, that is, one into each side of the rent, and one at the base of the sulcus. After an interval of five minutes, I painted the surfaces which were to be denuded, and shortly afterward began and completed the operation in the usual manner.

From the moment of the denudation of the hypertrophied surfaces to the insertion of the last wire suture, the patient made no sign of pain. The quantity of the drug used was a little more than half a dram. In future I shall always depend on hydrochlorate of cocaine as a substitute for ether in this operation.

BOSTON, MASS.

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LAGOPHTHALMUS.—Dr. Fienzal, in the *Bulletin de la Clinique de l'Hospice des Quinze-Vingts*, reports three cases of facial paralysis under the title of paralytic lagophthalmus in diabetes. No history of syphilis or rheumatism could be elicited.

Mr. S. J. Hutchinson, at the November meeting of the Odontological Society of Great Britain, reported a case of lagophthalmus caused by dental irritation. The amalgam plug of a left upper molar was found to rest on the exposed nerve of the tooth. Reflex irritation from this along the branch of the fifth to the third and out to the left levator palpebræ causing constant spasm of that muscle and elevation of the lid. Removal of the tooth resulted in cure.



## Reviews and Bibliography.

**Transactions of the Academy of Medicine in Ireland.** Vol. III, 1885. Fannin & Co., Dublin. Balliere, Tyndall & Cox, London. McClaghan & Stewart, Edinburgh.

This is a handsome volume of nearly five hundred octavo pages. It consists in the main of able papers upon various questions, many of them possessing general interest of a marked character.

Dr. Walter G. Smith, of Dublin, read a paper on lupus and its treatment. Dr. Smith takes the position that lupus is a tuberculous or scrofulous affection, as proved by the invariable presence of the tubercle bacillus of Koch. Along with corresponding constitutional treatment, he recommends scraping or scarification, according to circumstances of situation, etc., and summarizes and compares the two methods as follows:

*Erasion or Scraping* (1) Differentiates sound from diseased tissues, for healthy tissue will not give way to the spoon. (2) It is easy of execution. (3) It is, as a rule, not followed by much after-pain. (4) The scraped surface heals wonderfully quick. (5) It leaves a level and tolerably sightly cicatrix.

*Scarification* (1) Is applicable to some situations, and in some cases where erosion is unsuitable or inadvisable. (2) It is less painful, and, to some persons, a less repellant operation. (3) There is a minimum loss of substance. (4) It is especially adapted for diffuse non-ulcerating infiltrations. (5) The scar left is scarcely distinguishable from the healthy skin, and it is said not to be liable to keloid growths, which sometimes develop on the scars left by scraping operations.

Surgeon-Major Hamilton, of the army medical staff, read a paper on Cholera. Dr. Hamilton describes the home or "manufactory" of cholera in India, a locality from which it is never absent, as embracing the various islands formed by the splitting up of the Ganges and Brahmapootra into innumerable channels as they enter the sea.

These marshy islands are separated by narrow channels, some of them containing fresh and others brackish water, and generally under

the influence of the tide. They have been formed by silt swept down by the rivers, and occupy a territory seventy-five miles wide by one hundred and fifty-eight miles long, or about six thousand five hundred square miles.

From this area epidemics take their rise and extend to the extreme north of India, and under favorable conditions to the rest of Asia and of Europe.

From this point, Dr. Hamilton, following Dr. Bryden, believes that the cholera is taken up by the rain-laden winds and borne north over the epidemic area of India, and that in this spreading the movements of the people have nothing at all to do. That, as far as India is concerned, the cholera is "earth born and wind borne." Cholera in India almost invariably advances up the rivers. As for the comma-bacillus, an investigation made by Kline and Cunningham showed that in numerous cases water was being used by large numbers of people without producing cholera, which yet on examination was found to be full of the microbe in question. As a fallacy of the human-intercourse theory is instanced the fact, that natives from all parts of India gather every year in hundreds of thousands in pilgrimages at Hurdwar, on the Ganges.

Cholera was at this place in 1879, and large numbers of pilgrims died there and in the immediate vicinity. Yet, as they went home, the disease spread only to the northeast, north, and northwest; but to east, south, and southwest there was no spread of the epidemic.

"I believe," says Dr. Hamilton, speaking of quarantine, "that even if commenced in time it has as much power to keep out epidemic cholera as the proverbial pitchfork has to keep back the tide."

For treatment, Dr. Hamilton directs abstention from saline purgatives in periods of cholera, and the use of opiates with chloroform, sulphuric acid, and astringents for the premonitory diarrhea.

In the beginning of epidemics most patients who pass into collapse die, while at the breaking up the greater part recover; hence the delusions in regard to different medicines. Dr. Hamilton would recommend warmth variously applied, together with sinapisms and friction,

and cautious hypodermic injections, but no internal medication.

Finally, Dr. Hamilton says, "I trust I may not be regarded as a pessimist, but I must in conclusion confess that the present outlook, as regards the prevention and treatment of cholera, is dark indeed."

Dr. J. Magee Finney read a paper on Hyperpyrexia in Rheumatic Fever, the main point of which is the advocacy of the treatment of this condition by ice-water packs and cold baths. Dr. Finney has found advantage from salicylic acid and salicylate of soda, but is not able to praise them unqualifyingly, having met with some entire failures in their use.

Dr. Finney enters into a lengthy discussion of the cause of fever heat, but confesses that the subject is in an unsatisfactory condition.

Mr. W. Thornley Stokes contributed a paper on the treatment of stricture by internal urethrotomy, in which he takes the ground that this is destined to drive other methods out of the field, and advocates (1) The superiority of the operation of internal urethrotomy over any form of dilatation. (2) The advantage of the method of Maisonneuve over that of Civiale and his followers. (3) Completeness of division, the disuse of anesthetics, the incision on the upper or pubic-wall, and the non-retention of the catheter in the urethra subsequent to the operation.

Dr. A. H. Jacob read a paper entitled Compulsory Notification a Sham, and shows that in Great Britain as in this country it is impossible to carry out the notification of contagious diseases to the authorities except among the poor and friendless. The rich are almost never reported. Besides, if regular physicians attempt to comply with the law, the complaisant quacks, according to Dr. Jacob, use the bait to their own great advantage by shielding their patients from report. Dr. Jacob claims that the State has no right to compel a physician to report; but whatever the law may be in England, in this country it is clear that a physician might place his refusal on high constitutional grounds. For whoever has rigidly complied with the laws in such cases has found that his property (his good will and confidence) was being taken from him without compensation.

Dr. D. G. Cunningham closes the volume with a report of an hermaphroditic goat, interesting as a close approximation to the character of both the sexes. D. T. S.

**Brain Rest:** Being a disquisition on the curative properties of prolonged sleep, by J. LEONARD CORNING, M. D., formerly resident assistant physician to the Hudson River State Hospital for the Insane. Second edition, revised and enlarged, with additional illustrations. 16mo, pp. 135. New York and London: G. P. Putnam's Sons. 1885.

In this monograph the author presents his views of the treatment of those who suffer from insomnia, cerebral exhaustion, and other forms of brain exhaustion.

The first subject that claims attention is the definition and nature of sleep, which the author treats in the usual unsatisfactory way, for a theory of sleep that does not extend to insects and plants can hardly lay claim to having reached the ultimate basis of the subject. The importance of sleep as a remedy for the troubles in question is judiciously enlarged upon with reference to the various safe and efficient means of accomplishing this object.

A measure for the production of sleep, with which the author's name is more especially connected, is compression of the carotid arteries, and an improved instrument for the purpose is figured in the text. The device is clever, and the theory of its action pretty, but it is safe to predict that such a measure will in practice be rarely if ever employed. It is not likely, however, to do great harm in the hands of the skillful physician.

That opium and chloral should be recommended or given, except where some great emergency demands a night's rest for the patient, or where threatening insanity puts milder measures out of the question, can not be admitted, since the unspeakable miseries which the prolonged use of these drugs brings upon their victims and the readiness with which the habitually sleepless form the opium or chloral habit are facts which contra-indicate their employment in simple insomnia. The author seems to have framed his scheme of treatment for sleepless valetudinarians in large cities or the guarded inmates of the asylum; if this be not so, he



would certainly have given more attention to fatiguing exercise as a means of inducing sleep.

D. T. S.

**Puerperal Convalescence and the Diseases of the Puerperal Period.** By JOSEPH KUCHER, M.D. 16mo, pp. 311. New York: J. H. Vail & Company.

In this monograph the author sets forth the treatment of the lying-in woman in accordance with the antiseptic method as taught by Semmelweis, of Vienna; a method which, though often misapprehended, has become an important factor in the obstetric practice of all civilized lands. The book, while not giving the reader much that is new, is in harmony with the best teachings upon the subject in question. It attains the object of the author, and will do good service in the hands of the practitioner.

D. T. S.

**New Yorker Medizinische Presse:** *Organ der deutsch-amerikanischen Aerzte.*

This new journal is a handsome octavo of forty-eight pages, filled with choice original matter, and well-made selections. Its editor is George W. Rachel, M. D. It is the organ of the German-American physicians, and the only medical journal in the German language published in America. We welcome it among our exchanges as a ready means of access to much that is new and valuable in German medical literature. Subscription price, \$2.50 per annum. Address, German Medical Press Company, 23 Vanderwater Street, New York.

**Venereal Memoranda:** A manual for the student and practitioner. By P. A. MORROW, M.D., Clinical Professor of Venereal Diseases in the University of the City of New York, Surgeon to Charity Hospital, etc. 32mo, pp. 332. New York: William Wood & Co. 1885.

The author seeks to give in this little volume a concise exposition of the nature and treatment of venereal diseases, condensing into convenient form the material points embraced in more voluminous works. The book, being altogether practical, will be found useful for ready reference.

D. T. S.

The Cleveland Medical Gazette, a monthly journal of medicine and surgery. A. R. Baker, M. D., editor; S. W. Keiley, M. D., assistant. The second number of the first volume of this journal is received. We welcome it to our sanctum and a place on our list of exchanges.

The Physician's Magazine, Vol. 1, No. 2. Quarterly. Published by Foote & Swift, 1539 Chestnut Street, Philadelphia. Price, \$1.00 per annum. This new candidate for professional favor contains a series of well-written articles and book reviews. We accord it with pleasure a place upon our exchange list.

General John Newton, Chief of Engineers, United States Army, originator of the plan and director of the work, has prepared a complete account of the operations for the removal of the obstructions at Hell Gate, from their beginning to the explosion of Flood Rock, in October last, which will appear with full and new illustrations as the leading article in the February number of "The Popular Science Monthly."

A short time before his death, Alexander H. Stephens dictated to his amanuensis a sketch of the late General Lee. The first article was unsatisfactory, and he began a second. This article, prepared with great care, Mr. Stephens was not able personally to revise, but, as it is, it will appear in the Southern Bivouac for February. A sketch of Lee by Stephens will have a very peculiar interest. The Southern Bivouac for February will contain an article by Judge Gayarré, describing an interview he held in 1866 with William H. Seward relative to the reconstruction of the Southern States.

**A Manual of Operative Surgery.** By Lewis A. Stimson, B. A., M. D., Surgeon to the Presbyterian and Bellevue Hospitals, Professor of Clinical Surgery in the Medical Faculty of the University of the City of New York, Corresponding Member of the Société de Chirurgie, of Paris. Second edition. With three hundred and forty-two illustrations. 12mo, pp. xxiv and 506. Philadelphia: Lea Brothers & Company. 1885.



## Foreign Correspondence.

### LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

A distinguished medical officer, Surgeon-Major Pringle, who has lately returned from service in Bombay, addressed a meeting, on Saturday, on the subject of State Vaccination. This authority is greatly astonished to find, on his arrival in what is supposed to be a civilized country, inhabited by men of a higher stamp than the Indians among whom his lot had been cast, that any objection to this beneficial safeguard can be held. He has sufficient breadth of mind to understand that some people may dislike compulsory vaccination because it is compulsory vaccination, and that is to say, as an "interference with the liberty of the subject;" but it is difficult to understand the attitude of those who know that their children ought to be vaccinated, and object to it because they must be. As for the benefits derivable from the practice of Jenner's marvelous discovery, Surgeon-Major Pringle seems inclined to deny that vaccination ever fails. Smallpox is occasionally contracted by those who have apparently been vaccinated, but the Surgeon-Major contends that they have, in these cases, merely been subjected to an operation resembling that which is so essential, the failure arising from the use of improper lymph. The testimony of an Indian medical officer is peculiarly valuable, because the most specious argument used by professional anti-vaccinationists is that the decrease of smallpox is due to the general improvement of sanitary conditions. In Indian villages sanitary conditions have not improved. The natives live very much as they always did; but vaccination, properly performed, has effectually suppressed what in former days was a terrible scourge.

Although the report of the royal commission which was appointed to watch and study Dr. Ferran's system of inoculation against cholera is not yet published, the most important of the conclusions arrived at are known; they are as follows: (1) The commission affirms that Dr. Ferran's system of inoculation can not be considered inoffensive; (2) that the liquid employed

in these inoculations is not properly attenuated; (3) that it is impossible to form a correct judgment of its good effect on account of the various different ways of cultivating the liquid; (4) that the inoculated individual can transmit the cholera to the rest of the inhabitants of a town; (5) that the symptoms presented in the vaccinated persons can not be considered as characteristic symptoms of experimental cholera; (6) that the inoculated individual, by having his physiological equilibrium disturbed—which is what should be mostly avoided in times of epidemics—presents a special tendency to catch all kinds of diseases; (7) that the inoculation gives no immunity against the cholera.

Dr. Bellen, the sanitary commissioner of the Punjab, India, has written a history of cholera in India, from 1861 to 1882. As the opportunities for the study of this disease are immensely greater there than those which medical men in Europe can enjoy, a work of this kind is worthy of the closest attention of the profession. He agrees with Dr. Chapman and Waters in scouting the cholera-microbe theory, but differs from Dr. Chapman as to the character of the disease. While the latter considers it to be essentially a disease of the nervous system, and that all its symptoms are due to simultaneous and abnormal superabundance of blood in, and excessive activity of, both the spinal cord and the sympathetic nervous centers, Dr. Bellen asserts that it is simply an influenza or catarrh of the mucous membrane of the alimentary canal, precisely analogous to the influenza of the mucous membrane of the respiratory passages. It is satisfactory to find that Dr. Bellen's Indian experience leads him to scout the idea of the communicability of cholera by human intercourse. The work is a specially valuable one at the present moment, for no one could venture to affirm that England will next year escape altogether the attack of the epidemic which has created such ravages in the South of France, Italy, and Spain.

Mr. W. Crookes, F. R. S., and Drs. W. Odling, F. R. S., and Charles M. Tidy, F. C. S., reporting to Colonel Sir Francis Bolton, water examiner for the metropolis, on the composition and quality of daily samples of the water supplied during last month from the mains of the

seven London water companies, deriving their supply from the Thames and Lea, state that they have analyzed one hundred and seventy-five samples, two of which were recorded as "very slightly turbid," and one as "slightly turbid." The rest were found to be "perfectly clear, bright, and well filtered."

Between M. Pasteur and an old soldier, whose name is unknown, of the province of Iula, in Russia, we may hope that one day we may be able to get rid of hydrophobia altogether, and our dogs will not be obliged to go about in portable cages. The Russian remedy has at least the merit of simplicity; all that is needed is to scrape the dried bulb of the *alisma* or water plantain, spread some of it upon bread and give it to the patient. It is positively stated that this is an absolute cure even when the stage of acute mania has commenced, and that it is equally efficacious in the case of man or beast. If all this should prove to be the case, M. Pasteur's remedy is likely to fall into disuse. In the first place the latter has failed in cases where the acute stage has set in; in the second place, it requires the patient to be inoculated every other day for three weeks or a month; and lastly, the preparation of the microbe broth is of so complicated and delicate a nature that the remedy would be altogether beyond the reach of the ordinary general practitioner. It seems that the Russian cure has been in use, in the province of Iula, for the last twenty-five years, and in no instance has it been known to fail; this being the case, it is singular and unfortunate that the alleged virtues of the *alisma* have been so long confined to that district.

Dr. Bradley, of Chesterfield, who, by order of the Home Secretary, Sir Richard Cross, was liberated a few months ago from prison, where he had been committed for an alleged assault on a female patient, was lately, at Sheffield, entertained to dinner, and presented with an address and four hundred guineas by the members of the profession, as a mark of their esteem and their belief in his innocence. Sir William Jenner was one of the first promoters of the fund, and the address was signed by him and the leading medical men throughout the country. The presentation was made

by Dr. Foster, M. P., and Mr. Wheelhouse, of Leeds.

Dr. George Edward Paget, F.R.S., brother to Sir James Paget, Bart., has had the dignity of a Knight of the Order of the Bath conferred upon him. Sir George was born in the year 1810; he is a D. C. L. of Oxford, LL. D. of Edinburgh, and Fellow of Caius College, Cambridge. He has held the Regius Professorship of Physic at Cambridge University since 1872, and was most active in carrying out the various details connected with the visit of the British Medical Association, when they held their annual meeting at Cambridge.

LONDON, December, 1885.

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## Translations.

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TREATMENT OF DELIRIUM TREMENS.—Dr. Christian, physician of the National Hospital, Charenton, contributes some notes to the *Journal de Medicine de Paris*, from which we gather the following points:

If one wished to enumerate all the medicaments that have been extolled for delirium tremens, it would be necessary to pass in review the entire materia medica. Since the disease yields to so many diverse remedies, it is fair to suppose that no one of them possesses any special efficacy, and that the disease would yield as often and as well if abandoned to itself, and the treatment confined to simple expectation.

What strikes one in all these treatments, and what seems common to them, is the enormous doses of the medicines used, and these, though often poisonous and used in large quantities, have failed to produce toxic effects. There evidently must be a tolerance of these medicines in delirium greater than in the normal state.

Through all the various changes of treatment there have been those who have censured the use of drugs, and vaunted simple expectation. Geveget, of the Salpetriere, in 1831 maintained that patients got well as quickly and as certainly without opium and the bleeding then in vogue, and at the same time Ware demonstrated that spontaneous cure is the rule. In 1841 Professor Dunglison, figures



in hand, protested against the treatment by opium. At the Royal Infirmary of Edinburgh, in the same year, of four hundred and three cases treated with large doses of opium with brandy, one hundred and one died, about twenty-five per cent, while at the Glasgow Infirmary seventeen out of thirty-five succumbed; on the other hand, Dr. Laycock by simple expectancy cured twenty-seven out of twenty-eight, and Dr. Peddie lost not a single one out of eighty.

More recently, in 1871, Dr. Decaisne arrived at identical conclusions. He treated five patients by opium, four by digitalis, three by chloral, and eight by the expectant method, and found that the latter, with one exception, recovered more quickly than the others, and with none of the accidents, such as vomitings, etc., experienced by the others.

The more recent authors are partizans of the simplest and mildest treatment; to be assured of which, one has only to read Magnan in his book on alcoholism, and the articles in the dictionaries in course of publication signed by Lancereaux, Fournier, Ball, and Chambard.

The expectant treatment does not consist merely in folding the arms and watching the development of the symptoms. The method is the antiphlogistic, less the bleedings; that is, of isolating the patient from former surroundings, inducing quiet, a light diet, moderate temperature, abundance of cooling drinks, gentle saline purgatives, tepid baths and sponging.

Dr. Christian details the history of fifty-three cases in his own experience, of which seven died on the day of entering the hospital, and five died of injuries and complications, while of the forty-one simple and uncomplicated cases every one recovered under the treatment described, and concludes with the expressed belief that in the immense majority of cases, delirium tremens is an affection easily cured by the simplest means.

**A THEORY OF UTERINE CONTRACTION.**—Schatz, after exhaustive study of the subject, is of the opinion that uterine contractions in the human as in animals are of a peristaltic nature, beginning at the orifices of the tubes and

proceeding toward the os, and that they modify in a very irregular manner the intra-uterine pressure. He thinks a wave of contraction passes from the tubal orifices to the internal os in about thirty seconds.—*Annales de Gynecologie.*

**FACE PRESENTATIONS.**—Schatz has also been occupied with the etiology of face presentations. He states that up to this time we can only indicate a certain number of circumstances which favor face presentations, but that the primordial cause is still unknown. Thus, in the well-formed uterus the distance between the cornua is less than that between either of these and the internal os; but in others the distance between the cornua is the greater, the cavity being therefore shorter than usual.

In such short uteri the child finds itself curved in the form of an arc. Habitually this curve is made to the abdomen of the child, for in this way the infant is best sheltered from all irritation and excitement to movement. More rarely, and almost always temporarily, this incurvation is made toward the back. *The presentation of the face is never any thing but a consequence of this anomalous incurvation.* This explanation has been borne out by two cases of face presentation which he has observed, associated with anomalies of uterine development. It is liable to occur also in twin pregnancies, narrow pelves, tumors, etc.—*Ibid.*

**PREMATURE LABOR BY ELECTRICITY.**—M. Bayer, of Strasburg, has had, during the past year, four opportunities to test the efficacy of the constant electric current in inducing premature labor. In all these cases the electricity developed uterine contractions, dilated the os, and overcame the constriction of the neck, but the action was found to be unequal. The best effects were had in subjects whose uteri were powerfully muscular, the cervixes not being too rigid.—*Ibid.*

**A UTERINE DILATOR.**—Kuestner has invented a new dilator for the uterus. It is metallic, and presents points of advantage over gutta percha or other dilators in being more easily disinfected, and in conforming more readily to the shape of the uterine cavity.

## Abstracts and Selections.

**MULTIPLE NEURITIS; PROGNOSIS AND TREATMENT.**—In the early stage of multiple neuritis of non-alcoholic form, when the disease is spreading almost hourly so as to invade fresh nerve districts, the prognosis is necessarily an anxious one. The cardiac and respiratory apparatus may easily become involved, and death occur almost suddenly. But it is quite remarkable, as was seen in two cases of my own which I have related, to what an extent the respiratory apparatus may become affected and recovery yet take place. When the disease seems to be no longer making fresh inroads, but, on the contrary, slight ameliorations begin to appear, a highly favorable result may generally be looked for. It is not so easy to speak as regards the alcoholic cases, as in them the brain also is always more or less involved in the disorder. But, as I have already remarked, my personal experience has decidedly disposed me to give a very favorable prognosis, even in cases which are marked by extensive paralysis and muscular atrophy.

In diphtheritic paralysis the prognosis is distinctly favorable. It is probably through invasion of the pneumogastric that a fatal result now and then occurs, and for that reason serious modifications of the circulation, especially if accompanied by vomiting, should cause anxiety and care. So long as the knee reflex is absent, the patient should be looked upon as still an invalid, and not allowed to be incautious. This will obtain equally in other forms of multiple neuritis.

There are various degrees of severity shown by this disease, from a slight loss of power scarcely noticed by the patient, to a rapidly extending and complete paralysis, involving not only the nerves of the extremities and trunk, but also those belonging to the organs whose functions are essential to life.

The treatment of localized neuritis occurring in a person of gouty habit, and presumably dependent upon that exciting cause, should be in accordance with the customary methods adopted for acute gout. After the acute symptoms have subsided, good is sometimes experienced from the application of small flying blisters in the neighborhood of the affected nerves, and comfort may be derived from the employment of the constant current.

In severe cases of a progressive multiple neuritis it is advisable to place the patient at once upon a water-bed, although it will have been noted that in this disease there is not seen the same tendency to dangerous bed-sores which is observed in certain lesions of the

spinal cord. But I think that the water-bed supports the weak patient better than an ordinary couch; and this becomes of importance when, as sometimes happens, life is carried on with difficulty, owing to the nerves presiding over respiration, deglutition, and the heart's action becoming involved in the progress of the disease. In such cases as these the administration of food in easily assimilable form and quantity, and at very short intervals, is urgently required, and stimulants often needed. During the first stage of the disease it will be advisable to administer iodide of sodium in all cases except examples of diphtheritic paralysis, and those in which a syphilitic taint can be safely put aside. In the progress of the disease it may be found necessary to give the salt in increasing doses. In one of my cases the dose of iodide of potassium was increased from ten to sixty grains, three times a day, with evident advantage, and to this mercurial treatment was added. In a case of multiple neuritis with a distinct syphilitic history, I should now begin with mercurial inunctions, and also employ iodide of sodium at the same time. In cases of non-specific character, and especially where there is reason to think that exposure to cold and other causes of rheumatism have been present, it will be well to employ the salicylate of sodium, which, in the hands of Leyden, has apparently yielded favorable results. The dose and mode of use is like that for acute rheumatism. For the relief of pain a combination of morphia with Indian hemp and belladonna may be employed internally with advantage, and lint steeped in chloroform may be pressed for a minute or two on the seats of greatest suffering if the state of the skin admits of this; but very often, and especially in alcoholic cases, there is an amount of exquisite hyperesthesia which renders it difficult to apply any local remedy. In such instances the best thing is to envelop the tender limb in cotton-wool and cover this lightly with oil-silk. When multiple neuritis has arisen in connection with the abuse of spirits, I am accustomed, as a general rule, to withhold alcohol in any form, and to depend entirely upon the frequent administration of food for the support of the patient. Nutrient enemata will sometimes be required. In such cases as these it is remarkable how rapidly the pains and hyperesthesia, which have been the cause of intense suffering to the patient, cease. It is very difficult to say how long a patient suffering from multiple neuritis should be kept strictly and absolutely at rest. This should certainly be done during the continuance of pain or hyperesthesia, and in case there is any important elevation of temperature. But when



it is evident that the process of regression or repair has taken place to a considerable extent, the patient should be allowed to get up and cautiously try to move the muscles of the affected limbs. By slow and careful steps the effort at voluntary movement may be increased. At the same time the galvanic current slowly interrupted should be applied to the muscles.

There are some grounds for believing also that faradization with the wire-brush upon the dry skin may be employed with advantage. Massage is also useful in this stage, and in this I would include passive movements by the operator, as well as active movements against resistance on the part of the patient. In the contracted state of limbs which occasionally results, the contracture being due to unbalanced muscular antagonism, division of a tendon may sometimes be adopted with advantage. Considerable patience should be employed before proceeding to this measure, as I have known contractures, which were to all appearance hopelessly permanent, yield, without operation, to assiduous massage combined with active and passive movements. Along with the contracture of the muscles it will sometimes be found that adhesions have taken place in some of the joints owing to disuse. These should be forcibly broken down. The aim generally should be to disengage muscles from obstructions to their movement, and to encourage their growth and functional activity by various kinds of physiological stimuli. — *Dr. Thomas Buzzard, Medical Press.*

**RECENT PROGRESS IN GYNECOLOGY.**—The prolongation of life and the alleviation of sufferings formerly beyond possibility of help, which have resulted from this progressive development of modern gynecological science, afford, I think, a more than sufficient answer to the attacks which have been recently again directed against our specialty and its followers by Dr. Clifford Allbutt and others. Nor can those who devote themselves mainly to gynecological practice be said with truth to be engaged in any narrow specialism. On the contrary those thus occupied have constant necessity for treating the constitutional consequences of peri-uterine disorders, reacting as these do, not merely on the physical but also on the mental condition of their patients, and hence requiring that whoever are responsible for their treatment, while primarily gynecologists, should also be, in the highest sense of the term, accomplished physicians, conversant with the principles and practice of medico-chirurgical science.

It is not improbable that the process of gynecology might have been still more rapid than

it has been had its advance not been somewhat retarded by the over-hasty generalizations by which successive discoveries and improvements, however important and valuable in certain cases, were dignified into systems and extended to cases wholly beyond their proper sphere. Thus, as I have previously observed, when I entered the profession, Dr. Henry Bennett's theory concerning chronic inflammation and ulceration of the cervix uteri was almost universally adopted. At that time hardly a female patient, whose symptoms could possibly be converted into any evidence of supposed uterine disease, escaped the frequent vaginal examinations and local application to the cervix of nitrate of silver or other uterine escharotics then in vogue. In this way it was that, in those halcyon days of early gynecology, many a practitioner speculated his easy way to fame and fortune. At last, however, this facile line of practice became played out, and the cylindrical speculum and stick of caustic ceased to draw crowded consulting rooms. Then came the no less generally accepted and perhaps better grounded doctrine of ortho-uterine therapeutics, acting on which, for the last fifteen years, the followers of Dr. Graily Hewitt have found the evidence of some uterine displacement or flexion in every variety of pelvic ailment, and exhausted their inventive fertility in the designing of new pessaries, or the remodeling of old instruments. This mechanical theory of uterine pathology has not, however, had as undisputed a supremacy as that which it displaced, being interfered with, first, by Dr. Emmet's widely adopted and important views concerning the influence of cervical lacerations in the causation of uterine hyperplasia; and secondly, by the revival, in recent practice, of the old doctrine of the ovarian and tubal origin of many of the diseases peculiar to woman, and their curability by oophorectomy and removal of the fallopian tubes. The former idea, originally suggested by Dr. Blundell, was resuscitated by Dr. Battey, whose operation is now employed with increasing frequency and success, though in some cases in which I would myself prefer a trial of less heroic treatment. These theories—each of which, however unquestionably applicable in many cases, has been pushed beyond its legitimate employment—all point to different forms of purely local treatment, and have tended to the existing disposition to ignore or underestimate the value of constitutional remedies in conjunction with whatever special local treatment may also be necessary. Another circumstance that may be alluded to is the enthusiasm prevailing with regard to abdominal surgery in the treatment of uterine tumors, malignant

disease of the uterus, pyo- and hydro-salpinx, and other peri-uterine diseases. None can estimate the value of operative gynecology in all appropriate instances more than I do, nor better appreciate the success which has attended the practice of some eminent authorities in this branch of surgery. Still I venture to repeat, for the benefit of younger practitioners, that in cases, for example, of uterine fibro-miomata, abdominal section, either for hysterectomy or oöphorectomy, is by no means invariably indispensable. Such tumors may in some instances be removed by enucleation *per vaginam*, in other cases they require no active treatment whatever; and in others again by purely medical means we may be successful in tiding patients suffering from myomata over the dangers that otherwise await them before the occurrence of the menopause, when some arrest in the development of the disease, or some abatement of its most formidable symptoms, may naturally be anticipated.—*Thomas Moore-Madden, Ibid.*

**PURE TEREbene IN THE TREATMENT OF WINTER COUGH.**—During the last five years, I have employed a method of treatment which yields excellent results. I have before me notes of one hundred and fourteen cases of winter cough, some taken at the Chest Hospital, others at Westminster, and others again in private practice. They were all treated with pure terebene, a substance prepared by the action of sulphuric acid on oil of turpentine. It is an agreeable remedy, being a clear, colorless liquid, with an odor like that of fresh sawn pinewood. It will not mix with water, but, as the dose is small, it can readily be given on sugar. It is not the same as the patent medicine sold under the name of "Terebene." The best method of indicating its sphere of action and illustrating its utility will be to give a brief abstract of the notes of one of the cases. This, it should be said, is a fair average case taken quite at random.

R. N., aged forty-three, a commercial traveler, stated that he had been subject to cough every winter for twelve years. His work was against him, and he was a good deal exposed to wet and cold and the inclemency of the weather. His cough used to trouble him badly only in the winter, but, year by year, it seemed to be coming on earlier, and now he was hardly ever free from it. It came on in fits, which shook him to pieces, and it was always very bad the first thing in the morning, often making him retch and vomit. There was a great deal of phlegm, thick and yellow when he was in the country, but speckled all over with black in London. It was difficult to get up, unless he

could get some hot tea or something to loosen it. The shortness of breath was worse than all, for it prevented him from going about, and interfered with his business. He had never spat any blood worth speaking of, but there were at times streaks after a severe bout at coughing. He became no thinner, generally losing a little in the winter, and picking up again in the summer. He had had a great deal of treatment, and mixtures, lozenges, and liniments, without end. On examining the chest, it was found to be emphysematous, and there was a loud bubbling rhonchus at the base of each lung. On November 1st, he was ordered ten drops of pure terebene on a piece of sugar, every four hours. In three days, he returned, and said there had been a marked improvement; the cough was easier, the phlegm was lighter in color and not so thick, and the breathing was decidedly better. The dose was increased to twenty minims every four hours; and, a week later, the patient wrote to say that he was better than he had been for years, and was almost able to do without the medicine. I saw nothing of him again until January 6th, when, being in town, he came to see me. There had been some return of the old symptoms, and he was anxious for further treatment. I ordered him a small Maw's spray-diffuser, holding about an ounce, and instructed him to use it with the terebene as an inhalation several times a day. A fortnight later, he wrote, saying that he bought a larger apparatus, and that his complaint was more amenable to treatment than it had ever been before. The terebene-spray eased the cough, brought up the phlegm, and, above all, relieved the shortness of breath. On his long railway journeys, when he was unable to use the spray without inconveniencing his fellow-passengers, he rubbed the terebene on his moustache and beard, so that it might slowly diffuse, and, as he said, "softened the atmosphere."

One of the great advantages of pure terebene is, that it is not a bulky medicine. An ounce bottle, carried in the pocket, will last for days, and is always ready for use. It is best to begin with five or six drops on sugar every four hours, and gradually to increase the dose to twenty minims. This is, for most people, the maximum quantity, but the drug has little or no toxic action, and one patient was so enraptured with his remedy that he insisted on taking a teaspoonful every four hours for a week. The only disadvantage I have ever noticed from its employment is that it gives a peculiar and characteristic odor to the urine, a circumstance which patients never fail to mention. When used as a spray, from one to two ounces should be diffused and inhaled every week. In some instances I have tried giving it mixed with an



equal quantity of olive-oil flavored with oil of peppermint. In twenty-five cases I gave the terebene in the form of an emulsion, made, if I remember rightly, by mixing it with a little tragacanth powder, adding water and shaking well. Each ounce of the emulsion contained a dram of the terebene, and it was usually given in half-ounce doses four times a day. The results were excellent, but not better than with the simple terebene itself, and I saw no reason for continuing the use of a more expensive preparation. In every case of winter cough in which the terebene-spray was used systematically, there was a marked improvement. In many instances, it was noticed almost immediately; but in other cases, especially the very chronic ones, the patient had to continue using his remedy for some weeks. Even when there was marked emphysema, with little movement of the chest-walls, some benefit was experienced. I treated eighteen cases of phthisis by the same method, and the results were certainly most encouraging. It did most good when there was old consolidation, when no active mischief was in progress, and especially when there was no elevation of temperature. I have also used it as a dry antiseptic inhalation on the cotton-wool of a respirator in phthisis, and have been much pleased with the results. In one case, that of a young lady, the respirator was worn almost continuously night and day for nine months; and the right lung, which was breaking down, cleared up, the temperature becoming normal, and the cough and other symptoms subsiding. I have no doubt that pure terebene would be useful in checking hemorrhage from the lungs, but on that point I have no experience.

Many sufferers from winter cough also complain of acidity and flatulence. I soon found that the internal administration of pure terebene was an excellent remedy for this combination of symptoms. It checks the formation of flatus so quickly, and is so efficacious in expelling any that may remain in the stomach or intestines, that I constantly employ it in cases of dyspepsia when flatulence is a prominent symptom. Patients like it, and often continue taking it for months or years. It acts as an antiseptic, probably in much the same way as glycerine, oil of cajeput, and oil of eucalyptus. I am surprised that it has not come more largely into use in the treatment of flatulence.

Pure terebene is of such value in winter cough, that I rarely experience the necessity of resorting to other remedies. This year, however, I have tried a combination consisting of equal parts of pure terebene, oil of cubebs, and oil of sandal wood, mixed with liquid vaseline. This I use in an atomizing apparatus invented

by W. F. Semple, of Ohio—an apparatus which is somewhat complex and difficult of description, but may be said to consist essentially of a jar in which the medicated fluid is finely atomized by a blast of air propelled by a rubber-ball. A nose-tube is attached, and the fine spray is inhaled either through the mouth or nostrils. It is certainly one of the best forms of spray-apparatus ever invented, and, when used with a cocaine-solution, will be found wonderfully efficacious in the treatment of hay-fever and coryza. The formula I have given yields excellent results, not only in winter cough, but also in post-nasal catarrh. I have made some observations on this point, in conjunction with a well-known tenor, and have been astonished to note what a marvelous difference there is in the tone of his singing-voice after using it for only a few minutes. It is a powerful expectorant; and, if inhaled the first thing in the morning, when the mucous membranes are covered with thick, viscid secretion, will give very great relief. Pure terebene is a valuable remedy, and will in time come largely into use.—*Dr. William Murrell, in the British Medical Journal.*

**VIS MEDICATRIX NATURÆ.**—The vigor and intensity of vital force pervading all the tissues, from the highest nerve-structure to the humblest forms of protoplasm, together with the exact balance of compensating functions which are found in perfect health, endow the individual possessing them with the means of resistance to disintegrating influences, and to overcome the tendency to dissolution. They enable him to pass through the dangers of infection, and often to set at naught unhealthy surroundings. Such persons walk through the fiery furnace of contagion unscathed as the three Jewish children, without even the smell of fire coming upon them. But a great degree of this power is sometimes found in those who are by no means examples of perfect health. A scrofulous subject will frequently undergo severe operations, long suppuration, and tubercular infection, without showing symptoms of either pyemia, erysipelas, or other forms of blood-poisoning, to which others, stronger than they, succumb. Wherein does the resisting power reside in these? Are they protected by hereditary or acquired peculiarities, which, like vaccination, render them not susceptible to these particular kinds of tendency to dissolution? If we argue, from the bacterian theory, that they do not furnish the suitable nidus or nourishment for the cultivation of one particular form of microbe, we only push the question one step backward, and again inquire, What are those suitable conditions? and why does one possess them, and

not another? The bacteria, which are said by Beale to lie latent in all the tissues even of the healthiest animals, seem to cause no mischief. But even the more active microbes seem, in many cases, to be rendered powerless by the vitality and conserving force of the tissues or secretions which they inhabit. Klein considers that such a theory of general vital inhibitory force is not tenable, and proposes the explanation that the inhibitory force is due to the presence of a chemical substance produced by the living tissues.

This looks like a recurrence to the old chemical as distinguished from a particulate agency. Is it not possible that this chemical agent may be the oxygen formed in the vital processes? In the form of ozone, it is a powerful antiseptic. Can it be said to inhibit putrefactive forces out of the living body?

Dr. Burdon Sanderson has advocated the theory that the really poisonous property of the bacteria resides in the zoöglea, which is the result of their propagation, a theory which rests upon the experiment of the injection of filtered bacteria into the flesh of living animals without poisonous effects. The formation of this zoöglea following the general analogies of such procreation, takes place most readily in tissues most easily decomposed. From this point of view, these may be the cause rather than the consequence of the invasion of bacteria.

But other lowering causes, such as bad hygienic atmosphere, may so depress the patient that his tissues are no longer able to resist the decomposing forces. Accumulating doses of particulate animal poisons, absorbed by the vessels of an abraded surface from external sources, may at length overcome the internal inhibitory resistance; and pyemia, hospital gangrene, or erysipelas, may then result, corresponding to the external irritation or stimulus. And such irritation may possibly be produced by microbes, otherwise harmless, which have gathered infective properties from other animal bodies, as flies are known to carry infection from one patient to another.

Another question arises. Do microbes cause suppuration without the previous production of putrefaction? We are in some danger of forgetting that abscesses commonly form, and necroses occur, in deeply placed tissues, and in bones, without any communication whatever with the external atmosphere; and that, when first opened, the pus in these abscesses is usually sweet, and without the least trace of putrefaction.

If microbes be the cause of this suppuration, how do they reach the spot on which they exercise their injurious influence? Are they the resident microbes developed to the power of

active propagation, or foreigners introduced from without? Again, there must be, in some cases, inhibitory influences preventing the full and complete result of their pernicious development, even when introduced from without. Bone-caries, with open sinuses, may continue its slowly destructive course for years, without setting up blood-poisoning.

I have lately seen a scrofulous female, aged sixty, who had had carious disease affecting the bones of the foot, and slowly destroying them one after the other, with constant discharge of pus, without producing constitutional symptoms, for twenty years. And yet, in other cases, an apparently closed abscess may be putrid when opened, and contain multitudes of bacteria. It is supposed, however, that these have at some time had communication with the external air, since they are usually found near mucous channels, the rectum, urethra, mouth, and throat, closely exposed to foul and putrefying agencies. All these problems still await solution.

The protective and inhibitory power of the system is clearly indefinite in its strength and quantity, variable and indeterminate in its efficiency. It may be expressed by the algebraic sign  $x$  as a factor in the vital processes, whose value is unknown in any given case with which the surgeon has to deal. It may be improved, fortified, and conditioned, to some extent, by previous treatment, by feeding, tonics, and healthy hygienic circumstances; but these are often necessarily wanting in various emergencies and accidents. It may be probed and fathomed, to some extent, by a careful medical examination of all the functions and organs of the body; but it is by no means capable of any thing approaching to exact measurement, or of any closer estimate than the shrewd guesses of the practiced surgeon. It may be said to form a limited liability bank, upon which all methods of treatment draw for successful results. It is well not to overdraw the account.—*John Wood, F.R.C.S. (Bradshaw Lecture), British Medical Journal.*

THE CURE OF ANGINA PECTORIS.—In the *Bulletin Général de Thérapeutique* Huchard has an important communication on this subject. In the first place, he distinguishes most carefully the pseudo-anginal attack from the true, and his remarks upon treatment apply to the latter alone. He regards the disease as an affection of the arteries of the heart, and not a cardiac neurosis, and quotes numerous facts in support of his position. As adherents to this view he claims Germain Sée, Potain, and others, and even Lancereaux, who formerly regarded it as a neurosis. Perhaps the majority



of the writers on this subject are of the opinion, which has had numerous supporters since the days of Edward Jenner, that the actual lesion of the disease is in the coronary arteries.

An arterial malady must be met by arterial medication, and as the blood-pressure is always increased in the affection, all remedies which heighten the vascular tension must be avoided, as ergot and digitalis. He refers to a curious observation of Wesley Mills, in which anginal attacks followed the local application of ergot. For the relief of the paroxysms we have at our command amyl nitrite and nitro-glycerine, which cause vaso-dilatation, lowering of the blood-pressure, and increase in the vigor and frequency of the heart-beats. They relieve the angina alone, and are in no way curative, but Huchard believes that the iodides possess the means of so modifying the arterial condition that a positive cure may be effected. In 1883 he reported six cases which had been greatly benefited by their use, and since then he has had twenty-five patients under his care, of whom fifteen have recovered completely, six have been much improved, and in four cases the effect of the treatment was negative. The possibility of any of these being pseudo-anginal cases was carefully excluded. This brilliant result he attributes in a great part to the action of the iodides on the sclerosed coats of the vessels. The chief element in success is perseverance in the treatment for many months, at least fifteen to eighteen; from fifteen to forty-five grains of the salt are taken daily, until some months have elapsed from the last attack. The administration of the drug may be kept up for as long as three years, to insure durable and certain recovery. He prefers the iodide of sodium for prolonged use, as the potassium salt, when employed for many months, has a weakening effect upon the heart; moreover, it is better borne and more readily assimilated.

Details are given of six cases, in which the results of the treatment, as narrated, are truly remarkable, and certainly justify the prolonged trial of the remedy in this terrible affection. The usual care must, of course, be exercised in these cases to regulate the diet and remove all sources of mental worry and disturbance. The four cases of failure show that the remedy is not always curative; but in such instances the arteries may be in a state of calcification and past medication.—*The Medical News*.

**BACTERIA vs. CELLULAR PATHOLOGY.**—Professor Virchow, (*Progrès Médicale*) says:

Proof is wanted of the existence of specific microbes for a whole series of infectious and contagious diseases, and particularly very com-

mon ones; we are obliged to assume their existence. And yet this proof is only a step on the road to a knowledge of the pathological processes.

It is true that many scientists appear to be unwilling to admit that the proof of the existence of a bacterium or a microbe is not in itself a great result; neither pathology nor therapeutics can be satisfied by it. What advantage has been obtained by the discovery of the spiralli in the diagnosis or therapy of intermittent fever? What has been the effect of the discovery of the micrococcus in the lymph and the internal organs upon the history of variola and vaccinia? If Pasteur's successes with prophylatic vaccination in many infectious diseases had not taken place, the only practical interest of these matters would have been in the Lister dressing, and let us not forget that this dressing proceeded far more from an inspiration of genius than from any preliminary scientific investigations.

Nevertheless the microbes have become the salient point of scientific interest in medicine; they occupy the thoughts and even the dreams of many of the old physicians and all, or nearly all the young ones. Cells are almost forgotten. Upon this point *Le Journal Med. Quotidien* says:

"Cellular pathology has lived out its life. Our body is no longer that republic of cells each living a separate life, often dangerous through their ambitious functions, their invading tendencies, to the social body which incloses them. It was a republic dearer to the German professor Virchow. Dethroned is your republic, great master! It also was arraigned, pathological Tonkinades, and it succumbs under the verdict of fashion—parasitic. Down with the cells! Hurrah for independent organisms, infinitely small, but prolific, with race characteristics, living in different media, coming from without, in peril, like the Soudanese, in the organism, ravaging it by the right of invasion and of conquest without regard to relationship or alliance."

The poor little cells! They had fallen for some time into oblivion. Many of those who rendered the cells miserable by means of their "Abbe Zeiss," in order to see only colored microbes, may think that the cells "ought no longer to be taken into consideration." But they are still there, and to speak frankly they are still foremost. But they are patient, they will wait, their time will come again, when medical labors shall have repaired the breaches in the science of botany. Then cellular activity will return to take its place in the first rank among scientific and practical questions.

Perhaps all of this is too much of a generalization, for as a matter of fact the performance

begins over again with each new parasite. The parasite is discovered, then the conditions of existence, then comes the question, how does it cause the disease? It is only then that the question returns to pathology, the same as we knew it of old. The history of phthisis proves this admirably. When Koch found his bacillus, the identity of phthisis with pulmonary tuberculosis with cheesy hepatization, ganglionic tuberculosis with scrofula, etc., was established. This beautiful identity did not last long. Pulmonary phthisis has remained what it was, a complicated process beginning in a thousand ways, sometimes in the mucous membrane of the respiratory tract, sometimes in the interior of the alveoli; sometimes in the pulmonary parenchyma, and producing now inflammation, now specific neoplasms. Whoever wishes to see clearly in this matter must understand a little more than the method of coloring bacilli. The bacillus has advanced the knowledge of tuberculosis so little that in a very little time we have returned to the search for predisposition and immunity, researches which I made thirty years ago. At the meeting of the Physico-Medical Society of Wurtzburg, on February 14, 1852, I spoke of the differences between "phthisis and tuberculosis," and dwelt upon the predisposition to phthisis. All that is forgotten, but I can well say that I see with joy that after the first bacillary enthusiasm there is a quick return to the train of researches which formerly seemed to be the best. Certain expressions appear so familiar to me that it has often seemed to me as if the post-bacillary writers were copying me; but I accuse no one. I have so often spoke of all this in my lectures, that the knowledge of these facts has extended into the circle of those who have never read my communication of 1852. I would only point out here that a knowledge of the bacillus, although necessary for the minute understanding of the cause of a disease, explains nothing of the process itself, and does not make useless a special investigation in that direction.

This is still more evident in leprosy. The proof of the existence of bacilli has shut out every other explanation of the disease, but has not brought out any advance in diagnosis, prognosis, or treatment. We shall remain in the same position so long as we simply add certain bacilli to the cells of leprosy in the local manifestations of the disease.

What must be explained first of all in pathology is the fight of the cells with the parasitic microbes, or, to make it shorter, with the bacteria. Two micro-organisms are there together; on one side of the microscopic cells the vital elements of the body itself, and on the other these fungi, even smaller than the microphytes.

Each participant has its individual life, its own activity and peculiar forces. Which is the assailant? How does it make the attack? Does the other resist, and if so, how? Here are problems to solve.—*Northwestern Lancet*.

SOME OBSERVATIONS ON THE THEORY OF BRONCHIAL ASTHMA, VIEWED IN THE LIGHT OF THE PATHOLOGY OF HAY-FEVER.—Hay-fever occurs in winter or spring; sometimes it occurs at sea, or in the heart of a great city; sometimes, when no pollen can be found in the air, it arises after a full meal, or in the middle of the night; sometimes it appears almost instantaneously under the influence of intense light, the heat of a great fire, the odors emanating from certain localities, plants, and animals; some particular place or position occupied in driving; or from emotions and vivid ideas. In an able and suggestive paper in the January number of the *American Journal of the Medical Sciences*, Sir Andrew Clark points out that in these and in all like cases there are clearly two main factors at work, a certain local or constitutional predisposition, and some immediately acting exciting cause. That some such predisposition exists is plainly proved from the fact that the exciting agents which produce the malady in one class of persons entirely fail to produce it in another; and that these exciting agents, in their relations to the persons acted upon by them, are in a remarkable manner specialized, seems also proved by the circumstances that the emanations from a stable which in one person provoke a severe attack, produce in another, liable to hay-fever, no sensible effect. And of the persons subject to this disease, it must be said that they are not always affected in the same manner by the same agent; for sudden intense light which may bring on an attack at one time will quite fail at another; and so we are compelled to conclude that the organism, or some particular part of it, varies so much in its conditions that its relations to its environments are capable, without sensible structural alteration, of becoming completely changed.

When we inquire into the family and personal history of an individual subject to hay-fever, we shall discover as the prominent point in it that the patient and his people are more or less "neurotic." There may be found among members of the patient's family the disease of which he is himself the subject, gout, such skin troubles as urticaria and eczema, migraine, neuralgia, epilepsy, and no inconsiderable sprinkling of pulmonary disease. But that which will be found the most widely, and will connect them all, will be a sensitive, an irritable, and an unstable nervous system.



In a series of propositions Sir Andrew sets forth what he regards as the teaching of a study of hay-fever concerning the pathology of bronchial asthma, holding that it is a neuro-vascular trophic disease, and has its roots in a special vulnerability of the respiratory mucous membrane of the respiratory nerve centers and of certain portions of the sympathetic.

**THE MITRAL CARDIAC MURMURS.**—The study of the mitral cardiac murmurs at the present time is of importance to every medical practitioner, as well as of interest to those whose attention is especially directed to the diseases of the heart. In an able article in the January number of the American Journal of the Medical Sciences Dr. Austin Flint reviews our existing knowledge of these murmurs. He holds that there are four mitral murmurs, namely, (1) The systolic regurgitant, (2) the systolic non-regurgitant or intraventricular, (3) the presystolic, and (4) the diastolic. Each of these four murmurs has distinctive characters which individualize it. Two, three, and even all four may be combined in the same case. This statement, as will be seen, applies to the systolic regurgitant and to non-regurgitant murmurs. The names post-diastolic and post-systolic, proposed by Hayden, seem to the author unnecessary refinements, and therefore objectionable. If the reader would stop to reflect upon the inquiry whether the mitral murmurs offer topics for consideration and discussion of sufficient interest and importance to occupy the thirteen and one half pages which Dr. Flint devotes to them, let him refer to that portion of the elaborate and able work on diseases of the heart, by Hayden, which treats of the cardiac murmurs. He will there find a statement of the defects in our existing knowledge, together with differences of opinion in regard to the number of the mitral murmurs, their characters, their significance, and the modes of their production, which must convince him that they afford scope for an article extended much beyond the limits to which the author restricts himself. In fact, the object of the article is to present certain conclusions and suggestions, without attempting to consider the subject comprehensively and fully.

**THE PRODUCTION OF THE SO-CALLED "ROSE COLD" BY MEANS OF AN ARTIFICIAL ROSE.**—Dr. John N. Mackenzie, of Baltimore, relates, in the January number of the American Journal of the Medical Sciences, a unique case, which, among its many other interesting features, forcibly illustrates the rôle of purely psychological impressions in awakening the paroxysms of the disease familiarly known as "rose cold."

While we can not fail to recognize, as Dr. Mackenzie points out, the important relation of olfaction to the imaginative faculty, and the frequency with which it serves as the connecting link between associated ideas, and while the above case illustrates the psychical element in the *excitation of the paroxysm*, it must not be considered that the affection itself is a disease of the imagination, a purely psychological phenomenon dependent solely upon a deranged mental impressibility. For both our present knowledge of the affection and the history of the case itself, militate against and destroy such a supposition. Indeed, we should distinguish carefully between a disease having a definite clinical history and subject to recognized pathological law, and a mere perversion of the perceptive faculty, although the latter may occasionally act as an exciting influence in the production of the paroxysms of the former. The chief lesson to be derived from the study of this particular case (that is, so far as the psychical element is concerned) is that it opens our eyes to the fact that the association of ideas sometimes plays a more important rôle in awakening the paroxysms of vaso-motor coryza than the alleged vital property of the pollen granule.

**PICHI, A CHILIAN REMEDY FOR CYSTITIS.**—A Chilean plant, called by the natives pichi (*Fabiana imbricata*), has long enjoyed a great local reputation in the treatment of urinary diseases. Although, doubtless, its virtues have been exaggerated, it is believed by A. Rodriguez, of Buenos Ayres, to be very efficacious in certain maladies of the urinary organs and of the liver. He finds that it is especially valuable in vesical catarrh produced by the mechanical irritation of calculi, or due to a uric acid diathesis. It allays the irritation, lessens the secretion, and favors the expulsion of calculi which are sufficiently small to pass through the urethra. It has been found useful in Rio de Janeiro in several cases of jaundice, dropsy, and dyspepsia, due to deficient biliary secretion. A fluid extract of the plant is prepared, containing twenty grams to each tablespoonful, and of this from four to six tablespoonfuls are given *per diem* in either hot or cold water. Dr. Demarchi has examined pichi chemically, and finds in it:

1. An essential highly aromatic oil.
2. A resin.
3. A fluorescent substance resembling esculin, paviin, and fraxin, which crystallizes in needles.—*Medical Times and Gazette*.

**TABES DORSALIS AND DIABETES.**—At a meeting of the Gesellschaft der Charité-Aerzte, Dr. Oppenheim showed a case of tabes dorsalis,

complicated by diabetes. The patient was a female, thirty-six years of age. In addition to the ordinary tabetic symptoms there were also anesthesia in the region of the fifth nerve, with loss of taste on the anterior half of the tongue, gastric and laryngeal crises, with derangement of the vocal cords, described by Krause as ataxy, and rapidity of pulse. As the case advanced the patient began to complain of thirst, dryness of skin and throat with polyuria; the urine previously having been below the normal amount. On examination the urine was found to contain 0.7 to 1.3 per cent of sugar, as well as albumen, the specific gravity being 1.012 to 1.015. It was suggested that the supervision of the glycosuria was a further proof of the involvement of the medulla, to which a trigeminal anesthesia and gastric crises were also probably due. The association was, however, very rare, but both the author and other physicians referred to cases of disseminated sclerosis with diabetes. Dr. Senator pointed out that diabetes and tabes had some symptoms in common, such as neuralgia, Westphal's sign, etc., so that in an early stage diagnosis might be difficult.—*London Lancet*.

**HYDROFLUORIC ACID IN THERAPEUTICS.**—Dr. E. Chevy, after investigating the properties of this acid and observing its effects clinically, arrives at the following conclusions:

1. The vapors of hydrofluoric acid, mixed with air, do not produce the respiratory accidents which we have hitherto been led to suppose. Without inconvenience an adult can breathe a mixture of one to fifteen hundred parts of atmospheric air.

2. Hydrofluoric acid is a powerful antiseptic and antiferment. In the proportion of one to three thousand, it arrests the fermentation of milk, of urine, or of soup, and can be used for the preservation of meat.

3. The therapeutic employment of hydrofluoric acid in pulmonary tuberculosis, in diphtheria, and in the dressing of foul wounds, has furnished results which are worthy of being followed up.

4. In a case that is asthmatic, hemophilic, or emphysematous, it should be employed with great prudence.—*Philadelphia Medical Times*.

**ELEVATION OF THE ARMS AS AN INDICATION OF PERITONITIS**—A waiter, aged twenty-two, was brought into the Cumberland Infirmary. He had been stabbed in the abdomen, and a foot of small intestine was protruding. On the following day he was observed to keep his hands above his head, in a position often assumed when one is lying on the grass in summer. Within twenty-four hours he was seen to raise

the left thigh; later on the knees were constantly drawn up and the hands were kept behind the head. Death occurred on the fourth day from general peritonitis. The author states that in peritonitis following operations for hernia, ovariectomy, etc., he had constantly observed patients lying with their arms raised; and he considers this position to be coincident with the commencement of peritonitis. When the inflammation is at its height the hands will be clasped behind the occiput. The object is to lift all pressure from the distended bowel by fixing the diaphragm, thus making all breathing thoracic.—*Mr. Lediard, London Lancet*.

**TREATMENT OF INTESTINAL OBSTRUCTION BY THE FORCE-PUMP.**—Dr. H. Illoway, of Cincinnati, in a paper in the January number of the American Journal of the Medical Sciences, advocates the employment of enemata administered with sufficient penetrating power to pass beyond the ileo-cecal valve and into the small intestines, and to produce peristaltic action. He advocates the use of the force-pump, and claims, (1) That enemata thus administered are superior to every other method of treatment in the rapidity with which they either relieve the symptoms or clearly indicate the necessity of surgical interference; (2) that they are entirely free from all danger, and in no way prejudice the case, should a surgical operation become necessary.

**TENIA ECHINOCOCCUS IN DOGS.**—Dr. J. D. Thomas, of Australia, having carefully examined a very large number of dogs in districts where hydatid diseases prevail to a large extent, reports that between thirty and forty per cent of the dogs were found to be infested with tenia echinococcus. In nine of another series, better cared for, only one case was found, while five out of ten stray dogs in Melbourne were infested. This great prevalence of the disease would, he believed, explain the bearing upon its frequency in man and the domestic herbivora in these localities. It is not at all improbable that the irritation produced by the hydatids may have something to do with the greater prevalence of rabies among vagrant dogs.—*Medical Press*.

**A NEW PARASITE IN MAN.**—Dr. R. von Wettstein has discovered a new fungus in the gastric juices of persons suffering from pyrosis. He describes the new species and genus under the name *Rhodomyses Kochii*. It is seen to be always on the outside of the mucous membrane, and immersed in saliva. It shows itself as a dense, delicate pink mold, partly obscured by a quantity of conidia. Its morphological



characters are determined by culture; it has apparently a close affinity to other forms of oidium, but is distinguishable by the mode of formation of the conidia, and especially by its unseptated hyphal branches.—*Ibid.*

**THE EMPLOYMENT OF POWDERED COFFEE AS AN ANTISEPTIC DRESSING IN MILITARY SURGERY.**—Dr. Coppler (*Deutsch. Milit. Zeitschr.*, 1885) proposes the employment of powdered coffee as a preliminary dressing upon the battlefield, especially in default of other antiseptics. The powdered coffee should be applied to the wound and covered over with a small quantity of soil, an air-tight antiseptic dressing thereby resulting. Former experiments of Dr. Coppler show that powdered coffee prevents putrefaction of blood, urine, foods, etc., and that it is a true antiseptic.—*Medical Age.*

**A HINT FOR THE HOMEOPATH.**—The Paris correspondent of the British Medical Journal says:

At a recent meeting of the Paris Biological Society, M. Charrin stated that he had inoculated some rabbits with some drops of pyocyanin, and thus determined an affection which presents two clinical aspects, one acute, the other chronic. The principal morbid feature is the presence of albumen in the urine; this is followed by diarrhea, retention of urine, ophthalmia, and paralysis. After inoculation, if portions of the spinal cord or a small quantity of serum be cultivated in broth, the presence of pyocyanin is detected. When the micrococci contained in the cultivation fluid are removed by filtration, an enormous quantity must be used in inoculations in order to provoke a pathological condition. Thus it may be concluded that the toxic principle of pyocyanin residing in the microbes manifests itself by provoking nephritis, enteritis, etc.

**BLADDER DISTENDED WITH FOUR HUNDRED AND SIXTY-FOUR OUNCES OF URINE.**—A squalid female, forty years of age, was admitted to the Philadelphia Hospital in a delirious typhoid condition, with dry tongue and extreme depression. Pulse, 160; temperature, 104°. The only history obtainable from a companion was that she had been treated by various physicians for dropsy, pregnancy, etc., while one had advised an ovariectomy.

The abdominal cavity was filled with a large tumor, which extended upward to the ribs, and was larger than is usually seen at the full term of pregnancy. Its globular and movable character and central position contra-indicated an ovarian cyst; and, while it was intensely sensitive, it was tense, and had distinctly fluctuat-

ing contents. Dribbling of urine had been constant for five or six weeks. On vaginal examination, an enlarged retroverted uterus was discovered.

Believing the so-called tumor to be a distended bladder, a catheter was introduced; but, after filling cups, basins, and pails, the flow was checked in order to permit contraction of the bladder-walls. During the following twenty-four hours, 464 ounces were withdrawn, with the effect of entirely reducing the enlargement.

On the second day, a partially decomposed four months' fetus was passed, and, after the replacement of the retroverted uterus, comfort was obtained, although the woman was unable to void her urine naturally for three weeks. The bladder did not entirely regain its tone for three months. This misplaced organ had been caught beneath the promontory of the sacrum, and, as it distended by pregnancy, had pressed sufficiently upon the vesical neck to check any escape of urine, until overdistension had necessitated overflow.—*Dr. De Forest Willard, British Medical Journal.*

**TREATMENT OF GRAVES'S DISEASE BY GALVANISM.**—Dr. Leslie Phillips (British Medical Journal) says:

The cure of exophthalmic goitre by subaural galvanization (galvanization of the cervical sympathetic, as it is most unscientifically and inappropriately termed, implying, as this expression does, that it is possible to single out a nerve for electrical excitation) is not so rare as some writers would have us to think. This remedy has been used successfully by Moritz Meyer, Leube, Von Dusch, Wietfeld, and others. Rockwell, out of nine cases, obtained the following results: Four completely cured, one approximately cured, two much benefited, two unimproved in any respect. Ancona cured a severe case after the hundredth application of galvanism; while Bartholow has cured three cases by this agent. With these facts before us, too much therapeutical lethargy and too much faith in the "wonders wrought by time" are not commendable.

**DIPHTHERIA CURED BY TOLU VARNISH.**—M. O. L., aged thirteen, complained at two o'clock on November 10th of malaise. She was in bad spirits, owing to the death of one her schoolfellows from diphtheria. A saline aperient was ordered, and taken in the evening. Next morning at seven o'clock she said she felt "all right," but complained of sore-throat.

Upon examination, thick, well-formed, grayish-looking patches, rather smaller than a

florin, but of oval shape, with gangrenous edges, was seen over the right tonsil, and on the right posterior pillar of the fauces. At five o'clock in the afternoon the patch had somewhat increased, and two small patches were seen on the other side. The diphtheritic spots were covered with tolu varnish, as recommended in Dr. Morell Mackenzie's work. Tincture of perchloride of iron, with glycerine and chlorate of potash was prescribed as a constitutional remedy. The patient expressed herself greatly relieved by the varnish, and I applied it twice a day, instead of once, as advised by Dr. Mackenzie. In about forty-eight hours from the time when it was first seen, the membrane began to disappear, and, on the evening of the fourth day, not a trace of it remained.

I may add that it is important that the fauces and tonsils should be first well dried with blotting-paper. The solution can be most conveniently applied with a camel's hair-pencil fixed into a long wooden penholder, as supplied by Messrs. Maw. The method of treatment which I have found so successful in this case being, I believe, little known, I think I shall be doing a service to my brother practitioners in placing it on record.—*Richard Lord, M. D., British Medical Journal.*

**OVERFEEDING IN PHTHISIS.**—Upon recommendations of Debove, Peiper has made trial of this method of treatment in fourteen cases. (*D. Arch. f. klin. Med.*)

The food which Debove used consisted of milk with eggs beaten up in it and powdered beef, the latter being obtained by carefully drying pieces of beef over a gentle heat and then powdering it up in a mortar. It is well borne and easily digested. In those cases in which there were want of appetite and disinclination for food he was accustomed to introduce the food through the stomach tube, overcoming the vomiting which sometimes occurred by previously washing out the stomach with ice-cold water. This method, as might be expected, was not always successful, and, in the two cases in which Peiper adopted it, caused such vomiting and general disturbance, and created such an invincible repugnance to its repetition that he was obliged to desist altogether from it. He, therefore, administered the food to them in the natural way, preferring rather to combat their want of appetite and overcome their disinclination for food by the use of stomachics and other suitable remedies. Half a liter of milk, containing four or five eggs and twenty-five grams of this powdered beef, was given twice a day, forenoon and afternoon, the quantity of the powder being increased by twenty-

five grams every two or three days, until the amount given was so great as 200 to 300 grams distributed over three or four periods of the day. The patient received in addition as much other food, vegetables, etc., as he could take, and other auxiliaries to the cure were employed, *e. g.* the administration of cod-liver oil, the use of turpentine and eucalyptus-oil inhalations and plenty of fresh air. The results obtained he claims to be very satisfactory, although, in the presence of the other means of treatment employed how far these are to be ascribed to the overfeeding is a question to which various answers may be given, although, in anticipation of such an objection, he states that the method by overfeeding, was only commenced after the usual remedies had been tried for months without avail. Improvement soon set in, appetite was increased, diarrhea was stopped, and cough and expectoration relived and diminished. A good effect on the fever and the night sweats could only be observed in a few cases.—*London Practitioner.*

**BISULPHIDE OF CARBON IN DIARRHEA.**—M. Dujardin-Beaumetz, has been led to regard this substance when well diluted with water as a valuable antiseptic agent in infectious forms of diarrhea, particularly in that of typhoid fever. His formula is the following:

Bisulphide of carbon.....	380 grains;
Essence of mint.....	50 drops;
Water.....	1 pint.

The mixture is placed in a vessel of about  $1\frac{1}{2}$  pints measurement, shaken, and allowed to stand until all deposit has been thrown down. When any of the fluid is drawn off, care must be taken to add water in like quantity to the remainder. Four to ten tablespoonfuls of this solution should be taken throughout the day. Milk is a suitable medium for administration. *Ibid.*

**CESARIAN SECTION CONTRASTED WITH PORRO'S OPERATION.**—There seems to be no longer any doubt of the great value of Porro's operation over the old classical operation of cesarian section, nevertheless, we still find that a certain number of operators cling to the latter method.

The British Medical Journal (December 26th) has collected 134 Porro operations in which there were 59 recoveries, while of 136 cesarian sections only 25 mothers survived. In the face of these strong figures our contemporary says, "We think that the obstetrician who does not discard the old for the modern method, inaugurated by the Italian professor, takes upon himself a grave responsibility."



# The American Practitioner and News

"NEC TENUI PENNĀ."

Vol. I. SATURDAY, JANUARY 23, 1886. No. 2.

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon themes of professional interest are solicited. The editors are not responsible for the views of contributors.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

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## HARD TIMES AND DOCTORS.

The air is thick with complaints that the year 1885 was a hard year on doctors, calls being few, collections difficult, and receipts small. Whereupon the ready writers treat the sufferers to the stereotyped statement, that the reason lies in there being too many doctors. The trite commercial maxim of "the supply is in excess of demand" is quoted, and the sententious folk who dispose of these weighty matters with a stroke of their pens, dismiss the painful, but inevitable and oft-recurring question quite as though they had answered it fully and in truth.

We are not going to deny that 1885 was a hard year on our guild, for it was. But the reason for it, so glibly proffered, falls indeed wide of the mark. It contains but a modicum of any truth. There are not too many doctors. The supply does not exceed the demand. There has been no overproduction whatever in the matter. No single cause could in the nature of things bring about such calamities to the profession. A consensus of many agents is required to do this. Least among all these is, in our opinion, the number of doctors. The

supply of these is the smallest element in the equation.

The causes which bring hard times to doctors bring hard times to men in all their multifarious occupations. What business did not suffer in 1885? Nations suffered, States suffered; peoples suffered, individuals suffered. British arms suffered defeat in the East. Spain was ravaged by the cholera. France is on the verge of bankruptcy. And, to come nearer home, there was scarcely one great interest in America which escaped. Cotton, pork, sugar, wheat, corn, cattle—how few who raised them realized a profit!—how few who handled them made money!

Eighteen hundred and eighty-five was a hard year on both the political parties of the country. It was hard on Republican office-holders. It was hard on Democratic office-seekers. It was hard on the medical schools, as seen in diminished classes. It was hard on students contemplating entering the profession, for their means were lessened by the widespread shrinkage in values.

It was a hard year on manufacturers, on merchants, and on all middle men. And, more's the pity, it was a rough year on doctors, which is to say it was a hard year all round. But the number of doctors had nothing to do with it. It was hard on us because it was hard on all the rest. That's the kernel of the thing. The milk of the cocoanut is right there. The "supply" of doctors had nothing to do with it.

Doctors are not producers, therefore, we are dependent on those about us. We neither dig into the bowels of the earth for its metals, nor do we turn up its soil that grain may grow. Practically we are consumers only, and our contributions to the wealth of the State are limited to improving the health and lengthening the life of its citizens. Great and ennobling ends these, no doubt, but they express our entire mission among men. And if men don't fall ill, or, falling ill, choose to economize by getting well without our aid, who is there to say them nay?

The medical profession can not hope to do more than align itself in its business features with the other vocations of men. And these, in our present civilization, are all so interdepend-

ent that what affects one affects more or less all. General prosperity always includes the doctor. Hard times, with whatever class, lessens the doctor's receipts from that class, and in just so far lessens his income. The number of doctors sings exceeding fine beside the mightier causes of shrinkage—the supply of doctors doesn't draw a pennyweight in the scales. Money is said to be the most sensitive of all property. Medicine, in our opinion, comes in an easy second. The entire problem reads about thus: Given scarce money—result, few calls, slow collections, small receipts.

The men so nimble with their pens, also treat us to tables of comparison between the number of physicians *per capita* of population in European countries and the number in America, and then cry "See how the profession is overcrowded in this country!" But how very unfair and misleading is such specious comparison. America is a law unto herself in this as in other matters. She wishes the doctors, and lo! she has them; and she has them because she requires their services.

Sir James Paget, sitting in his rooms in Hanover Square, is practically within call of ten millions of people, all within a radius of ten miles. He can on occasion reach any one of them within a couple of hours. Our friend Dr. Cupples, sitting on his veranda in San Antonio, Texas, though he commanded the practice of the empire in which he lives and of the several States adjoining, would not have so large a *clientele*, and many of them he could not reach in two weeks' travel.

A country which is filling up as is ours, into which is pouring a steady stream of population from without, and which is hourly adding to its numbers from within must needs have many doctors. The supply must be large because the demand is great. A nation which increases in its population as ours does, must multiply in due ratio the number of those who minister to its ailments. Doctors are mortal, and the older ones do die, though the younger ones may not think so. And others must be in training to fill their places. Whenever and wherever the supply exceeds the demand, the supply will "go West," or East, or whithersoever it listeth, or select other lines of work.

If it can't live driving pills, it will drive — a yoke of steers, if nothing better offers. It will be certain to drive or follow something which will yield a livelihood. And, masters, students of medicine will come and go, and doctors be made entirely regardless of supply or demand. Those who can't stand the pace will drop out of the race, while the fittest will survive.

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### VOUDOUISM.

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As one of the phases of the faith-cure, a craze now widely prevalent, Voudouism, as found among the negroes of the South, and especially in Louisiana, is not undeserving of a passing notice.

Doubtless the superstition is a remnant of the fetichism brought by the original slaves from their home in Africa, where it prevails universally; but in the form of trickery, rascality, and superstition which it has taken on in the presence of a higher civilization, it deserves a fuller history than it has as yet received. The word *voudou* is not to be found in any dictionary or encyclopedia so far as we know, nor do the negroes ever use it in that form; they invariably call it hoodoo. It is most likely not of negro origin as commonly supposed, but of French origin as a corruption of *Vaudois*. In the middle ages when the extermination of the Waldenses or *Vaudois* was sought by the church of Rome, it was given out that these people were in league with the devil and in possession of the powers of witchcraft, necromancy, and all other dark arts that could be derived from such an alliance. *Vaudois* then became a synonym for malign power and evil influences, supposed to be derived from alliance with the devil.

The vulgar easily corrupted this into *Voudou* and the negroes into hoodoo. The art is supposed to embrace the ability to throw a "spell" over the patient which may have the direction and effect of sickness and death, or may result only in love or dislike in a particular direction. Every one who believes fully in the art, believes that any one who has ill will against him can exercise it. Efforts at its employment are probably always con-



ducted in a secret and solitary way, and this indeed seems to be regarded as one of the essentials of success. There is not likely ever any considerable concert; and the unique and weird orgies among the Voudou kings and queens, described sometimes in the New Orleans papers as being held yearly at night on the shores of Lake Pontchartrain, are all doubtless adjourned meetings from the fertile brain of some ready reporter.

There are certain individuals, invariably men, called hoodoo doctors, or conjurers, who are supposed to have power to disenchant sufferers of these spells, and in some sections they are believed to have the power of casting them also. The negroes do not as a general rule attribute to these any superior powers, but only the knowledge of means efficient for carrying out their purposes, and above all the ability to exorcise the fetich which has produced the spell. As there is no general rule or authority prescribing the methods or materials to be used in casting spells, they will of course vary greatly. Like the ball of hair of our own witch-period, knots and tangles of hair and feathers stand at the head for effecting evil, but snake-teeth or heads, spiders, nail trimmings, and the like, are said to be not without efficacy. For more kindly influences, such as love-making, the men have got much into the habit of buying their love-powders ready made at the drug stores, and many apothecaries keep on hand some harmless preparation to sell as love-powder. The women are supposed to have furnished, in their monthly experiences, the most effective material for winning the love of the men, when added to their food; while their rivals are disposed of or rendered repulsive by means of the knotted hair or feathers, by markings on the ground across their pathway, or such other charms as may be thought effective. When any of these spells takes the form of disease, it is the province of the Voudou doctor to discover and remove the cause. These doctors have added knowledge to their superstition, and do not hesitate to resort to various tricks and cheats, though superstition and trickery are so mingled that it is not easy to tell where one ends and the other begins. One very old devotee would often have his patients drink their own urine,

and he himself, when overtaken by dropsy, used the prescription in his own person.

A favorite card with another was to search the pillows, bolsters, and feather-beds of his patients for any little knots or rolls of feathers which were understood to be the agencies with which the evil influence was exerted. As the negroes are not over attentive to sunning and cleaning such articles, he was usually successful in exposing to their admiring gaze the evidence of his victory over the evil spirit. The ignorant among the whites are not altogether incredulous in such matters. A French grocer, who was suffering from dyspepsia, permitted a hoodoo doctor to scatter the contents of his feather-bed over the room in order to discover the offending knot of tangled feathers. It need not be added that the search was successful; for it was hardly to be expected that the "doctor" would put himself to so much trouble without having the desired evidence conveniently stowed away in his pocket.

It is not at all unusual to find patients suffering from some chronic disease who will aver that some one, often particularized, has thrown "a spell over them," that "they have got a hand on them, or that some one or such a one has "done them something." And they will die of specific diseases, such as internal cancer, consumption or leprosy, apparently in the full, but strangely resigned belief that their condition is due to the fact that a "hand" has been put on them. As would be expected, Voudou cures are about of the same character and proportion as faith-cures, or tricks of healing in other departments, where efficacy depends altogether on what Carpenter denominates expectant attention. s.

#### NOT GUILTY.

Mr. Am. Ende, the Hoboken druggist, who some months since caused the death of two persons by dispensing morphine for quinine, was recently put on trial for manslaughter. The jury, after deliberating upon the case for an hour and a half, brought in a verdict of "not guilty."

The author of this terrible mishap is a gentleman of high standing, and the intense men-

tal suffering which he has undergone since the day of his fatal blunder makes a strong appeal for sympathy. The action of the jury in refusing to inflict upon him the penalty due to manslaughter will not be condemned; but it is to be hoped that the dispensers of medicines will find in the case a solemn and salutary lesson.

Such blunders are without excuse in any case, and if druggists were always careful to keep all poisonous drugs upon shelves separate and apart from harmless medicines they would never occur. As it is, morphine in large bottles may be found in almost every prescription case, and many lives pay yearly the penalty of this careless practice.

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### Notes and Queries.

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**ATTENUATED HUMANIZED VIRUS COMPARED WITH BOVINE LYMPH.**—Commenting upon the statement (Boston Medical and Surgical Journal), that the stock of humanized virus, unmodified by renewal from the cow for over eighty-five years, is still maintained at Providence, Dr. S. C. Martin says: If the Providence stock have the pedigree claimed for it, it will produce a disease which bears to that described by the first writers on vaccination a resemblance which may be compared to that of a faded-out photograph of a person, taken by some rural artist, to the person himself. The vesicle will be small, involving the skin but very superficially, and liable to spontaneous rupture. The areola will be slight, transient, and appear at the beginning of the eighth or the end of the seventh day. Except in very rare instances, no febrile reaction will occur. The crust will be small, thin, and quite generally wanting in umbilication; will fall on the fourteenth day, and finally the resulting scar will be extremely superficial and barely discernible.

On the other hand, the results of vaccination with heifer-transmitted cow-pox virus will be papulation of points of insertion at the end of the third or beginning of fourth day; first development of vesicle at end of fifth day; commencement of areola at latter end of ninth

or beginning of tenth day; decline of areola twelfth to fourteenth day; decided febrile reaction coincident with the areola; vesicle large, and not liable to spontaneous rupture; the crust adherent until the twenty-first to thirty-second day, umbilicated, nearly as large as the vesicle, of a dark color, and, as the morbid process involves the true skin to a very considerable extent, the lower portion of the crust will consist of a slough composed of the dermal tissue. The scar left behind will be deep, clear, and well marked, not foveolate or pitted, but characterized by cicatricial rays or bands, radiating from the center.

Virus from the animal, when dried upon points, is not so readily soluble as humanized virus, and of course it is necessary that it be perfectly dissolved before it is applied to the arm. From the want of appreciation of this fact, and of the slight extra care which is thus made necessary, some have been led into the very erroneous opinion that it is difficult to make the virus take. The fact is that it will produce vaccinia in precisely the same percentage of primary vaccinations as the humanized, and in a far greater, nearly double, in revaccinations. Vaccinations with animal virus are also free from the troublesome complications sometimes attending those from the humanized. I wish it to be understood always, that I speak of animal virus worthy of the name, taken from proper vesicles at the proper time. It would be well if the fact could be generally appreciated that the object of vaccination is not to produce a disease of as mild and trivial a character as possible, but one that will protect from variola. The literature of post-vaccinal variola shows the low protective power of long humanized virus. I have yet to learn of a case of that disease following successful vaccination with the animal virus. I have revaccinated this season a number of children of fifteen years of age who were vaccinated with the animal virus in their infancy, and in none of them have I been able to produce any effect.

**FATAL DOSE OF SULPHATE OF QUININE.**—M. Baills, a French army surgeon, reports an extraordinary case of quinine-poisoning,



which is quoted with due comment in the *Union Pharm.*

A corporal, returning from drill, visited the infirmary and asked a Zouave in charge to give him a purgative. The latter agreed, and decided to take a dose himself as well. Intending to take the medicine from a bottle containing a solution of sulphate of sodium, he took in mistake a bottle containing a solution of sulphate of quinine, and both soldiers drank off a tin mugful of the liquid. It is calculated that the dose taken by each was about one hundred and eighty grains.

Both soldiers went about their ordinary occupations until about half an hour after taking the medicine. Then commenced buzzings in the ears in one case, and stomach cramps and vomiting in the other. Both patients were placed in one room and attended by M. Baills, who reports the symptoms.

There were great pallor, dilated pupils, eyes projecting and fixed, short and anxious respiration; diminution of the respiratory report on auscultation. Reduction of temperature appreciable to the hand; pulse small, irregular, and at times scarcely appreciable. Beating of the heart similar. In fact, the circulatory system generally seemed particularly affected. Some burning pain in the throat, and much thirst. No nervous agitation nor convulsive movements. Much buzzing in the ears. Intelligence perfectly preserved. One of the patients declared that he could hear nothing, and that his ears seemed likely to burst.

Strong emetics were administered, and free vomiting was excited. Strong infusions of coffee were administered, both as a beverage and as an enema. Cold water was applied to the head, and mustard to the chest. The Zouave was very anxious about his comrade. In a second fainting fit, which occurred about two hours after taking the quinine, the Zouave died suddenly. The corporal was in the hospital a week, and completely recovered.—*Chemist and Druggist.*

**WYETH'S VACCINE FARM.**—Near Westtown, in Chester County, the enterprising firm of John Wyeth & Brother have started a model farm. It was recently inspected by a delega-

tion of physicians, including several members of the State Board of Health, who found every thing to praise and nothing to censure.

It is truly a model farm, designed after a personal inspection of the famous vaccine farms of Europe, and combining in itself the good points of all of them. The operating-room and the stables are finished in hard wood, have asphalt floors, abundance of ventilation, and are flooded with light, so that they not only present a handsome appearance to the eye, but possess every sanitary requirement.

The inoculation of the heifers is done by Dr. Zuill, one of the faculty of the Veterinary Department of the University of Pennsylvania, thus insuring the fact that the virus is taken only from those heifers that actually have cow-pox.

The animal (from seven to eighteen months of age) is fastened (on its back), its belly shaved, and inoculated in thirty or forty places. After nine or ten days, if it has had an elevation of temperature, increase of pulse, and the formation of secondary umbilicated pustules (that is to say, elsewhere than where it has been inoculated), the scab is removed from the inoculation and ivory points coated with the lymph, as it flows *spontaneously*, care being exercised not to take the flow that can be excited by rubbing the sore with a coarse rag, for this would give us serum and not true lymph.

From each heifer as many, sometimes, as two thousand points can be coated, and as the farm has ample accommodation for seventy animals, we can readily see that this firm possesses facilities for supplying a very great demand. It is also to be noted that the points are guaranteed for three weeks.—*Medical and Surgical Reporter.*

**THE CONGRESS.**—At the annual meeting of the Philadelphia County Medical Society, held last week, unusual interest centered around the election of delegates to the Association, and two tickets were placed in the field. One was framed in the interests of the supporters of the action of the Association at New Orleans in reference to the organization of the International Medical Congress, and included the names of all the men in Philadelphia who are

prominently identified with this movement. The other was made up of nominees who are opposed to this action and the dissensions it has engendered in the profession. Both tickets were duly mailed in advance of the meeting to every member of the Society, so as to secure an absolutely free and fair, as well as full, expression of opinion by the profession of Philadelphia. The latter ticket was elected by the overwhelming majority of more than four fifths (169 to 36), at the largest meeting of the Society ever held.

It is the solemn duty of the New Committee of the Association charged with the arrangements for the meeting of the International Medical Congress at Washington, to ponder well, before it is too late, the meaning of this, and of the numerous other expressions of dissent which have reached them from all sides. They must know that the profession of Philadelphia, New York, Boston, Baltimore, Washington, and Cincinnati are practically united in disapproval of the action which brought the New Committee into existence, that serious differences of opinion, to say the least, exist in all the other principal cities of the United States, and that the sympathies of the profession of Canada and of Europe are not with them. They must recognize that to persist in their present course is to impair the good name of the American medical profession, and to imperil the vital interests of the American Medical Association.—*Philadelphia Medical News*.

**THE CASE OF DR. PURDY.**—The New York correspondent of the Philadelphia Medical News writes:

The County Medical Society is very much interested in a suit brought against Dr. A. E. M. Purdy, a well-known practitioner, by a patient, who claims that through his action she was removed from her home, shut up in the Smallpox Hospital on Blackwell's Island, when she did not have that disease, and was discharged by the hospital physician. The facts are, that Dr. Purdy, after calling in counsel, decided the disease to be smallpox. He reported the case, as he was bound, to the Health Department, and one of its inspectors, Dr. C. E. Lockwood, saw the woman and recommended her removal. A verdict for several hundred dollars was obtained

by the plaintiff, the judge, in his charge, evidently siding with her, and holding that Dr. Purdy had "set the machinery in motion which led to her removal." No one at all familiar with the law can doubt for a moment that the Health Department is alone responsible, and that Dr. Purdy simply did his duty, and if he had not done as he did would have been subjected to a heavy fine. Several thousand dollars have been contributed for the purpose of appealing the case.

**EVOLUTION IN MEDICINE.**—The steady progress which medicine has made from year to year for the last half-century has transformed the physician's art, and contributed largely to diminish the weight of human misery and disease; of this we are not unfrequently reminded by veteran physicians who can look back for this period, and to whom the subject, as published addresses and orations show, has an irresistible attraction. To trace the upward course from year to year, to lay a finger upon this fact or that, and say here is something known now but not known a year ago, is less convincing; for the science and art of medicine does not advance by leaps and bounds, but by a slow process of accretion strictly analogous to organic growth. The tendency of medicine in this generation is primarily toward analysis; the analytical method has been applied to every department, and a minute accuracy and precision of observation has been cultivated.—*British Medical Journal*.

**NITRO-GLYCERINE** has steadily made its way to the front, and has now an assured position as a therapeutic agent. Quite recently, Burzhinski has published a valuable paper on its action in nephritis, showing that under its influence the urinary albumen eliminated by the kidneys is diminished, while the quantity of urine is increased. Rossbach examined the action of nitro-glycerine, nitrite of amyl, and the nitrites of potassium and sodium, and gave a decided preference to nitro-glycerine, speaking of it as an "excellent remedy" in interstitial nephritis, and one "calculated to prolong life." Its power of dilating the blood-vessels is so marked that it is now used in the



treatment not only of angina pectoris, asthma, and Bright's disease, but for warding off shock in all forms.—*Ibid.*

**MODERN MEDICINE OF THE ENGLISH-SPEAKING RACE.**—In the opening article of the January number of the American Journal of the Medical Sciences Sir Henry Acland presents a philosophical survey of the "Modern Medicine of the English-speaking Race," and referring to the new international character of the Journal, he says:

Some apology is offered to science for the assumption that there is room for a scientific journal with the apparent restriction to one language and one human stock. Science has no restriction and is a universal brotherhood. But science has her votaries every where, and every language can contribute its share. The present endeavor is to offer to those who seek it, a means of hearing a message from English-speaking people, who, apart from politics of every kind, may gather results profitable to medicine, learnt from types of every climate of the globe, from very many races of the most diverse origin, and from every occupation and every condition in which the human family is engaged.

**POP-CORN AS AN ARTICLE OF DIET.**—It is said that chemical analysis of pop-corn shows it to contain more albuminoids than most of the other cereals, and in certain parts of the West it is extensively used as a regular article of food. Our Pilgrim Fathers made some personal experiments with pop-corn, the result being that they started a Day of Thanksgiving for not having to live on it any longer.—*Medical Record.*

In the light of the above chemical revelation the logical fitness and poetic beauty of the following old rhymes are manifest:

And there they sat a popping corn,  
John Styles and Susan Cutter,  
John was as strong as any ox,  
And Susan fat as butter.

That those Calvinistic ascetics, known as the Pilgrim Fathers, should cloy upon so rich a diet is no matter for surprise when one notes the fondness of their descendants for dry cod-fish, beans, and starved mackerel.

**TASTELESS QUININE TANNATE.**—An almost tasteless tannate of quinine is obtained by dissolving 60 grams tannic acid in 11 grams of water, without heat, and adding 11 grams of a two-per-cent solution of sodium bicarbonate, and enough water, if necessary, to make a clear solution. To this solution is added a solution of 40 grams quinine sulphate in 27 grams of dilute sulphuric acid and 11 grams of water. The precipitate is washed on a linen strainer until the washings cease to have an alkaline reaction; it is then dried and powdered. Prepared thus, tannate of quinine contains about  $33\frac{1}{3}$  per cent of quinine, and is cheaper than the commercial article, which frequently contains but 20 per cent of quinine.—*Pharm. Centralhalle.*

**EUCALYPTUS TOILET VINEGAR.**—The following formula for eucalyptus vinegar, is designed as a hygienic toilet remedy:

Acetic ether.....3j;  
Concentrated acetic acid.....3iv;  
Tincture eucalyptus.....3j;  
Cologne.....Oij.

A few drops are added to water used for bathing, or may be sprinkled about the room as an agreeable disinfectant.

**CROTON OIL FOR VACCINE.**—It is reported that to meet the great demand for vaccine virus along the Canadian border, some unscrupulous druggist has been selling points which have been dipped in croton oil. The sore made by this drug bears sufficient resemblance to the Jennerian vesicle to pass with the unsuspecting physician or lay purchaser for a "take;" but the fraud, if the story be true, is no less than criminal, since it will confer upon its victims a vain sense of security, favor exposure, and multiply the number of cases of smallpox.

**FOUR TAPE-WORMS IN ONE SUBJECT.**—Dr. T. A. Palm (*Lancet*, November 28th) reports a case in which four tape-worms were found in the same individual. After ineffectually trying various remedies, among them liberal doses of pomegranate root, they were finally removed by means of fluid extract of male fern. Eighty

minims of this drug were taken in milk in four doses, one hour apart, the patient fasting while under medication. This had to be repeated at three different times at intervals of several weeks before the cure was complete.

**A LARGE CALCULUS.**—On the 9th of December Dr. T. R. Varick, of Jersey City, removed from the bladder of a boy fourteen years of age, a stone weighing four ounces, four scruples (Troy), and measuring in circumference over the long diameter, six and three quarter inches, over the short, five and one half inches. The stone had been six years in forming. It was removed by the bi-lateral operation, and is one of the largest calculi ever drawn through the perineum.

**DISTILLED WATER FOR COFFEE-MAKING.**—It is said that coffee prepared with distilled water has a better flavor and odor than when made in the usual way. Some of the mineral salts and organic matter destroy part of the tannin of the coffee, forming with it insoluble compounds. Distilled water leaves the tannin intact, and preserves the sweetness and tonic properties. Similarly, water containing carbonate of lime destroys the greater part of the tannin of hops in brewing processes.

**MARION SIMS' MEMORIAL.**—Eight thousand one hundred and sixty-six dollars have been received by the committee appointed to carry out the movement for erecting a suitable memorial to the late eminent gynecologist. After deducting the expenses incident upon placing the movement on foot, there will be found remaining the sum of seven thousand seven hundred and sixty dollars, which is sufficient to meet the cost of the bronze statue contemplated by the subscribers.

**BAD FOOD.**—The Medical Record says that the New York City Board of Health condemned and destroyed, in the last calendar year, 799,410 pounds of meat and fish, 212,000 pounds of fruit, 37,905 pounds of canned goods, 72,700 pounds of candy, and large quantities of other kinds of food, whose consumption would have raised the death-rate.

**COCAINE AND CHLOROFORM.**—Dr. John A. Wyeth, of New York, calls attention to the peculiar liability to fatal accidents from failure of heart-action following the use of chloroform or ether as anesthetics, when the use of them has been preceded by the administration of cocaine. This should be borne in mind when operations are to be undertaken, and after unsuccessful use of cocaine recourse is had to inhalations of chloroform.

**MANHATTAN HOSPITAL.**—A reception was held at the new Manhattan Hospital, at Tenth Avenue and One Hundred and Thirty-first Street, New York, on the evening of December 12th, and the buildings were opened for patients on the 14th. By a recent fair at the University Club Theater, the sum of \$10,000 was raised by the Ladies' Association for the institution.

**CUTANEOUS ANODYNE.**—Dr. R. G. Gough (Virginia Medical Monthly) recommends the following as the best lotion he has ever found for itching cutaneous surfaces, whether the skin is broken or not. He has used it with marked success:

R Sodii biborat.....3j;  
Acid. carbol.....gtt. xv;  
Glycerine .....3j. M.

Sig: Apply as lotion with camel's-hair brush, or by dropping from bottle on the itching surfaces.

**AGREEABLE IODOFORM OINTMENT.**—Dr. Oppler states that finely powdered roasted coffee mixed with iodoform will remove its odor. He gives the following formula for an odorless iodoform ointment: Iodoform, one part; simple cerate, ten parts; finely powdered roasted coffee, 0.3 parts. The coffee should be rubbed with the iodoform, with or without the addition of a few drops of ether.—*Druggists' Circular*.

**THE COCAINE HABIT.**—The demand for cocaine has, like that for bromides and chloral, extended to the general public. One drug store in New York City sells no less than six ounces each month.



**HYDROPHOBIA.**—The lady secretary of the Anti-vivisection League of England argues, in a letter to M. Pasteur, that cauterization removes all danger of hydrophobia. Her son once, and she herself five or six times, have thus escaped the malady, and both offer to be bitten by any mad animal in M. Pasteur's laboratory, on the condition of being allowed to treat the wounds themselves.

**BOSTON WATER-SUPPLY.**—To improve the condition of the water, it is proposed by Dr. T. L. Jenks, to build an open conduit, a mile or more in length, from the outlet of the system, in which large, rough bowlders are to be placed. The water, rushing swiftly over and between these rocks, will be so agitated, it is presumed, as to do away with that impurity which depends upon partial stagnation.

**DEATH FROM WRESTLING.**—The Boston Medical and Surgical Journal states that a student of Yale College recently died suddenly in consequence of injuries received during an impromptu wrestling match. In the scuffle he was thrown violently to the floor. The shock, it is thought, caused the blood-clots in his brain which shortly after resulted in death.

**SURGICAL OPERATIONS, NECESSARY AND UNNECESSARY.**—Professor Verneuil says: Of one hundred possible operations, twenty are imperatively necessary, twenty are absolutely inadmissible, and the remaining sixty may be performed or not according to circumstances; and surgeons may and do err in each of these classes of cases.

**AN IMPORTANT POSTHUMOUS WORK.**—The long expected work on the Principles and Practice of Medicine, by the late Dr. Hillon Fagge, has been published almost simultaneously in England and America. The first volume of this work has just issued from the press of Presley Blakiston, Son & Co., Philadelphia.

**MEDICAL HONORS.**—The honor of knighthood has been conferred upon Dr. George E. Paget, of Cambridge, Dr. William Roberts, of Manchester, and Dr. James Sawyer, of Birmingham.

**PYRIDINE**, one of the constituents of tobacco-smoke, is recommended by Professor Germain Sée, of Paris, in the treatment of asthma. It is a colorless fluid, having a peculiar characteristic odor, and, when inhaled, is said to cut short dyspneic attacks with remarkable promptness and certainty.

**A SURGICAL FEAT.**—"Dr. Samuel W. Francis, says that a clever chiropodist can change the 'toe callous' into the *To Kalon*!" *Medical Record*. [This is, from medicine to its sister art, a beautiful compliment; but for a pun—*Ο Καστανάϊζος*!]

**TYPHUS FEVER.**—The Medical Record reports thirteen deaths from this disease among the inmates of the Albany penitentiary. Of the one thousand and seventy-five persons in the prison, one tenth have suffered with typhus during the last six weeks.

**POISONOUS PROPERTIES OF OIL OF SASSAFRAS.**—Dr. Charles Hill mentions a case of poisoning of a man, and also gives the results of his experiments on animals, showing that oil of sassafras may be regarded as a violent poison.

**A PAIR OF CENTENARIANS.**—Mrs. Brogan, of Derrygonnelly, died a few weeks since at the age of one hundred and five years. Her husband, though nearly one hundred years of age, was able to attend on foot his wife's funeral.

**A FATAL CASE OF PEMPHIGUS.**—Dr. T. G. Parrot, in the British Medical Journal, reports a fatal case of pemphigus in a colored man, thirty-three years of age. The palms of the hands and soles of the feet were free from bullæ.

**TELEPHONES FOR THE SICK-CHAMBER.**—A London firm has devised a telephone by which persons suffering from contagious disorders may safely communicate with their friends.

**SMALLPOX** is said to be alarmingly prevalent in Chicago.

**ITCHING OF JAUNDICE.**—A correspondent of the London Lancet writes:

For this distressing complaint I have used hypodermic injections of pilocarpine in doses of one tenth of a grain. The immediate effect is to intensify the suffering; but when diaphoresis occurs, relief is rapidly obtained, and lasts from twenty-four to thirty-six hours. It is sometimes advisable to give the patient a little brandy before injecting the pilocarpine.

**THE UPFLYING UTERUS.**—Dr. W. Wijayesakere says: The native Singhalese, of Ceylon, believe that the uterus flies upward just after parturition. When a child is born, the midwife winds the cord around her index finger and holds it with a tight grip to prevent the womb from ascending into the chest and stopping the woman's respiration.

**CREMATION.**—A petition has been presented by a member of the German Reichstag in favor of the introduction of optional cremation. The petition bears over 23,000 signatures, tendered in various towns and cities of the empire, among them being those of 1,942 physicians, 1,046 lawyers, 849 professors and teachers, 361 women, and 13 clergymen.

The Detroit Lancet has enlarged its forms and dropped the word Detroit from its title. It will hereafter be known as the American Lancet. It is to continue its work under the able editorial management of Dr. Laertus Connor. The January number is replete with valuable matter. It is a beautiful sample of press-work.

The Birmingham Medical Review, on New-year's day, introduced a junior editor, Dr. Arthur Foxwell, to its readers. The senior editor, Dr. Saundby, who has, without help, so long and ably conducted the journal, continues his work.

PASTEUR has never taken the medical degree, and is not legally entitled to practice medicine in France.

THE successor to the late Prof. Robin is announced to be Dr. Mathias Duval.

DR. JOHN DICKSON, one of the oldest and most prominent physicians, of Pittsburgh, Pa., died on January 8th, from the effects of injuries sustained by a fall some months ago.

MR. ERICHSEN was defeated in his recent essay to find a seat in Parliament as the representative of the Universities of Edinburgh and St. Andrew's.

THE common carotid artery has been successfully ligated by Dr. Horace A. Sherwood, of New York, for the relief of traumatic aneurism.

**CHOLERA STILL ACTIVE.**—As late as December 15th, cholera was reported still present in certain districts of Italy.

THE author of "Roscoe's Chemistry" has entered Parliament as Sir Henry Roscoe.

PEPPER'S SYSTEM OF MEDICINE is now undergoing translation into Italian.

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### Army and Navy Medical Intelligence.

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**OFFICIAL LIST** of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from January 3, 1886, to January 9, 1886:

*Colonel Thomas A. McParlen*, Surgeon, now awaiting orders in New York City, ordered for assignment to duty as Medical Director, Department of the Platte, on January 24, 1886. (S. O. 5, A. G. O., January 7, 1886.) *Major Charles E. Goddard*, Surgeon, died at Ft. Yates, D. T., January 4, 1886. *Captain Curtis E. Mann*, Assistant Surgeon, ordered from Department East to Department Columbia. *Captain William C. Shannon*, Assistant Surgeon, ordered from Department Platte to Department East. (S. O. 4, A. G. O., January 6, 1886.) *First Lieutenant W. D. McCaw*, Assistant Surgeon, relieved from duty at Ft. Lyon, Col., and ordered for duty at Fort Leavenworth, Kansas. (S. O. 1, Department Missouri, January 4, 1886.)

*Lieutenant-Colonel Ebenezer Swift*, U. S. Army (retired), died near Hamilton, Bermuda, December 24, 1885.

**OFFICIAL LIST** of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the two weeks ended January 16, 1886:

*Sawtelle, H. W.*, Surgeon, to proceed to Ft. Angles and Washington, California, as inspector, January, 1886. *Godfrey, John*, Surgeon, to proceed to Chattanooga, Tennessee, Rome, Georgia, as inspector, January 8, 1885.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. I.  
[NEW SERIES.]

LOUISVILLE, KY., FEBRUARY 6, 1886.

No. 3.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### A CASE OF PROLONGED GESTATION.\*

BY STEELE BAILEY, M. D.

A recent experience in a case of tardy labor, which ultimately became a pathological one, may be of interest sufficient to justify a detailed report. Mrs. Blank, a primipara, twenty-four years of age, was taken in labor early in the afternoon of December 30, 1885, but did not think it necessary to send for her physician until toward nightfall. When he arrived he made an examination, and found the pains not "good," as had been reported, but only a feeble measure of uterine contraction, sufficient, however, to cause some degree of physical suffering. The pains were irregular and of short duration. The cervix was tense and rigid. He gave morphine hypodermically, which quieted his patient for two hours.

By 10 o'clock at night labor seemed progressing favorably, the pains possessing a markedly expulsive character, and inspiring hopes of a speedy termination. Her calls for relief induced him to administer chloroform during uterine contractions; this he continued for an hour or more. The patient being sensitive, he abstained from touching for some time. When he resorted to this measure, he was astonished to find the cervix, which had been dilating favorably, rigid and all advance arrested. The amniotic fluid had escaped, in fact was still escaping, and the uterus tightly

closed upon its contents, while the only indications of contraction were a hardening of the womb at short intervals. Recognizing the condition to be an unusual one, he asked for counsel. The consultant arrived, and upon investigating the case, advised, after evacuation of the bowels and bladder and the administration by enema of a dose of chloral, that it be left to nature. By next morning, labor being no nearer termination than on the day before, the family requested that the writer be sent for. I reached the bedside in the forenoon. By the doctors I was told it was a slow labor, and still in the first stage; that the woman was in good condition; that the tediousness resulted from rigidity of the os and cervix and to a redundancy of the liquor amnii, which had been escaping at each uterine contraction since their arrival the day before. I found the patient a large, fat woman, who was not suffering especially from fatigue; there was no fever or other bad symptoms. The pains were irregular, feeble, and did not influence the os. There appeared to be uterine insufficiency, which seemed to be less dependent upon the state of the lower part of the pelvic canal than defective action in the abdominal muscles; the thick layer of fat in the walls of the belly paralyzing to a certain extent the synergic action of these muscles and thus depriving the uterus of the aid which they habitually render. As the patient had slept but little, and had begun to complain of fatigue, I suggested morphine hypodermically in the lumbar region, that she have a hot toddy, and the application, as an oxytocic, of hot mush poultices over the fundus, to be frequently renewed. I kept my finger within the os, which was thick, soft, and edematous, for a time, to see if I could discover the cause of difficulty and also to note, if any, the effect of the hot poultices.

\*Read before the Central Kentucky Medical Association at Danville, January 20, 1886.

I discovered a preternatural tenseness in the cervical muscular fibers, with absence of the lubricating and softening mucoid secretion, although the waters were leaking at each pain. This I considered the difficulty. A warm sitz-bath was recommended, while in my mind's eye incision of the cervix seemed a probable resort. Belladonna has been used in just such an emergency; atropia will dilate the pupil infallibly, yet it is not so with the os uteri. Barnes' dilators would have been the measure of relief par excellence. I could not think why there should be such a redundancy of liquor, unless there was an inflamed state of the amnion; but to this I was indifferent, knowing it to be consistent with both maternal and fetal health. It was now 3 P. M., the pains seemed promising, though griping and sharp, but there was a long and uncertain interval between them. The patient was in good spirits, and to hasten contractions, a cup of stimulating tea was given, with an occasional whiff of chloroform. By 5 o'clock P. M., the second stage of labor arrived, the head having passed through the os uteri. The pains were frequent, but without desired force; the patient grew restive, had some nausea, the vagina being hot, dry, and swollen. The diagnosis was now fully made. Head, of large size, was presenting in its greatest diameter.

The hot bath proved useful; chloroform was given sparingly to enable her to employ the potent factor of voluntary aid. Her will was good, the food and spirits having given her strength. The pains were regular and forcible, and every thing seemed auspicious. The position of the fetal head, after it entered the brim, was the right occipito-sacro-iliac; that is, the head was lying in the right oblique diameter of the pelvis and directed backward, with the occiput pointing to the right sacro-iliac-synchondrosis, the forehead to the left foramen ovale. A most difficult position; for, to be delivered in this position, the occiput must rotate forward along the right side of the pelvis, until, as Playfair says, it comes to lie almost in the antero-posterior diameter of the outlet, and passes under the pubic arch, the forehead passing over the perineum. The head was extremely flexed. A serious question was, when

will rotation take place? Before this can be done the chin must flex on the sternum. We waited, but the result was unsatisfactory; the remedies indicated were ergot and the forceps. The anterior fontanelle was within easy reach of the finger, the contractions pushing down the occiput, the sinciput fixed behind the pubes, which, obviously it could not pass under as does the occiput in the first left occipitocotyloid position. The perineum was enormously distended by the back part of the head, which was eventually expelled, the expelling force acting on the forehead and producing rotation of the head on its transverse axis, protruding the face and head. A finger slipped in brought down first one arm, then the other; but now the fatal difficulty was in front of us. The body, with bearing-down pains, voluntary and uterine, did not and would not follow, and there it remained for many minutes; at length, however, it was expelled, and the after-birth quickly followed. The fetus which met our gaze was simply enormous, the scales and tape showing it to be thirty-three inches in length and weighing seventeen pounds, naked. The vagina had grasped it with a vise-like grip, and while lingering there it died.

To me this is a most interesting case, though I may not have made it so to others in this hastily prepared sketch. First, and to summarize: It was a labor which had taxed the doctor's wits; abnormal from the beginning, though not regarded as such, and continued beyond the period of safety to mother and child; happily, however, the mother did well. The pains during the first stage (which lasted forty hours) were very irregular, short, cramp-like, occasioning intense suffering; the cervix was tense and unyielding as a cord; to this the delay was first attributed; then, after an uncertain interval, it became soft and yielding, when labor progressed favorably for a while; it then again became rigid, and the sufferings were enhanced and all advance arrested. This transformation, according to Lusk, is not to be accounted for by a spasm of the circular fibers of the os, but is the result of secondary changes in the action of the uterus itself. It is a physiological fact that the uterus is endowed not only with contractility, but with retractile



powers, as is shown by the organ closing upon its contents after the escape of the amniotic liquor. Normally, retractility is a beneficent phenomenon, but, where the cervix dilates slowly *from any cause*, the uterus retracts upon the fetus, investing it as closely as the skin of an orange. Another form of irregularity in this case was a redundancy of the amniotic liquor with a premature rupture of the membranes, and in spite of this redundancy there was no mucoid secretion to facilitate the escape of the fetus. Normally, the gradual closure of the uterus upon the fetus leads to the formation of the "bag of waters;" in this instance no bag formed; owing to the head being applied too closely to the lower zone of the womb, the head had to do the work of dilatation instead of the more suitable wedge, the bag of waters. There was no obliquity of the uterus; there was inadequacy of the secondary, expiratory or voluntary force from too much fat in the abdominal walls; there was no contraction in any diameter of the pelvis; but the unusual size of the fetal head, its unusual position and presentation, with extreme size of the fetal body, caused the labor to reach a pathological degree of intensity.

Another point. Is protraction of gestation possible?

Our patient, Mrs. Blank, is the wife of an officer of the United States Army, and he is of opinion that her period of gestation extended beyond, by thirty days or more, the regular period. The beginning of the wife's last menstruation was on the 1st of March, 1885. She came to her father's home, accompanied by her husband, the 10th of November, expecting to be confined in this month or the first of December. He remained twenty days, labor not coming on and his leave of absence expiring, he left for his post. Quickening is usually felt at four or four and a half months—it is not a *reliable* guide, however. This Mrs. B. had perceptibly about the middle of July. She remembers this time vividly. Her husband corroborates these statements *in toto*. If 280 days or ten lunar months be the time of utero-gestation, she should have been confined the last of November or December 1st. This was not the case, for she fell sick December 30th and was de-

livered January 2, 1886, of a fetus whose dimensions were greater than any at whose birth I have officiated.

STANFORD, KY.

## ON THE CAUSE OF HEAD PRESENTATIONS.

BY D. T. SMITH, M. D.

From the earliest recorded history of medicine, a question of curious interest has been the cause which determines in the great majority of cases the presentation of the fetal head at birth.

Hippocrates taught that, during the earlier months of pregnancy, the fetus maintained a sitting posture, with the head uppermost; but that, in the seventh month, it instinctively and voluntarily reversed this position.

Aristotle believed that head presentations were the result of the action of gravity alone; and, notwithstanding Dubois' well-known experiment with the fetus placed in a vessel of water, when it was found that the back and right shoulder, and not the head, sank first to the bottom, the gravity theory still has many active advocates.

Dubois held that head presentations were such by reason of voluntary instinctive movements on the part of the fetus designed to bring it into that position best adapted to intra-uterine domicile and for parturition. Besides the experiment of Dubois, there are many other facts going to prove the incorrectness of the gravitation theory.

Dr. Collins (London Lancet, September, 1856) has shown, from birth statistics of 15,000 living children, that one in 57 presented preternaturally; of 500 dead, one in five presented preternaturally. Dubois also showed that, in births before the sixth month, 52 per cent are head presentations; during the seventh month, 68 per cent; in the eighth and ninth month, 76 per cent; while they amount to 96 per cent at full term. Further, of children born living in the seventh month, 83 per cent presented the head, and of those born dead 55 per cent. Now, since any change in the child as a result of death or commencing decomposition would tend to make the body relatively

lighter, if gravity alone acted, the head in the dead children would present more uniformly than in the living. In a collection of cases by Keith, it appeared that in hydrocephalic children, one in six presents preternaturally, while as just stated, one in 57 is the rule in normal cases. To this it was objected by Simpson, that, as the increased bulk of the head in such cases consists of water, the weight is not increased in proportion to size. The objection, however, does not apply; for the water within the cranium will at least balance that displaced, and leave any excess of gravity the head might possess still in operation.

Simpson agreed with Dubois in ascribing cephalic presentations to adaptative fetal movements; but in place of the instinctive voluntary movements of Dubois he substituted a theory based upon the doctrines of reflex action, developed by Marshall Hall. Thus, according to Simpson, the frequency of malpositions during the first six months of pregnancy is to be explained by taking into account the spheroidal shape of the uterine cavity, which allows of unrestrained fetal movements. In the latter months, however, as the uterus assumes a shape more ovoid, it is only when the child is situated in the uterus, with the head lowest, that a physical adaptation exists between fetus and uterus. If from any cause, therefore, a deviation from this, the normal position, takes place, the pressure upon the cutaneous surface of the child by the uterine wall will give rise to excito-motory movements of an adaptative kind calculated to restore the disturbed position.

Duncan and Veit, not satisfied with either Dubois' or Simpson's explanation, made some further experiments, and succeeded in partly reviving the gravitation theory, by showing that notwithstanding Dubois' experiments, the center of gravity lies much nearer the cephalic than the pelvic extremity of the child. They found that a fresh fetus, immersed in a saline fluid of slightly less specific gravity, in place of sinking upon its back or side to the bottom of the vessel, assumes an oblique direction in the fluid, with the right shoulder looking downward; whereupon they concluded that the fetus, lying upon the inclined plane furnished by the

uterine wall, would naturally assume a similar position were no other forces in operation to interfere.

Cazeaux, Crede, Kristeller, and Braxton Hicks believe that the pregnant uterus by its contractions, adapts the position of the fetus to its form. Schatz, who in this line of physics perhaps stands second to no one, declares, after weighing all the evidence, that the primordial cause of head presentations is not now known.

The experiments of Dubois, as well as those of Veit and Duncan, would have been more satisfactory in their lesson if we were assured that they were made with the fetus in the same attitude as to position of limbs, curvature of body, etc., that it observes in the uterus. But admitting that the experiments made by Duncan and Veit were the more accurate and correct, or that even greater preponderance of weight were found to belong to the cephalic extremity than their experiments show, how are we to account for the fact that the young of animals also very uniformly present the head at the pelvic outlet? Clearly, a satisfactory theory must embrace both classes of phenomena. Such a theory we propose to state and attempt to establish.

*The presentation of the head of mammalian young at birth is determined by the effect which natural swimming movements have upon the position respectively of men and animals in water, in connection with the changes of form which the uterus undergoes during pregnancy.*

If a man folds his arms while in deep water and makes natural movements with his legs, he will urge himself head foremost toward the bottom. If one of the lower animals be thrown into the water, it will be lifted upward by its natural walking movements and will swim instinctively. Now, the human fetus may reasonably be supposed, from the position and state of development of its arms, to use the legs almost exclusively in its movements. The young animal, then, in utero swims upward to the outlet, and the human fetus swims downward to the outlet.

During the first three months one presentation is as likely as another. During the second three months the motions of the fetus will cause the head to present while such motions



are continuing, but, as at that time the uterus is spheroidal, the head will be easily and often displaced, and transverse or breech presentations will frequently, though not in the majority of cases, occur. After the sixth month, when the uterus has assumed an oval or conical shape, with the narrow end downward, whenever the fetal head is placed at that extremity, all the forces in operation will tend to keep it there; but, on the other hand, as long as the breech is presenting at the os, the motions of the legs will tend to remove it; for, as the thighs are flexed full upon the abdomen, every extension of the legs will increase the diameter of that end of the fetal ovoid, and necessarily tend to lift it out of the conical lower segment of the uterus. After the breech has been turned toward the fundus and the head to the os, the greater width of the upper part of the uterine cavity and the fact of its elevation above the fetal extremities will allow exactly the opportunities for the diving or downward swimming effects that have been described as resulting from the movements of the legs alone.

In this way it will result that head presentations will at least largely predominate even with those mothers who, from any cause, maintain the horizontal position during gestation.

It is doubtless true, as suggested by Duncan and others, that in cases of hydrocephalic children it is more difficult for the head to engage in the pelvic strait during labor, and that from this cause a certain number of preternatural presentations will result. But the great weakness of such children reducing their intra-uterine movements to the minimum, is a circumstance that will exert a much larger influence.

The part of the fetal ovoid corresponding with its posterior plane will have greater specific gravity than that of the anterior plane, and will therefore adapt itself to the anterior surface of the uterus, which naturally occupies the lower position, and a tendency will be acquired to present by the vertex. And since the upper part of the rectum occupies a position to the left of the middle of the vertebral column, the face of the fetus is thrown to the right of the column, and the occiput correspondingly turned to the left side of the mother.

It is easy to see that if normal pregnancy lasted only six months instead of nine, natural selection would necessitate the change of the uterus to the ovoid form at a much earlier stage than now occurs.

LOUISVILLE, KY.

### RUPTURE OF THE UTERUS; A CASE.

BY J. A. SHIRLY, M. D.

B. T., a negro, thirty-eight years old, the mother of nine children, the youngest only seventeen months old, was taken in labor October 11, 1885. Saw her at 6 P.M. Patient well developed, functions in good condition, bowels just moved. Os soft, dilated about an inch. Vertex presentation, first position. Pains light and at long intervals. Left, with directions to be called when pains became severe. Was summoned at 1 o'clock the next day. Strong pains were then occurring every fifteen minutes; membranes ruptured and cord prolapsed some five or six inches; head fully engaged, os dilated almost completely; pains continued strong, the interval between them increasing until at the end of three hours, at which time, in spite of the efforts to replace the cord or protect it, the fetal heart ceased to be heard, and the fetus was pronounced dead; head had descended almost to pelvic floor. At patient's earnest request we made ready to deliver by forceps, and only waited for the descent to be complete to apply them, when, while holding my hand on the fundus during what seemed a moderate pain, something appeared to give way immediately beneath my hand. The patient at the same moment made complaint of extreme pain along the right front wall of the uterus.

On introducing my hand into the vagina, I was unable to find either the cord or the child's head. All pains ceased at once, the pulse rose to 120, in half hour to 140, and became small and wiry. The patient was cool and faint, and complained of great tightness across the abdomen. Palpation at the abdomen revealed the child seemingly just beneath its walls, through which its outlines could readily be detected, though the walls were very thick.

I at once called in my friend, Dr. E. B. Rich-

ardson, who, however, did not arrive till 9 o'clock P.M. I now passed my hand, well oiled, into the vagina, when it came in contact with a large rent in what seemed to be the right lateral wall of the canal. Following the opening, I made search for the child, but without avail, though I passed my arm in almost to the elbow. Dr. Richardson made a like attempt with a like result. We at once proposed abdominal section. This being flatly refused, we were compelled to leave the case to opium and the inevitable. The latter ensued at midnight, about eleven hours after the accident. Fourteen hours later post-mortem was made in presence of Drs. Richardson and Mason. Body somewhat puffed; offensive discharge oozing from nostrils and mouth. On dividing the abdominal walls, the child and placenta (detached) were found immediately beneath and floating on the small intestines. Large blood coagula and serum were found in the cavity; peritoneum much injected throughout. The right anterior surface of the uterus presented a ghastly ragged rent, six inches long, reaching from one and a half inches above the os to within three inches of the fundus. It did not, as we had supposed, extend into the vagina. The fundus above the rent was firmly contracted, feeling much as a contracted os soon after a normal labor. The uterus seemed to have undergone fatty degeneration throughout, and was much softened, it being possible to penetrate the substance of the organ by the finger with but little effort.

The child, a male, weighed between nine and ten pounds. Its head was particularly firm and solid.

It is hardly necessary to add that, could we have foreseen what happened, we might have prevented the accident by an early application of the forceps.

MT. STERLING, KY.

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A GOOD HINT.—“Are you having much practice now?” asked an old doctor of a young beginner. “Yes, sir; a great deal, thank you.” “Ah, I am glad to hear it. In what line is your practice particularly?” “Well, sir, particularly in economy.”

## TYPHOID FEVER.\*

BY JOHN B. RICHARDSON, M. D.

Dr. William Stokes, in contrasting typhoid or enteric fever with typhus fever, remarks, “Fever has been somewhat arbitrarily divided into two classes, or placed under two great heads, *typhus* and *typhoid*; the former is regarded as being the more dangerous form of the disease, but I am by no means convinced that this opinion is correct,” etc.

Typhoid, enteric or pythogenic fever owes its cause to the emanations from putrid matter. Budd holds that it is produced by exposure to contagious matter contained in the evacuations of patients suffering from the affection—the matter being introduced into the system either through the medium of the air or by means of contaminated drinking-water.

That typhoid fever is contagious in the full sense of that term I do not believe; it unquestionably often prevails as an epidemic. It may exist without diarrhea, rose spots, or any of the so-called pathognomonic symptoms. There is, perhaps, not a person present who has not seen cases where the only symptoms present were the continued fever with exacerbations in the evening—possibly in the morning—iliac tenderness slight, or practically absent, little mental disturbance, epistaxis only at the end of the second week—possibly not at all. Few will deny that it is a self-limited disease, and that, under such management and care as saves from exhaustion, recovery usually takes place. Writers certainly draw most graphic pictures of typhoid fever, but how widely they differ among themselves, and how often does the disease differ from the book descriptions of it.

As my experience extends, I am the more convinced that to paint as an artist does upon his canvas a perfect picture of a disease is an impossibility on the part even of a Watson, who was the Ruskin of our profession. The painstaking bedside experience of the physician is essential to the full and proper appreciation of both its usual symptoms and their numerous variations and combinations.

Stokes' definition of fever is, “A condition without any known or necessary local anatomi-

\* Read before the Louisville Medico-Chirurgical Society.



cal change, during the existence of which condition a major number and sometimes *all* the physical functions are either modified or intermitted in a greater or less degree, and this, as just remarked, probably without the co-existence of any local anatomical change." Fever does not stand in the relation of cause of the organic changes concomitant with it, but as Stokes holds, I believe, is rather the generator and governor of those affections, or, in other words, in certain forms of fever you have *secondary* local manifestations of disease; for example, the pustular eruption of the dermis in variola, intestinal ulceration in enteric fever, bronchial congestion in typhus fever, etc. On the contrary, it is equally true that the "same group of morbid actions (the heat of skin, the excited circulation, the lassitude, and the altered secretions of a fever) recognized as fever is often consequent upon some strictly local malady; but here the fever is a symptom, and does not constitute the only obvious affection." (DaCosta).

The view that fever is the generator and governor of the local anatomical changes is corroborated by the want of constancy in either the degree of severity or regularity of appearance of what are termed the secondary changes, they being entirely incompetent to explain the phenomena of the disease under consideration or its protean forms as observed in practice.

If the fever, *per se*, result from the local pathological conditions, how can we account for those cases of typhoid fever in which, from their incipency to their close, we can not by the most careful and critical investigation discover any local changes, yet the fever runs its usual periodical tour? In a word, then, the want of constancy of the local conditions militate greatly against the view of the fever bearing a resultant relation to the local changes, not only as to date of appearance, but also as to their symptoms, intensity, and their disappearance, and fail entirely to account for the phenomena of the disease.

In a succinct description of typhoid fever by DaCosta, he says: "In this country and on the Continent of Europe a form of continued fever largely prevails, marked by great prostration and disturbance of the nervous

system and, unlike most essential fevers, by constant and appreciable anatomical lesions. To this disease the various designations of typhoid fever, enteric fever, entero-mesenteric fever, nervous fever, and abdominal typhus, have been applied. The disorder either attacks individuals singly, or shows itself as an epidemic. It occurs at all seasons of the year; but in this country, at least, is most frequent in autumn."

"The distemper may set in suddenly, but more generally it has an insidious beginning. For some days preceding the access of fever the patient feels weak and out of spirits. He is listless and without animation, and his countenance fully expresses his languor. He complains of soreness and fatigue, of dull pains in the head, of loss of appetite. His sleep is unsound, all exertion is wearisome. He is sick; something is evidently weakening his nervous energies. A fever now appears, preceded mostly by a chill, or, at all events, by chilly sensations, which alternate with flushes of heat. The muscular prostration accompanying the febrile movement is so great that the patient is obliged to seek his bed. His appetite is entirely gone, the tongue coated, the bowels loose, the abdomen somewhat swollen and tender to the touch. On close inspection a few reddish spots, resembling flea-bites, are found on its surface.

"The malady has now completed its *first* week. It enters the second week with fever unabated and with signs of disturbance of the alimentary tract and of the nervous system more and more unmistakably. There is sometimes nausea or epigastric distress and tympanites, often pain in the right iliac fossa, increased by pressure. The tongue dries and becomes reddish or brownish; the gums and teeth are covered with dark crusts; the mind is dull and wandering; cough and great restlessness exist; the debility is extreme.

"The disease now begins to draw to its close. It has reached the third week, and a change for better or for worse may be looked for. Slowly recovery sets in, marked by a brightening of the countenance and a gradual increase in consciousness and strength; or deepening insensibility, jerking of the tendons, feeble pulse, and cold, clammy sweats indicate that dissolution is fast approaching."

Liebermeister claims typhoid fever is a specific fever, having a specific and characteristic history, is due to a specific poison, and requires a specific treatment. Most of the more prominent European writers upon this subject describe it, first having a typical range of temperature, its rise being gradual during the first week, retaining an even line of temperature during the second septenary period, its range being remittent during the third week, and an intermittent temperature during the fourth week of its history. As regards its eruptive feature, this appears between the sixth and tenth days of the fever, each spot remaining visible for three days, then disappearing. Then another crop appears, and so on to the end of the eruptive period, which may continue for two weeks, or, on the other hand, a single crop alone may present itself, and the third characteristic, diarrhea, with its peculiar "pea-soup" discharges, will show itself some time during the existence of the fever.

The contrast between the description of the disease as given by most European writers and that given by Stokes and DaCosta is so striking as naturally to lead one to ask, has typhoid fever so changed in its essential features since the first and last of the descriptions quoted were written as to justify the difference, or do its symptoms actually vary in different countries?

Diarrhea being present in one case and constipation in another case of this fever, Jenner suggested, may be due to superficial or deep ulceration of one or more of Peyer's patches. Large superficial ulcers produce a catarrhal inflammation of the mucous membrane, and this results in diarrhea, whereas a single deep ulcer may produce partial or complete paralysis of the gut, and thus give rise to constipation.

The prognosis, at least when made early in the course of an attack, is much more grave, other things being equal, in persons of a highly wrought nervous organization than in those of an opposite character. I recall, as an instance of this, the case of an intellectual and highly accomplished lady, in whom heart asthenia was, during the whole course of the disease, the weakest link in the morbid chain; the fever,

with its evening exacerbations, slight iliac tenderness, and a few trivial vagaries, being practically the only other symptoms present.

I am one of those who believe that if the sources of any outbreak of the fever were thoroughly investigated it would not be difficult to show that too much stress is often placed on the power of sanitary measures to prevent it. Certainly, it happens that localities which, by reason of their unsanitary surroundings, would seem to actually invite the development and spread of the affection, do so often escape that it seems to me illogical to hold that typhoid fever has but a single cause: "Though the researches of Murchison and Sir William Jenner go far to connect what has been called typhoid or enteric fever with the existence of noxious emanations of human excreta, other weighty questions remain." In our efforts to detect the cause of this disease, at least, we should, as I have said, not act on the hypothesis that it always arises from a single cause, but the rather attempt to find and remove the many causes which in the nature of things so often co-operate in its development and extension.

While, however, our actual knowledge of the causes of typhoid fever and many other diseases is comparatively so small, yet we know that pure water, perfect ventilation, adequate drainage, and pure air are powerful agents in enabling us to stamp them out.

I will close here with the record of the temperature and pulse-rate of a case of peculiar interest to me, because of the subject being my own son, aged nearly nine years, and also as going to show the latency and insidiousness of the affection. It will further help to strengthen a point I attempted to make in another part of this paper.

The boy was observed to be feverish on the 28th day of October, 1884, and went to bed complaining. The fever was considered malarial, and he had the usual treatment, but the next day he gave up and took to bed. On the evening of that day his temperature was 103°, pulse 116. It is proper to remark that he had at no time any regular evening, or, as is exceptionally the case, morning exacerbation of temperature; cough very slight, no epistaxis, no diarrhea; a few sudamina only on abdomen the



tenth or twelfth day, slight iliac tenderness and gurgling and fullness, but not marked, over the whole abdomen.

October 29th, 8 P. M., t.  $103^{\circ}$ , p. 116. 30th, 8 A. M., t.  $103.5^{\circ}$ , p. 112; 12:45 P. M., t.  $103.2^{\circ}$ , p. 116; 4 P. M., t.  $103.2^{\circ}$ , p. 116; 9 P. M., t.  $100.8^{\circ}$ , p. 116. 31st, 8:30 A. M., t.  $103.6^{\circ}$ , p. 112; 1:30 P. M., t.  $104.2^{\circ}$ , p. 116; 5 P. M., t.  $104^{\circ}$ , p. 108; 10:45 P. M., t.  $103^{\circ}$ , p. 112. November 1st, 8:45 A. M., t.  $102^{\circ}$ , p. 108; 2:30 P. M., t.  $102.2^{\circ}$ , p. 116; 7:30 P. M., t.  $103.8^{\circ}$ , p. 116; 8:30 P. M., t.  $102.2^{\circ}$ , p. 116-118. 2d, 8 A. M., t.  $102^{\circ}$ , p. 106-108; 1:15 P. M., t.  $102.4^{\circ}$ , p. 112; 7:10 P. M., t.  $102.6^{\circ}$ , p. 112. 3d, 7:30 A. M., t.  $102.2^{\circ}$ , p. 104-106; 1:30 P. M., t.  $102.5$ , p. 110; 8:45 P. M., t.  $102.6^{\circ}$ , p. 108-110. 4th, 7:45 A. M., t.  $102.5^{\circ}$ , p. 112; 1:30 P. M., t.  $102.5^{\circ}$ , p. 106; 7 P. M., t.  $103.2^{\circ}$ , p. 108-110. 5th, 8 A. M., t.  $102.6^{\circ}$ , p. 104; 1:30 P. M., t.  $102.8^{\circ}$ , p. 110-112; 7:45 P. M., t.  $103.4^{\circ}$ , p. 108. 6th, 8:45 A. M., t.  $104.2^{\circ}$ , p. 118-120; 1:30 P. M., t.  $103.2^{\circ}$ , p. 112; 7:30 P. M., t.  $103^{\circ}$ , p. 108. 7th, 8:10 A. M., t.  $101.4^{\circ}$ , p. 100-102; 1:45 P. M., t.  $103.4^{\circ}$ , p. 100-104; 7:15 P. M., t.  $102.2^{\circ}$ , p. 104-108. 8th, 8 A. M., t.  $100.8^{\circ}$ , p. 100-102; 1:45 P. M., t.  $103^{\circ}$ , p. 108-112; 7:15 P. M., t.  $102.2^{\circ}$ , p. 104-108. 9th, 8:30 A. M., t.  $100^{\circ}$ , p. 96; 2 P. M., t.  $103.1^{\circ}$ , p. 112; 7 P. M., t.  $102.2^{\circ}$ , p. 104. 10th, 9 A. M., t.  $99.8^{\circ}$ , p. 92; 2:15 P. M., t.  $101.6^{\circ}$ , p. 104-108; 7:10 P. M., t.  $102.4^{\circ}$ , p. 104. 11th, 8:30 A. M., t.  $99.8^{\circ}$ , p. 100; 1:50 P. M., t.  $100^{\circ}$ , p. 88; 7:30 P. M., t.  $100.8^{\circ}$ , p. 96. 12th, 9:10 A. M., t.  $98.6^{\circ}$ , p. 108; 2 P. M., t.  $98.4^{\circ}$ , p. normal, 96; 7:30 P. M., t.  $100^{\circ}$ , p. 96. 13th, 9:30 A. M., t.  $98.4^{\circ}$ ; 2 P. M., t.  $97.4^{\circ}$ , p. 88.

LOUISVILLE, KY.

**A NEW CAUSTIC.**—Dr. Arthur Mathewson reports a case of cure of epithelioma of the eyelid by the local application of benzole and calomel. The advantages claimed for this method of treatment over that by the use of most other caustics are that the pain is slight and brief, and that while these agents seem to exert a solvent action on the imperfectly organized morbid tissues the adjacent sound tissues are able to resist this action and protect themselves against any tendency to dangerous sloughing.

## Reviews and Bibliography.

**Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States, for 1885.** pp. 172. Washington, D. C.

Through the agency of the Marine Hospital Service the profession is placed in possession of perhaps the best body of disease statistics available in this country, and the work done in this direction under the supervision of Surgeon-General Hamilton will compare favorably with that of any of his predecessors in office.

Dr. Guitéras reports, in the volume before us, a number of cases of what Dr. Woodward unfortunately called typho-malarial fever. In Dr. Guitéras' opinion the disease is neither a form of typhoid nor of malarial fever, but is of purely nervous origin. He shows that in tropical countries there is great difficulty in distinguishing the affection from yellow fever. In view of its origin and symptoms he proposes that it be called "thermic fever." But as this term is already applied to sun-stroke, it is not likely, even if there were no other reason, that it will be adopted. He gives the wet-pack and quinine the first place as remedial agents.

Dr. A. D. Bevan, A. S., reports a case of resection of one and one fourth inches of the ulnar nerve and suture of the divided ends, with full restoration of function.

W. A. Wheeler, P. A. S., reports a case of hernia in which, taxis having failed to secure reduction, the sac was opened and its contents returned, after which the sac was tied with catgut, the redundant portion removed, the pedicle placed between the pillars of the ring and the canal closed with deep sutures of catgut, base ball stitch, the object being to fix the stump as a plug in the canal. Recovery was rapid, a firm cicatrix remaining.

Through fortune or good management, or both, Surgeon Hamilton has been saved the task of reporting any serious epidemics, a happy circumstance, which it is to be hoped may be noted in succeeding editions. The volume abounds in reports of cases, and as a whole is instructive.

D. T. S.

**Lectures on Syphilis.** Delivered at the Chicago College of Physicians and Surgeons. By G. FRANK LYDSTON, M. D., Late Resident Surgeon at Charity Hospital, and at State Emigration Refuge and Hospital, New York City, etc. Chicago: A. M. Wood & Company, Publishers, 104 Madison Street. 1885.

These lectures, now gathered in book form, originally appeared in the *Western Medical Reporter*. They were delivered by a gentleman who had the best opportunities to master the subject of which he spoke. He evidently prepared them with care. His principal aim seems to have been to present a plain and practical idea of the subject of syphilis as taught by the best syphilographers. Such original points as the author himself adds relate exclusively to treatment, and are the result of his clinical experience in hospital and dispensary. He regards the views of the distinguished syphilographer, Fessenden Otis, as affording the best explanation of the pathological phenomena of the affection, and he presents them succinctly and with real clearness. When a second edition of the little volume is called for, and that we predict will be soon, the author could advantageously remodel the chapter on treatment, and by omitting much on the dangers of mercury, and substituting fuller instructions for the scientific use of the drug, give additional value to his handy and useful work. For sale by John P. Morton & Company. Price, \$1.25.

**Cancer:** A Study of Three Hundred and Ninety-seven Cases of Cancer of the Female Breast, with Clinical Observations. By WILLARD PARKER, M. D. New York and London: G. P. Putnam's Sons. The Knickerbocker Press. 1885.

During his long and active professional life, the author of this work saw nearly four hundred cases of mammary cancer. Of these he kept notes. In the little volume before us, he has attempted to classify and analyze them, and to draw certain practical lessons from them. He devotes a chapter to the doctrine of heredity, the geographical distribution of the disease, the influence of civilization in its production, and a summary of its causes.

Dr. Parker died before putting the finishing touches to the record, but, desiring that the profession should have the benefit of his labors, he wished the work to be published. This the son has done, and very nearly in the form in which his eminent father left it. As the production of a strong, practical mind with abundant opportunity for observation, the work will be read every where by surgeons interested in the study of the distressing affection of which it treats.

**Manuel de Technique des Autopsies.** Par BOURNEVILLE ET BRICON. 16 figures et de 5 plans.

We are told in the preface to this little manual that the object of the author is to arouse attention to the lack of interest in France to autopsies, and to encourage physicians to attempt the renewal of the former French practice of frequent autopsies, and, further, to teach beginners a better method than the present of making post-mortem examinations.

The general plan of the work is patterned after that adopted by Virchow in his medico-legal investigations, for which due credit is given the great German.

Had Mr. Syme lived to see the work of our authors he would have felt that his oft-reiterated condemnation of details had yielded no fruit, at least among his neighbors across the channel, for a book more thoroughly devoted to the minutiae of a subject we have not seen. Nothing, however small, from the knife to the clothing, to the table, to the position, etc., seems to have been omitted. The reader is told what to observe, how to observe—where to look, what to note, and when. In a word, the manual is exhaustive. It is one of the series of *Le Progrès Médicale* Library, Paris.

D. T. S.

**Transactions of the Medical Society of the State of Pennsylvania.** Session, 1885.

Much attention, it seems, has been given by Pennsylvania men to the collective investigation of diseases, but the only report on the subject in the volume before us relates to pneumonia, and here the returns are too few



to justify an extended report. In all, sixty cases of pneumonia were returned. Of these, forty-eight were males with forty-two recoveries and six deaths, and twelve females with ten recoveries and two deaths. Eighteen were total abstainers, with a death-rate of seventeen per cent, and forty temperate, with a death-rate of fifteen per cent. Atmospheric conditions were reported "damp or wet, cold and changeable in thirty-five; dry, cold, and changeable in nine; dry and cold in seven." No facts are reported bearing on the question of the infectiousness of pneumonia, except that in some houses there were two or more cases. The committee is doubtful whether the interest in this mode of studying diseases will justify its continuance beyond the present year.

Among the most important papers in the volume is that of Dr. Henry H. Smith, of Philadelphia, on the "Non-contagiousness of Asiatic Cholera." Dr. Smith denies that any form of microbe has a proved causative relation to cholera; Koch's bacillus as little as the rest.

In conclusion, the author says: "If cholera should visit us this summer, which, judging from its past course, seems very doubtful, it is the duty of every member of the profession to state to his fellow citizens that it is not likely that the epidemic will be as severe as others, through which so many physicians have practiced and *lived* without undue anxiety, thus proving, as Shakespeare has said, that

'Blest are those

Whose blood and judgment are so well commingled,

That they are not a pipe for Fortune's finger

To sound what stop she please.'" D. T. S.

#### **Etudes Cliniques sur les Maladies des Femmes.**

*Par le Dr. HENRI SCHAFIER, Ancien Interne de l'Hopital Rothschild. pp. 276. Paris: G. Steinhil, Editeur. 1886.*

It would be difficult to find in the literature of female diseases a work more entertainingly written, and which, at the same time, gave better proof that the author was thoroughly up with his subject, than this monograph under notice. The work opens with a description of the origin and mechanism of menstruation.

The author essays to prove that the menstrual blood comes from the tubes and ovaries in part, but mainly from the uterus by means of diapidesis, and contends that there is no rupture of capillaries and that no part of the blood comes from the vaginal mucous membrane. He holds the cause of menstruation to lie in the physiological training of the uterus for pregnancy. Thus muscles unused become atrophied, and so do organs generally. Now, as the uterus must supply food and nourishment for the fetus, if it is prepared for the work only after fecundation it would prove unequal to the task. But, by going through the drill exercise of nourishing a fetus every month, it is kept better prepared, and thus by natural selection the menstrual habit is developed. He thinks every menstruation is, in reality, a missed pregnancy. The various diseases of women being treated of from a purely medical stand-point, there is an absence of the surgical and mechanical paraphernalia which so abound in American works on the same subject.

D. T. S.

**A Manual of Operative Surgery.** By LEWIS A. STIMSON, M. D., Professor of Clinical Surgery in the Faculty of the University of the City of New York, etc. Second edition, with 342 illustrations. 16mo, pp. xxiv and 506. Philadelphia: Lea Brothers & Co. 1885.

Nearly every operation in the whole range of surgery, gynecological, ophthalmic, plastic, and general, is at greater or less length referred to in this work. Well written and clear, it can not prove otherwise than popular with both students and practitioners. D. T. S.

**Temperance School Books.** By Henry Leffmann, M. D. Reprint.

**Annual Report of the Central Kentucky Lunatic Asylum, Anchorage, Ky. 1885.**

**Caulk's Dental Annual, January, 1886.** L. D. Caulk, D. D. S., Camden, Del. Price, 25 cents.

**A Treatise on Diseases of Infancy and Childhood.** By J. Lewis Smith, M. D. Sixth edition, thoroughly revised. Octavo, 867 pp., 40 illustrations. Cloth, \$4.50; leather, \$5.50. Philadelphia: Lea Brothers & Company. 1886.

Biennial Report of the Auditor of Public Accounts of Kentucky. Frankfort, Ky: John D. Woods, Public Printer.

An Abstract of the Proceedings of the National Conference of State Boards of Health. Printed for distribution. Bowling Green, Ky. 1885.

*Manuel De Technique Des Autopsies, par Bourneville and P. Bricon. Avec 16 figures et 5 Planches. Librairie Du Paris, Progrès Médical.* 1885.

Diphtheria and its Management. Are Membranous Croup and Diphtheria Distinct Diseases? By Joseph E. Winters, M. D., New York. Reprint.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States, 1885. 8vo, pp. 179, paper. Washington. 1885.

An Experimental and Clinical Study of Air-Embolism. By N. Senn, M. D., Chicago, Ill. From Transactions of the American Surgical Association, Vol. III. 1885.

Clinical Notes on the Local Treatment of Disease, a Record of Practical Therapeutics. Edited by Charles L. Mitchell, M. D. Vol. I, No. 2. Philadelphia. January, 1886.

A Hand Book on the Diseases of the Nervous System. By James Ross, M.D., F.R.C.P., LL.D. Octavo, 726 pp., 184 illustrations. Cloth, \$4.50; leather, \$5.50. Philadelphia: Lea Brothers & Company. 1885.

A Guide to the Practical Examination of the Urine, for the use of Physicians and Students. By James Tyson, M.D., etc. Fifth edition. 12mo, pp. 249. Cloth. Philadelphia: P. Blakiston, Son & Co. 1886. Price, \$1.50.

Sanitary and Statistical Reports of the Surgeon-General of the Navy, for the years 1879, 1880, 1881, 1882, and 1883. Three volumes, 8vo. Hygienic and Medical Reports by Medical Officers of the U. S. Navy. 8vo, pp. 1079. Washington.

The Principles and Practice of Medicine. By the late Charles Hilton Fagge, M.D., F.R.C.P., Physician to and Lecturer on Pathology at Guy's Hospital, etc. Including a section on Cutaneous Diseases. By P. H. Pye-Smith, M.D., F.R.C.P., etc. Chapters on Cardiac Diseases, by Samuel Wilkes, M.D., F.R.S., etc.; and complete indexes, by Robert Edmund Carrington, M.D., etc. Vol. I, royal 8vo, pp. 1040. Cloth. Philadelphia: P. Blakiston, Son & Co. 1886.

SCIENCE MONTHLY. — The publishers of Science ask us to remind our readers not to forget Science in making up their list of periodicals for the year. Much of what is called popular science consists of a reproduction by literary men of the views of scientific workers. Science is an attempt to bring educated persons of all classes directly in contact with scientific men.

Our most popular and widely-read books upon scientific subjects have largely been the work of foreign authors; in the pages of Science one finds week by week the writings of our own scientific men. Science is, in fact, an attempt to give us an American scientific weekly.

THE JOURNAL OF CUTANEOUS AND VENEREAL DISEASES.—We observe with regret that Dr. Piffard has retired from his editorial connection with this sterling publication. The Journal will be continued hereafter by Dr. P. A. Morrow. This is the only publication in the English language devoted to Skin and Venereal Diseases. During the three years of its existence it has won for itself a high reputation for scientific excellence as well as practical utility.

Judging from the handsome appearance of the January number, which is enriched by an admirable chromo-lithograph and a number of well-executed wood-cuts, and the eminently practical character of its contents, this high standard will be maintained in the future. The Journal is published by William Wood & Company, New York City.

## Foreign Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Phenyl-methyl-acetone or acetophenone is the name given to a compound acetone which had already been studied in regard to its physiological properties by Popof and Nencki. The experimenters had shown that this product is transformed in the organism into carbonic and benzoic acids, and that it is finally found in the urine in the state of hippurates. MM. Dujardin-Beaumetz and Bardet have continued these researches, and have found that this substance possesses very intense hypnotic properties. They have, therefore, proposed to substitute for the more complex name mentioned above the simple term "hypnone," which recalls at the same time its properties



and its nature. Administered to an adult in doses of from  $\frac{1}{2}$  to  $1\frac{1}{2}$  grains, mixed with a little glycerine, hypnone determines profound sleep, and in alcoholic subjects its hypnotic properties appear to be superior to those of chloral and of paraldehyde. No inconvenience arises from its administration, except that it gives the breath a disagreeable odor by its elimination through the lungs, which, however, may be overcome by certain pharmaceutical combinations. Seven to fifteen grains of this substance, used subcutaneously in a guinea-pig, caused gradually induced coma, which terminated in death at the end of five or six hours. Injected under the skin of a dog, hypnone does not produce somniferous effects, whatever may be the dose employed. The same is the case when introduced into the stomach; in this latter case the animal always vomits. When, on the contrary, the medicine is injected into the veins it determines profound sleep, which is accompanied by analgesia and anesthesia; but the dose necessary to produce sleep (one gram on an average to a dog) is a toxic dose; the animal never wakes, but dies in from about five to eight hours, and this effect is invariable. At the autopsy, the kidney is found infiltrated with blood and the lungs are studded with apoplectiform patches. Under the influence of injections, considerable modification of the respiratory rhythm and a notable lowering of the arterial pressure are also observed, the beats of the heart becoming extremely feeble. Finally, the local irritative effects produced by hypodermic injections of hypnone would render its use almost impracticable. It is therefore advisable, as with all new drugs, to use this substance with the greatest prudence.

At a debate which took place on this subject at a recent meeting of the Société de Thérapeutique, Dr. Dujardin-Beaumetz and other members fixed the dose of hypnone at six or eight drops, to be taken at once; and, in order to prevent its irritating the stomach, to be administered in glycerine or syrup. To overcome the disagreeable odor imparted to the breath, M. Limousin, recommends its administration in gelatine capsules, after having previously dissolved it in almond oil. According to M.

Limousin this oil has the effect of attenuating not only the strong odor of the drug, but of diminishing that communicated to the breath.

M. Trasbot read a note on the action of the sulphate of eserine in the treatment of gastrointestinal affections in the horse. According to this veterinarian, the sulphate of eserine is an energetic excitant of the ganglionic system of nerves; it is this action that would explain the good effects obtained in horses and dogs in the treatment of colic and indigestion.

Dr. Lassenne lately described a sign of death, which he had occasion to verify a certain number of hours after the assumed decease of the person, and which to him appeared very decisive. The doctor was ignorant as to whether this sign was noticed before, but he had not seen it mentioned in works on the subject. If a needle be inserted in the skin of a corpse, and the wound be examined, it will be found that the puncture remains open as though it were a piece of leather. In the living subject, even supposing that no blood issues from the wound, as may happen in hysterical patients, the wound closes over immediately after the withdrawal of the needle without leaving any visible mark.

It has long been pointed out by Professor Verneuil and others that intermittent fever may reappear after years under the influence of local pain or traumatism. The following note, published by Dr. Liegey, in the *Courrier Medical*, affords another example in confirmation of this statement. Dr. Liegey was consulted in November last by a young man of twenty-five, good constitution, and habitual good health, who had had no other ailment than an attack of intermittent fever contracted at Berri at the age of eighteen. Some time before he had been to the doctor he suffered from neuralgic pains of the face, appearing to arise from a decayed molar of the left side, the extraction of which produced complete relief. A short time after he was seized with similar pains arising from a decayed molar on the right side of the lower jaw. On the same day, at about four in the afternoon, this young man was seized with violent shivering, although he was in a warm room at the time. This was followed by a general heat of the body which

was well marked, and which was followed by copious perspiration. On the following days the patient had exactly the same symptoms, about the same time, which lasted about four hours, though in a mitigated form, on each occasion. Supposing that the tooth, acting like a thorn, was the cause of the intermittent fever, the doctor extracted it, and henceforward the fever disappeared without the patient taking any quinine or any other drug to combat the fever. Dr. Liegey adds that he is not aware of another example being recorded of a decayed tooth producing a veritable paroxysm of intermittent fever.

The profession in general and the medical press in particular have sustained a great loss in the death of Dr. Dechambre, the well-known editor of the *Gazette Hebdomadaire* of Medicine and Surgery, which took place on the 4th inst. at his residence in Paris, from an attack of cerebral hemorrhage. He had been ailing for some time, and rapidly broke down, looking considerably more than his age, which was seventy-four at his death. He was principal editor of the "*Encyclopedie des Sciences Médicales*" which was begun some twenty years ago, and will probably take as many years before it is finished.

PARIS, January 8, 1886.

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## Abstracts and Selections.

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THE EARLY OPERATIVE TREATMENT OF PSOAS ABSCESS. By Dr. Julius Dollinger, Professor of Orthopedic Surgery in Budapest. An abstract:

The author, after stating that the management of abscesses resulting from inflammation of the vertebræ has been vastly improved by the introduction of antiseptics, describes the several methods of Lister, Volkmann, and others for opening them, and then very justly says: But before the abscess reaches a point where this practice is ordinarily pursued, much valuable time has been lost. The high evening temperature exhausts the sufferer and the abscess will have opportunity to form attachments in the pelvis, which will increase the difficulty of subsequent shrinkage and healing. Having seen a number of cases ending in this way, I determined in future to treat abscesses arising from inflamed vertebræ just as I would

other abscesses, that is, to evacuate the pus as soon as its presence could be ascertained. Acting on the suggestion of Bouvier, I made, wherever I suspected abscess, careful examination of the base of the chest, the loins, the iliac fossæ and the anterior surface of the psoas muscles through the relaxed abdominal walls. As a result, I have occasionally been able to locate the abscess near the vertebral column in the thoracic cavity, by percussion, while in other cases I have detected the swelling before it had reached Poupart's ligament, and while it was yet in the iliac fossa, where it had acquired the size of one's fist.

The moment I am clear that the abscess has formed, I look to its evacuation. When a psoas abscess is seen sufficiently early and examined with due care, it will be found that the matter lies in the sheath of the psoas muscle or along the fibers of the iliac muscle, and is always outside the peritoneum. The outlines of the abscess can usually be made out by palpation through the abdominal walls. Oftentimes it is no deeper down than the middle curve of the ilium, whence it may extend inward nearly to the median line, and in some cases even beyond this, reaching above the crest of the ilium, forming a well-defined tumor in the side of the abdomen, but not projecting so far downward as Poupart's ligament. Fluctuation is usually marked except when the abscess walls are rendered specially tense by the matter, when the swelling resembles a fixed tumor. Opening the abscess being decided on, I adopt antiseptic precautions, using for this purpose carbolic acid, apply an anesthetic, and proceed to divide the skin and superficial fascia just behind the anterior-superior spinous process of the ilium immediately above the crest and parallel to it for six to eight centimeters. I now cut the fibers of the external and internal oblique and transversalis muscles, near their insertion into the crest. By keeping the cutting edge of the knife close to the bone, the vessels which are divided will rarely need to be tied. Cutting now through the layer of fat usually found here, I pass the finger of one hand into the wound, and with my other hand press the abdominal walls in order to push the abscess toward the cut. If I find the abscess lying on the iliac muscle, I merely push aside the loose cellular tissue, that I may conveniently reach the abscess, which is readily recognized by its pearly appearance. If the abscess lies among the fibers of the iliacus, I either push these aside or divide them. There seems to be no danger in dealing in this way with large abscesses, but when they be small, I deem it safer to keep close to the inner table of the sacrum in order to avoid all risk of wounding the peri-



toneum. The abscess being reached, I open it by a free incision and evacuate its contents. Having carefully explored its cavity, the wound is thoroughly washed with a one-to-two-per-cent solution of chloride of zinc. I then make the rear or counter opening and carry into it a drainage-tube of sufficient caliber to admit the finger. If necrosis of the bone is present or be likely to occur, instead of pushing the tube through the tissues, I divide the parts freely with the knife.

#### SUMMARY.

1. Pus resulting from inflammation of the vertebrae ought to be removed early.

2. The opening of psoas abscess while it is still in the iliac fossa, and above Poupart's ligament, is easily effected by this procedure.

3. Early opening guards the patient against the dangers which accompany the burrowing of pus, and when in spite of this a second abscess forms, as it sometimes does on the opposite side, it may also be opened in the same way.—*Translated from Wiener Medizinische Wochenschrift.*

**HYDRONAPHTHOL; A NEW ANTISEPTIC.**—In a series of papers on hydronaphthol, communicated to the New York Medical Journal by Dr. George R. Fowler, Surgeon to St. Mary's Hospital, Brooklyn, he concludes as follows:

The following is a *résumé* of the antiseptic methods employed in this hospital with hydronaphthol:

*Preparation of Sponges.* Medium-sized sponges of good quality are selected and thoroughly beaten so as to break up and loosen all calcareous particles. These are thoroughly washed until all gritty matter is separated. They are then placed in a solution of permanganate of potassium of the strength of thirty-six grains to the pint, and there allowed to remain for a few minutes, or until they are of a brown color. They are then washed in clean water and placed in a bleaching solution made as follows:

Sodium hyposulphite.....10 ounces;  
Water .....68 “

Dissolve, and add muriatic acid, 5 ounces.

This solution should be made the day before required for use, so that the sulphur may separate from the solution. It should be decanted off. The sponges should be immersed in this solution for a few moments only. They should then be washed in clean water, and, in order to make certain that no sulphurous acid remains, it is well to immerse them a few moments in a solution of bicarbonate of sodium, 100 grains to the pint. They are then sterilized by being

immersed in a 1-1000 solution of corrosive sublimate for two hours. From this they are transferred to a 1-1000 warm solution of hydronaphthol and kept hermetically sealed in a screw-cap fruit-jar or museum-jar. If it is desired to keep them in a dry state, glycerine should be added to the last-named solution, in the proportion of half an ounce to the pint, in order to prevent the sponges from becoming harsh and brittle. For hospital use, a separate jar is kept for each day's supply of sponges, and, as soon as they are no longer required, they are washed thoroughly, again sterilized as before, and placed in the hydronaphthol solution in the jar in which they belong, which is numbered for the purpose of identification, and not put to use again until at least a week has elapsed. This insures the most perfect immunity against infection from every source, and enables one to employ the same sponges again and again without incurring the slightest risk.

*Irrigation.* During operations and dressings an almost constant stream of hydronaphthol solution, 1-3000, in water previously sterilized by boiling, is kept running over the parts. The jar containing the irrigating solution is kept partly filled with the saturated solution, and, at the time of operating or otherwise employing the irrigating solution, warm water is added in the jar in sufficient quantity to reduce it to a weaker solution.\* In cases of chronic joint disease, or cases of hydrops articuli, if no purulent accumulation be present, the hydronaphthol is used to wash out the joint. If, upon tapping the joint, purulent and flocculent fluid flows through the cannula, a solution of corrosive sublimate is first used to thoroughly sterilize the interior, and this is, in its turn, well washed out with the hydronaphthol solution. By this means corrosive-sublimate poisoning is guarded against; a portion of the hydronaphthol solution may be left in the joint cavity. In all cases of a septic character sterilization had best be accomplished by the aid of the mercuric-bichloride solution, the latter being always washed away subsequently with the hydronaphthol solution.

*Bath for Instruments.* The instruments are placed in shallow pans, porcelain-lined, and covered with a saturated solution of the compound. A towel, wrung out of the same, is spread out in a convenient place, upon which the operator drops the instruments when not in use, and from which an assistant transfers them to the bath until again needed. Towels for the purpose of isolating the field of operation

\*Solutions of from 1-3000 to 1-500 are sufficiently strong for all purposes. The saturated solution, although generally well borne, has seemed at times to overstimulate the tissues and lead to increased secretion, a very undesirable feature in any antiseptic agent.

are wrung out of a 1-1000 mercuric-bichloride solution.

*Preparation of Catgut.* The catgut should be wound upon hard rubber, glass, or porcelain spools. It is then sterilized in a one-per-cent solution of mercuric bichloride, being immersed for twelve hours. It is then transferred to an alcoholic solution of hydronaphthol, one tenth of one per cent, for permanent preservation. The latter hardens the gut sufficiently, and preserves it against all further change.

Silk and horse-hair may be treated in the same manner, excepting that they may be boiled in the corrosive-sublimate solution for a half hour and then immersed for twelve hours. They should be preserved in the alcoholic-hydronaphthol solution, as in the case of the catgut.

Drains may be immersed in the corrosive-sublimate solution also, in the same manner as the catgut, and then placed, for permanent preservation, in the saturated watery solution of hydronaphthol, to which glycerine, in the proportion of half an ounce to the pint, has been added.

*Wood-flour and Sawdust.* Sterilization of wood-flour and sawdust is accomplished by thoroughly tritulating the same in a mortar with an alcoholic solution of corrosive sublimate, and in the same solution the hydronaphthol is dissolved, which latter gives to the dressing its permanent antiseptic character. The following is a good working formula for this purpose:

Hyd. bichlor.,	} aa.....	3ss.;
Hydronaphthol,		
Glycerine .....		3j;
Spts. rectific.....		Oj.

This should be tritulated with three pounds of wood-flour, or finely-sifted sawdust, and, after drying, placed in bottles with large mouths until required for use. Bags are prepared, of different sizes, of coarse cheese-cloth previously rendered hygroscopic by boiling in a strong alkaline solution, and then washed and dried. The material known as mosquito-bar or netting, if used, need not be rendered hygroscopic, as its meshes are so coarse as to readily permit of the passage of the wound secretions through and into the wood-flour. These are dipped into the same solution prepared for the wood-flour, or sawdust, before filling. They are prepared and filled upon the day of operation, and kept in a tin can, or wrapped in some impervious material until needed.

*Absorbent Cotton.* This is used for backing up and placing around the edges of the cushion or pad dressings when these are placed upon un-

even surfaces. It is hydronaphtholated in an alcoholic or benzol solution, so that the former represents twenty per cent of the cotton by weight.

*Absorbent Gauze.* This is hygroscopic cheese-cloth; what is known among dry-goods dealers as archery bunting makes a very good dressing after being rendered hygroscopic. It is hydronaphtholated in the same manner as the cotton, and, after drying, kept in tin cans until needed for use. It is used principally for making bandages. Should it be designed for use in immediate contact with the wound, it is prepared in the same solution used for the wood-flour, in order to insure its thorough sterilization by means of the mercuric bichloride.

*Paper-wool.\** This is manilla tissue paper, cut into strips one sixteenth of an inch wide and saturated with the same solution used for the wood-flour. It is passed through the rolls of a clothes-wringer, dried and carded, or pulled apart by hand. It is used as a cushion-dressing, or may be applied in a mass directly to the wound.

*Hydronaphthol Soap.* Powdered soap, triturated with about four per cent of hydronaphthol, is found to be most convenient for use. The compound may be incorporated in cakes of ordinary toilet soap with advantage. It is useful in scrubbing the parts preparatory to operation, the surgeon's hands, etc.

*Hand Scrubbing-brushes.* These are kept in a saturated solution of the hydronaphthol. Two sets are always at hand, one for cases in which some suspicion of sepsis is entertained and supuration exists, and the other for aseptic cases and the surgeon's hands.

Mention has been previously made of a hydronaphtholated magnesia for use as an absorbent along the line of sutures. I think that this is uncalled for in the majority of instances, and in antiseptic surgery whatever is uncalled for had best be omitted. Wherever such an application is needed, this will be found a safe and efficient substitute for iodoform.

In addition to these, hydronaphthol incorporated in simple ointment, in the proportion of half a dram to the ounce, is found to be an excellent application when a stimulating ointment is indicated. Old leg ulcers and the like are found to behave very kindly and heal rapidly under its use.

Dr. F. W. Rockwell, chief of our department of genito-urinary diseases, informs me that he has had some excellent experiences with hydronaphthol in cases of purulent cystitis, washing out the bladder once or more daily with a saturated solution. In a case of irritable blad-

\*See article in New York Medical Journal, October 10, 1885.



der of long duration, in a female, I recently dilated the urethra so as to admit my index-finger for exploratory purposes. An acute cystitis followed, which yielded readily to a daily irrigation with a warm solution of this compound.

A case of intractable eczema capitis recently yielded rapidly to the application of the hydro-naphthol ointment. I believe the naphthols have been employed in the Vienna skin clinics for some time past with marked benefit.

To summarize the results of my experience thus far with this compound I would state that: (1) It is an efficient and safe antiseptic and anti-putrefactive agent. (2) This is accomplished in very dilute solutions; consequently it compares favorably in point of expense with carbolic acid, and it is especially as a substitute for the latter that its use is urged, not only on the score of cheapness, but of safety. (3) Its saturated solution is only of the strength of 1 to 1100, and consequently no mistakes can occur in its use. In this strength of solution it is at least five times above its antiseptic limit, and yet is non-poisonous, non-corrosive and, generally speaking, non-irritant.

**EFFECTS OF COCAINE ON THE CENTRAL NERVOUS SYSTEM.**—At a recent meeting of the Chicago Medical Society, Dr. D. R. Brower read a paper on this subject, from which we take the following:

My first proposition is, that cocaine is as powerful for evil as it is for good.

*Its Effect upon the Brain.* In small doses, that is, three or four drams of the infusion, or one half to one grain of the alkaloid, it is the most certain and agreeable of all cerebral stimulants. It increases the frequency of the pulse and respiration, and elevates the body temperature. It gives a sense of well-being, a freedom from care, and a pleasant mental exaltation. The first effect of the drug is upon the *«erebrum*, then upon the medulla oblongata, the sense of mental exhilaration preceding the stimulation of respiration and circulation. In small doses it also stimulates the spinal cord, producing a desire for muscular activity and increasing activity of reflexes.

This increased activity of the central nervous system is usually followed by a quiet, composed, self-satisfied condition of the mind and body that eventuates in sleep. These agreeable effects are accompanied with loss of appetite, frequently with nausea, constipation, and diminished activity of the kidneys, of the sexual functions, and of the skin. In large doses, two to ten grains of the alkaloid, there are produced tinnitus aurium, photophobia, illusions, hallucinations,

great loquacity, and a marked tendency of the mind to exaggeration and misrepresentation. If continued for some time this dose produces perversion of the affections, a disturbance of the moral emotions, a tendency to quarrel with friends and former associates, and to form alliances with persons formerly regarded as inferiors.

This state of the nervous system may become very like delirium tremens, with the same kind of muscular tremor and the same kind of horrible hallucinations. During this time the loss of appetite and diminished activity of assimilation result in extreme pallor of the face, dryness of skin, extreme constipation, very much diminished urinary excretion, loss of sexual function, and great emaciation.

*Cocaine in the Alcohol and Opium Inebrieties.* Dr. Lewis Bauer began with one fifth of a grain, which the patient soon increased to ten grains by hypodermic injection, with the same disastrous result upon the nervous system as has been mentioned; but he expresses the opinion that cocaine inebriety was less objectionable than the alcoholic.

Dr. Erlenmeyer gave it, in various doses, in two hundred and thirty-six cases of opium inebriety, and expresses sentiments that entirely agree with my own. He says that while cocaine does modify and mitigate the phenomena of opium abstinence, its effect is only transient and of brief duration; he regards it of trifling value as a substitute for morphine.

Dr. J. T. Whittaker\* reports, in an elaborate paper, the results from its hypodermic use in two cases of opium inebriety that were satisfactory. Dr. Palmer, of Louisville, Kentucky, who was one of the first to advise its use in such cases, continues to be an enthusiastic advocate of the drug.

My own experience is against its use in either of these inebrieties; it undoubtedly makes the withdrawal of either of these agents much easier for the patient, because its effects are so similar to opium and alcohol that he scarcely feels the need of either; but you place within his reach an agent much more rapidly disastrous and destructive to the nutrition of the cerebral convolutions; an agent that will soon sink him to a degradation much lower than is possible with either of the others.

*Cocaine in Melancholia.* The best results yet obtained from the administration of the drug have been in conditions of mental depression. Dr. Jerome K. Bauduy relates a very extensive experience with the drug in melancholia. His method was to inject one grain of the muriate of cocaine, and he frequently witnessed

\*Medical and Surgical Reporter, August 15, 1885.

the morose, silent, taciturn patient, a prey to the most profound grief or sadness, recover his normal self, begin to talk about his case and wonder how he could ever have experienced such gloomy ideas. He reports one case of suicidal melancholia which recovered in less than one month, and to whom he only gave five injections of cocaine. Dr. Alexander B. Shaw speaks with the same degree of positiveness of its value in the insanities with depression.

My own experience with cocaine in this form of insanity is in accord with Drs. Bauduy and Shaw. Although the bad effects of the drug upon the digestive and assimilative processes, and upon the secretions, have frequently disappointed me in its use, I have observed his valuable suggestion of giving the drug several hours before eating, in order to avoid the anorexia and nausea, but even with this precaution I have frequently found it impossible, while using it, to give that great abundance of food, systematic feeding, which, after all, is the most valuable therapeutic measure in the relief of melancholia.

I recall two cases of profound melancholia. One a physician, aged forty five; an uncomplicated case, the result of excessive professional work in a large country practice. He received the cocaine in one-grain doses three times a day, with pil. hydrargyri, aloes, and strychnia. His recovery was rapid, and has continued for four months. A woman, aged forty-eight, laboring under melancholia, that seemed to have its origin in the fret and worry induced by a tumor of one of the mammary glands, under this combined treatment recovered rapidly. The drug was administered in pill form, and probably because of its combination did not interfere with the free use of egg-nog and other concentrated food in large quantities.

I have now under treatment a case of melancholia in which I am using the drug with the atomizer, using about four grains a day, on the nasal mucous membrane. The stimulating effects on the brain are manifested in a very few minutes after it is used. I am of the opinion that cocaine is the most valuable recent addition made to the therapeutics of melancholia, especially if its bad effects are guarded against in the way suggested.

*Neura-thenia.* Dr. J. Leonard Corning calls cocaine "the remedy *par excellence*."

My experience coincides with this, but I observe the same care in sustaining the digestive functions and stimulating the eliminations as stated before. Cocaine, as mentioned in the beginning of this paper, is as powerful for evil as for good, and it requires no special prophetic gift to say that more disastrous results will be experienced by the laity from its indiscriminate

use, than have been known from either opium or alcohol. Indeed, its action upon some persons in moderate doses is alarming. Dr. Kinicutt relates a case of poisoning from three and a third grains of the drug applied to the nasal mucous membrane. An alarming comatose condition followed, from which recovery took place in about three hours, under the liberal use of brandy, ammonia, and digitalis, with heat to the extremities and epigastrium.

Dr. T. H. Burchard gives an account of a case in which the hypodermic injection of four fifths of a grain produced a sudden and complete loss of consciousness, and in which respiration stopped, and the radial pulse was scarcely perceptible. Artificial respiration, hypodermic injection of one twelfth grain of atropia, and sinapisms to heart and extremities relieved the patient.

To sum up:

1. Cocaine in small or moderate doses is a cerebral stimulant, but produces derangement of the digestive and assimilative functions, and diminishes the elimination of waste.

2. The use of cocaine in the alcoholic and opium inebriates is not satisfactory; while it is a more or less perfect substitute, yet its use is attended with greater danger than alcohol or opium.

3. The use of cocaine in mental depression, if we carefully guard against the depressing effects of the drug upon digestion and assimilation, will often give better results than any drug hitherto used.

4. The use of cocaine in neurasthenia is a valuable addition to the treatment.

5. The drug, if administered in large doses persistently, causes a very marked deterioration of the central nervous system, producing a profound cerebral neurasthenia, and may produce such a mal-nutrition of the cerebrum as to develop insanity.

6. Cocaine, occasionally, in doses heretofore regarded as small, produces alarming depression of the central nervous system.

**COCAINE IN THE EAR FOR NEURALGIA.**—Dr. de Coninck, of Ledeberg-lez-Gand, writes to the Scalpel that an application of a one-per-cent solution of hydrochlorate of cocaine, by a camel's-hair brush or a dropper, to the bottom of the external auditory canal arrests the pain of neuralgia of the facial nerve, and, indeed, any pain in the temporal region, instantaneously. He has not found this treatment of the same value in neuralgia of the fifth nerve, but suggests that perhaps some other point of application may exist for this nerve. Dr. de Coninck has employed this method of treatment for a month—he does not say on how many cases—



and has "never failed to obtain the most marvelous success." If the neuralgia return, the application can be repeated.

**COCAINE.**—In an able review of the status of cocaine at the close of the first year of its use, by Dr. James E. Pilcher, in the *Annals of Surgery*, he says: So broad is its application, and so frequently is it indicated by reason of its power to substitute ether and chloroform, and thus do away with the disadvantages and dangers of these drugs, added to the fact that the patient is continued in consciousness while pain is prevented, it occupies the position of an ideal anesthetic more nearly than any other drug now known.

**THE USE OF COCAINE IN AMPUTATIONS.**—Professor Alexander B. Mott, at Bellevue Hospital Medical College, reports the following cases of amputation of fingers:

The hand was bandaged tightly at the wrist so as to stop the circulation, and six hypodermics of a four-per-cent solution of muriate of cocaine were made along the proposed line of incision and one deep down into the joint. About fifty-five minims were used in all. After waiting ten minutes the bandage was removed and the finger was amputated at the metacarpo-phalangeal articulation. The patient said that he *felt absolutely* no pain. The ligation of the blood-vessels, all of which were very much enlarged, took some little time, but during the entire period no complaint was made.

In the second case, the success was not so great, owing in a great measure to the fact that no bandage was applied to arrest the circulation in the part. Injections were made as before along the proposed line of incision around the metacarpo-phalangeal joint. No struggles were made by the patient while the finger was being removed, although she said that "it hurt," but upon being questioned afterward, admitted that it did not pain her as much as the introduction of the hypodermic needle, and that the soreness half an hour after the operation was greater than the pain experienced during its performance. In this case about forty minims of the solution were administered. Dr. Mott writes: "In using the muriate of cocaine in similar operations in the future, I shall most assuredly apply an Es-march's bandage, so as to limit the action of the cocaine to the part that is to be operated on; and I have no doubt that, by pursuing this plan and injecting the solution not only hypodermically but deep down on to the sensory nerves themselves, far more formidable amputations could be accomplished with almost absolute painlessness."

**THE FINGER-NAILS IN DISEASE.**—Dr. Morris Longstreet said, in a clinical lecture at the Pennsylvania Hospital:

The subject of the finger-nails in disease is a very interesting one, and will prove of service in many instances. In all morbid actions that interfere with nutrition, the finger-nails share, and the marks of such irregularities are left for some time on the nails. A mere pustule on the finger will more or less check the growth of the nail, and if this pustule be severe enough to cause a febrile condition, all the nails will be affected. If a man break his arm, the swelling of the parts will so interfere with nutrition as to affect the nails, and we can detect whether one has been really sick or deceiving us, for these marks will last as long as nine months, or until the whole nail has grown out. Of course there are no specific indications of particular diseases, but the indications of some trouble that has affected nutrition will be found. If the patient has had typhoid fever, pneumonia, pleurisy, or acute rheumatism, the evidence will be found in the nail. Again, a man may work in a dye-shop, or some similar place that will stain his nails; if he tells you that he has been sick and unable to work for some time, if the whole of his nails are stained, you will know that he is deceiving you, for if he has been away from work for some time, that portion of his nails which has since grown will have the natural color, while the extremities will be stained. You will often come in contact with persons from whom you can get no history; maybe they have been found unconscious, and you can tell whether they have been sick for some time, or whether the attack is sudden, from the nails. Washing the hands and abrasion from ordinary use will separate the skin from the base of the nail, while if for some time the hands have not been washed or used this will be unbroken. Here we have one who is convalescent from typhoid fever; during the disease his nails did not grow; now they are growing, and we know that he is convalescent. The change referred to consists in a depression, extending one third of the way through the nail, commencing at the matrix and advancing as the nail grows until it is finally discharged from the tip, when it reaches the tip the end of the nail is liable to be very brittle and break. This phenomenon is on the same principle as with the hair, which, when it commences to grow from its socket, in convalescence, is brittle from innutrition and breaks. In such diseases as rheumatism, where there is a sudden onset, a sudden rise in temperature, which is maintained, this effect is more marked, giving us a very abrupt depression, while in diseases of slower inception, as

typhoid fever, it is more gradual, the nail gradually sloping on either side toward the depression. When the nail is growing very slowly during the disease the skin about the matrix adheres to it and is dragged forward, but when convalescence is established, and a more rapid growth commences, the nail shoots forward and tears away from the skin. If, as is sometimes the case, you can not see this depression you can feel it. Sometimes there is no depression, but a more or less marked white line extends across the nail. If we have two attacks of fever, the one following rapidly on the other, as in relapse from typhoid, there will be two lines, which may be pinkish near the root, but become white as they grow out. During an epidemic of relapsing fever in this house, in 1869 and 1870, I had the disease myself and I first noticed these white lines in my own person and showed them to my medical friends, none of whom could offer an explanation. I soon noted the same peculiarity in typhoid, and looking the matter up, I found that some old French physicians had recorded cases of malignant fever in which the nails broke off, and in some cases came off entire. I think we do not have such types of disease to-day, for we certainly do not have the nails falling off. Vogel also speaks of this peculiarity of the nails, but he falls into the error of supposing it an elevation instead of a depression. I have taken off the end of the finger in patients who have died, and made sections, when I was enabled to see a marked checking of the growth of the nail cells. These observations are important from a medico-legal point of view, and it is well to remember that the marks will last the longest on the nail of the great toe.—*Medical and Surgical Reporter*.

In a paper "On the Relation of Lithemia, Oxaluria and Phosphaturia to Nervous Symptoms," published in the *Medical Record*, the author, Dr. C. L. Dana, sums up with the following conclusions:

1. There is no such thing as lithemic or uric-acid diathesis, or as an oxalic-acid or phosphatic diathesis.

2. There are, however morbid conditions of the nervous system which are associated with excessive acidity of the urine and excess of uric acid in the urine. The morbid nervous symptoms in these cases are those of gastric neuro-thenia, lighter forms of spinal irritation, great nervous irritability, vertigo, headaches, bad sleep, hypochondriasis, etc.

3. The "lithemic state" is one that is allied to gout and rheumatism, rather than identical with either.

4. The lithemic state in question, associated

with nervous symptoms, is generally brought on by some overstrain or draining of the nervous system, or by some chronic poisoning of it, as by malaria or lead. It is probably a trophic or metabolic neurosis comparable to diabetes.

5. Oxaluria is generally only a form or indication of lithemia. When oxalate of lime occurs in abundance with deposits of earthy salts, it has no clinical significance.

6. Phosphaturia, or an excessive deposit of earthy and alkaline phosphates in the urine may be only apparent and due to deficient acidity of the urine from excess of vegetables or of fruits in the diet. But an excessive discharge of phosphates may accompany conditions of functional nervous depression and irritation. It indicates in these cases a disturbance of digestion, due perhaps to some perversion of the innervation of the digestive organs. If kept up, the loss of phosphates and undue alkalinity of the blood may react upon the nervous system, but in the vast majority of cases phosphaturia is only an evidence of indigestion.

7. It is of great importance for purposes of diagnosis and treatment of chronic functional nervous disorders that a careful study of the acidity and alkalinity of the urine be made, and that the proportions of urates and phosphates discharged be estimated.

**PAPILLOMA OF THE BLADDER.**—Dr. J. W. S. Gouley reports six cases of this disease:

The first was from a patient seventy-four years of age. There were no symptoms connected with the urinary apparatus until within a year or two of his death, when he was seized with free hemorrhage from the bladder. Hemorrhage afterward recurred at irregular intervals, but always ceased spontaneously. At last he had a very violent attack, during which he lost a quart of blood. In the bladder, which was exhibited, were found two villous growths with hard bases; while the vascular portions could be seen floating in the alcohol in which the specimen was preserved. Dr. Gouley said that when he first examined the tumors he thought that the bases were of a sarcomatous nature, and it was possible that this might be the case. The points of significance about this, as well as the other cases to be noticed were, that the hemorrhage was never constant, and that it was checked spontaneously.

The second case was that of a German, forty-five years of age, admitted to Bellevue Hospital, October 26, 1878. He had had cystitis twelve years before this, but the first attack of hemorrhage of the bladder came on just one year before admission. From that



time on the hemorrhage was repeated irregularly, both as to quantity and frequency of occurrence. He died of pleurisy in January, 1879, and at the autopsy empyema was found. In the kidneys there was an advanced stage of pyonephritis with cystic degeneration. The ureters were both considerably dilated, and, in the bladder, which was markedly hypertrophied, three papillomatous growths were found.

In the third case the patient was about fifty years old, and had been under Dr. Gouley's care for about nine years, when he had his first attack of hematuria. The hemorrhage afterward recurred at irregular intervals, five or six months sometimes intervening between the attacks. Later the hemorrhages became more frequent. Bilateral cystotomy was performed, and a number of papillomatous masses were torn away with the forceps. The patient was relieved, but died at the end of three months from exhaustion and probably advanced renal disease. If another similar case should present itself, he said, he would operate simply to afford temporary relief.

The fourth case came under Dr. Gouley's care about a year ago, with the same history as the others. The diagnosis of papilloma was made in this, as in the preceding case, by removing a small portion of the growth through the urethra and placing it under the microscope, when the characteristic vascular structure was at once manifest.

The fifth case was that of a young physician whom he first saw about six months ago. As in the other instances, the diagnosis was made by removing a piece of the growth with a pair of small forceps; but the patient had as yet declined to submit to an operation. There had now been no hemorrhage for a considerable interval, but he felt confident that it would recur in time.

In the sixth case a small portion of the tumor came away in the eye of a catheter inserted into the bladder; so that he was enabled to make the diagnosis at once. The patient had had hemorrhages from the bladder at irregular intervals for two years, and when first seen, he had the appearance of a person suffering from advanced renal disease. Bilateral cystotomy was performed. A complete evulsion of the tumor was made, the mass being removed in pieces, and the operation lasting about three-quarters of an hour. Fifty-four hours afterward, however, the patient died of uremia.

In regard to the diagnosis of these tumors, it is worth while in all cases to pass into the bladder an instrument by which a small portion of the growth can be removed; and, if this can not be accomplished, to make an exploratory cystotomy and insert the finger into the blad-

der. The question naturally arises whether these growths are malignant or not. It was formerly supposed that they were, but there seems to be no good reason for such an opinion, as a rule, though in special cases there may be a carcinomatous element. Such tumors are not very common, but it is probable that they occur more frequently than is generally supposed. As to the evulsion, probably the safest instrument for this procedure is that devised by Mr. Reginald Harrison, of Liverpool, in the use of which it is easy to avoid grasping other tissues than the growth to be removed.—*Philadelphia Medical News*.

**THE TOXIC PROPERTIES OF SASSAFRAS.**—In a paper read before the Chicago Gynecological Society Dr. John Bartlett stated that, up to this time, the declaration on the part of standard writers that sassafras is a remedy of questionable power, and the fact that it is hawked about the streets and used freely as a tea all over the country, have caused him to refrain from bringing before a scientific body the experience presently to be detailed. But the recent declaration that this drug possesses toxic properties may justify him in making the following statement:

Years ago, he was called to a woman among the poorer classes, of good intelligence and education, who was having a miscarriage. Upon inquiring as to the cause of the mishap, with a prefatory reference to her poverty and already large family, she stated that she had induced the abortion herself—that she had done so on previous occasions. She had employed, she said, "what other women used," sassafras tea. She was surprised that he did not know of the property of sassafras as an oxytoxic. She spoke as if all her friends knew how to use it as an ecboic, and she evidently looked upon it as a specific. Tea, she said, made from four or five pieces of the root as large as the thumb and twice as long, would produce abortion.

A year or two later, he was called to a woman two months pregnant. For several days she had had symptoms of miscarriage of so pronounced a character that arrest of the process was doubtful. He found the patient very anxious to have a child; she disclaimed the intention of inducing abortion, and to all inquiries as to a possible cause of the hemorrhage, she gave answers which left him no further question except this: "Have you been drinking sassafras tea?" Surprised, she replied that for a week past she had used it at breakfast and supper. The proper remedies for her condition were prescribed, the possibly offending tea left off, and in twenty-four hours all was quiet *in utero*.

Further than this, his experience with sassafras as a possible abortifacient does not extend.

A study of the toxic effects of sassafras as reported by Dr. Hill, and here suggested, would seem to show a resemblance to three familiar articles, opium, strychnine, and ergot. In its action as a narcotic and sudorific, it resembles opium. In its property of inducing tetanic and clonic spasms, followed by paralysis, it is similar to strychnine. In its alleged power of exciting the uterus, it may be likened to ergot.

It may be of interest to call attention to the fact that the first reference to the use of ergot as an ecbotic was made by Stearns, in 1807, whereas it had been used by midwives certainly as early as 1688, and probably very much earlier.

Dr. E. W. Sawyer said that, in New England, sassafras is a popular emmenagogue. Mothers are in the habit of giving decoctions of sassafras and tansy to their daughters in case of delayed or suppressed menstruation. Many of the essential oils produce the effects ascribed to sassafras by Dr. Bartlett. In the South, oil of sassafras is a popular remedy for uterine disease.—*Philadelphia Medical News*.

**TINNITUS AURIUM.**—A few years since I was alarmed by the occurrence of a bruit, which I distinctly heard shortly after going to bed, and which at times disturbed my rest. I occasionally heard it in the day-time, but very subdued, and only when reading in a quiet room, generally also on awaking in the morning. So closely did it resemble a cardiac bruit that I had my heart examined to satisfy myself that there was nothing wrong with it. Certain things increased its intensity, as night work, alcohol—even the smallest quantity—tea, strong coffee, any slight attack of indigestion. Changes of temperature, pressure over the mastoid, and more particularly in the hollow space over the stylo-mastoid process, always arrested it; but it seemed after the pressure was relieved to return with increased intensity. The constant arterial "whiz" was most distressing at night, and I grew uneasy lest any aneurismal condition of a tympanic or other vessel might be present. I tried different drugs, but not persistently, and at last I completely and permanently parted with my troublesome companion in the mountain air of Switzerland. For two years I took no tea, and all coffee was diluted with milk; alcohol I altogether abandoned. In my case anemia and over mental and bodily strain were the causes. I believe it was a vascular tinnitus from diminished tension. During the time I had periodical intermittent cardiac action. The hearing was not in the least affected. The noise was especially

heard in the left ear. Lying on my left side generally increased it.

About two years since, when perfectly free from any aural disturbance, I was sleeping at a country-house, some large trees facing my bed-room windows. I was struck a few mornings by the fact that, though no wind at the time was blowing, I heard a constant rustle of these trees. Finally I found that what I fancied was the noise of the leaves moving was in reality a subjective tinnitus. This has on and off returned to me since. It was induced by naso-pharyngeal congestion and a slight chronic catarrhal state of the Schneiderian membrane. It is much less than it was, and I have relieved myself several times by a nasal alkaline douche. I never find the tinnitus in the day-time, a little at night, but generally more or less in the morning after awaking. Lying on either side increases its intensity in the ear I lie on; pressure on the meatus greatly increases it; practicing Valsalva's inflation obliterates it for a short time completely. Alcohol decidedly increases the tinnitus, so does any attack of indigestion. This is a tinnitus associated with altered equilibration in the air of the tympanum through Eustachian collapse or thickening. Exercise decreases the intensity of the sound, so does cold and dry weather; blowing air forcibly through the nares with the mouth shut diminishes the sound, and I have succeeded in obliterating it by the rapid repetition of several such acts. There are a few of these symptoms so common to all those who complain of tinnitus that I may draw attention to them: The arrest of a vascular tinnitus by pressure over, or in front of the mastoid; the increase of a middle-ear tinnitus by pressure on the ear or closure of the external meatus; the effect of alcohol (likewise of tobacco) in generally increasing all forms of tinnitus; the action of tea and coffee in the same direction; the influence of weather, climate, and temperature, whether the atmosphere be dry and elevated, damp and low lying, moist, cold, or warm. The mode of on-set of tinnitus in many instances is also illustrated, the patient fancying that some familiar noise is heard, the subjective sound being projected in the direction from which the sound is supposed to issue; also the complete disappearance of the tinnitus in the day-time, and that even though there be at the time perfect silence. The effect of mastication in producing subjective tinnitus is noteworthy. Of this I have had several examples.

I have known several cases where sudden lateral movements of the head have produced tinnitus and giddiness. Most unfavorable are those cases in which we can discover little alteration in the appearance of the membrane, in which



we have no evidence of middle-ear exudation, and where the sound of the tuning-fork or watch is badly transmitted through the cranial bones, or when closure of the meatus makes no difference in the intensity of the note. So are those cases in which we have proof of old-standing tubal closure and enervation, middle ear ankylosis and adhesions, with noises which have gradually increased until they have perhaps assumed intolerable proportions.

As to the treatment of tinnitus we may broadly say that the indications are (a) to restore equilibration in the middle ear and labyrinth; (b) to correct abnormal tension (excess or decrease) in the vessels of the tympanum and labyrinth; (c) to regulate general arterial tension; (d) to modify and control excess of reflex excitability and morbid central impulses; (e) to correct local causes of pressure, traction, irritation; (f) to restore tone to enervated tubal and tympanic muscles; (g) to promote healthful nasal respiration by attention to the nasopharynx, and to subdue congestive and inflammatory states of the naso-pharyngeal mucous membrane.—*Dr. H. Macnaughton Jones, London Practitioner.*

**URETHRAL CALCULUS.**—The patient entered the hospital service of Dr. J. Mason Warren (Boston) in 1865, at the age of four and a half, his parents having noticed frequent micturition for eighteen months, twelve times in twenty-four hours. There were increasing difficulty and pain in the passage of urine, which had contained blood for three months. There was no steady stream, but the urine dripped. He drew continually upon the end of the penis, which was large and inflamed. A stone was detected by sounding under ether, and the urethra was found to be unusually capacious. The stone was removed by Dr. Warren through a perineal incision, a lateral incision being made into the prostate, and a stone the size of a filbert was removed by stone forceps.

Twenty years later he returned with a stone in a pocket in the membranous or the anterior part of the prostatic urethra, and this was removed by Dr. Porter last month.—*Boston Medical and Surgical Journal.*

**RESPIRATORY CROAKING OF BABIES.**—Dr. Samuel Gee has seen about a dozen cases of what he calls respiratory croaking in babies, and thus describes the affection: Breathing is accompanied by a croaking noise, which seemed to Dr. Gee to have the characters of stertor more than of stridor; or, in other words, the sound seemed to be produced in the fauces and not in the larynx. The croaking usually accompanies inspiration only; but in one of these

cases it accompanied expiration only. The noise is constant, both when the child is awake and when she is asleep; yet it may cease for a short time now and then. The tone of the cry is natural, and this is another reason for believing the noise not to be laryngeal. No dyspnea, no recession of chest-wall during inspiration. Fauces look natural. The noise continues when the nose is pinched. The croaking has nothing whatever to do with the crowing of laryngismus stridulus; the two disorders resemble each other in no respect, except that there is a noise produced in each. The ages of Dr. Gee's patients ranged from three to nine months. It is a remarkable fact that all of them were girls. The general health of some of the children was good, but most of them were weak and sickly. Two children suffered from congenital diseases of the heart, and one was an idiot. In some of the children this croaking began at or soon after birth, and in no case did it last much beyond the end of the first year. There is no special treatment; indeed, the disorder causes more annoyance to others than to the child herself.—*London Practitioner.*

**JEJUNOSTOMY, RESECTION OF THE PYLORUS.** Although the results in these two cases were not successful, there can be no doubt that jejunostomy, as it has been called, deserves further trial as a palliative measure, being less difficult than opening the duodenum, and not so dangerous as Wolsfer's operation of gastro-enterostomy. Resection of the pylorus for cancerous disease has not gained any favor in this country. It is still occasionally performed by some German surgeons, and is advocated by Gussenbauer, who has recently reported a case in which the patient was living in good health three years after the operation. Attention has again been directed by Lauenstein, of Hamburg, to the risk in this operation of subsequent gangrene of the transverse colon, as a consequence of dissection and removal of considerable portions of the meso-colon that have become adherent to the malignant growth. Another danger to which Gussenbauer refers is the great difficulty in preventing, in the operation, the passage of the contents of the stomach into the peritoneal cavity.—*British Medical Journal.*

**SUPRAPUBIC CYSTOTOMY.**—The claims of suprapubic cystotomy as the preferable operation for the removal either of vesical tumors or very large calculi are the results of improved methods of procedure based on the experiments of Braune and Garson, and quite recently of Fehleisen, of Berlin. This last named author found, on examination of frozen bodies, that

while fluid distension of the bladder alone has very little influence on the prevesical fold of peritoneum, and while with considerable distension of the rectum, the bladder containing but a small quantity of fluid, the fold is raised to a point about one inch and a half above the upper margin of the symphysis pubis, when both bladder and rectum are fully distended, the prevesical fold is raised about three inches and a half above the symphysis. Fehleisen agrees with Petersen that, in the suprapubic operation, it is necessary to distend both bladder and rectum, but holds that it is necessary to inject much more fluid into the latter cavity. After the rectum has been distended by about four hundred and eighty cubic centimeters of water, an injection of about two hundred cubic centimeters into the bladder will suffice to raise the prevesical fold about one inch and a half above the top of the symphysis. The bladder is thus not only raised, but is also elongated in a vertical direction, rendered more accessible, and placed in the most favorable condition for direct surgical examination of its interior.—*British Medical Journal*.

**CORROSIVE SUBLIMATE IN CONJUNCTIVITIS.** Below (*L'Union Médicale*) has placed on record sixty-five cases of conjunctivitis (twenty-six simple, nineteen pustulous, two diphtheritic, two gonorrheal, and sixteen granular), in which solutions of bichloride of mercury (1 to 2000) were used. From the results of these observations, Below draws the following conclusions:

1. Under this treatment, the diminution of the secretion, both in chronic and acute conjunctivitis, and the decrease of the hyperemia, are more rapid than in the similar use of nitrate of silver.

2. Simple phlyctena, thus treated, disappears as rapidly as under the use of calomel.

3. The use of a weak solution of bichloride of mercury in spray yields good results as a prophylaxis of gonorrheal conjunctivitis in the new-born.

The sponging is practiced two to eight times daily, and the inner surface of each lid is separately subjected to the action of the solution. *Philadelphia Medical News*.

**PARALDEHYDE AS A HYPNOTIC.**—Paraldehyde has been used in the Insane Hospital, at Norristown, Pa., in doses of fifty to seventy-five minims, whereby, in the majority of instances, a quiet sleep of two to seven hours has been induced in ten to fifteen minutes after its absorption. It seems to have no particular action upon either heart or respiration, as in natural sleep the subject is easily aroused, but soon drops off again when let alone. No

convulsive effect or dreamy stimulation of the mind has been observed, its effect being apparently upon the cerebral hemispheres. The only undesirable feature thus far observed is the disagreeable odor of the breath, which lasts twelve to twenty-four hours. It does not act as an anodyne.

Dr. Hodgson finds it especially useful over chloral in gout, as it helps to maintain the excretion of urine, well charged with its usual solid constituents. It is, however, objectionable in irritable or inflamed condition of the throat or stomach, being liable to aggravate these. It should be well diluted when taken, and the following is a good preparation for it:

R Spts. chloroform.....	m. xv ;
Paraldehyde.....	3j ;
Syr. aurant.....	3iv ;
Mucilag. acaciæ,	} aa q.s.ad. 3iij.
“ tragacanthæ,	

S. Take the above at bed-time. It may be repeated in an hour or two, if necessary.

It has been found better to repeat a small dose than to give it in single larger doses.—*Boston Medical and Surgical Journal*.

**IODOFORM IN GONORRHEA.**—Dr. Oger (in *Journal de Médecine de Paris*) says:

The best results are attained when it is applied to the diseased parts in a very fine powder. In this form Timmermans has obtained excellent results. Iodoform being insoluble in water, he suspends, in two and a half ounces of water, sixty grains of the drug, rendered impalpable by previous solution in sulphuric ether. The mixture being well shaken, a small glass syringe is filled and injection practiced. As it is important that the iodoform come in direct contact with the inflamed mucous membrane, the urethra should be thoroughly cleansed by urination immediately before the injection is made. The patient should lie on his back, and the injection be made in a direction nearly vertical, gravity thus causing the powder to seek the lower part of the syringe, and thus favoring its introduction into the urethra when pressure is made upon the piston. When the syringe has been emptied, it should be gently withdrawn, and while the meatus is compressed by one hand, with the other careful pressure is made, so that every part of the passage is reached by the fluid, and the iodoform thus deposited upon the mucous membrane. After four or five minutes the fluid is permitted to escape gradually, in order to avoid the ejection of the iodoform. The operation should be repeated at least three times a day. Whatever is the stage of the disease a prompt result



is certain, as is shown by diminution of pain—the iodoform evidently acting as an anesthetic to the inflamed parts. The character of the pus is also changed, and its abundance diminished. Cure is promptly obtained; in one case resulting in five days.

**FRIEDRICHSHALL WATER IN THE TREATMENT OF HABITUAL CONSTIPATION.**—"The mildness of the effect of Friedrichshall water in these cases," says Mr. A. S. Gubb (Medical Press and Circular, Nov. 11, 1885), "is, according to my own observations, well marked. The non-occurrence of the reactionary constipation which so generally follows the habitual use of aperients is doubtless to be attributed to the large quantity of chlorides present in Friedrichshall water, and to their favorable influence on the progress of digestion and diffusion. The class of cases in which I have found this water of especial service comprises hemorrhoids accompanied by habitual constipation, hepatic congestion, and in the constipation of pregnancy, which is so often complicated by derangements of the digestion, headache, and dyspnea. It has long had a high reputation in the treatment of gravel and for the prophylactic treatment of renal calculi. It has appeared to produce a favorable impression in the numerous cases of strumous and glandular swellings, where we have to contend with a sluggishness of the bowels and of tissue-change generally. Here Friedrichshall water acts as a stimulant as well as an aperient. A certain diuretic effect which is manifested is not uncommonly of service in cases where it is desired to increase the proportion of watery constituents of the urine. To lessen venous congestion by gentle and continuous means, Friedrichshall water is peculiarly indicated, and is perhaps without a rival."

**TREATMENT OF CHOLERA.**—Dr. John R. Burke, of Ireland, divides the subject into two parts—*a*, Prophylaxis; and *b*, Treatment, divided into four parts, according to the stages of the disease, namely, (1) malaise, (2) diarrheal stage, (3) rice-water stage and collapse, (4) reaction. The author suggested that the patient should lie on the right side on a bed, to be tilted to that side by blocks under the legs, to relieve internal organs, promote circulation in the liver, and help, by gravitation, to stop discharges, as also to let them drain away into disinfecting vessels, the patient being laid on a water bed or a water-proof sheet, with the edges turned up. Peritonitis being not now so much dreaded as formerly, it was suggested that non-irritating aseptic fluids should be allowed to gravitate gradually, as absorbed into the abdominal cavity, through a needle or cannula, strapped out-

side transversely to the abdominal walls, to prevent injury by spasm of the rectum. This would allow fluids to pass direct to the intestines, and spare drain on blood-vessels and tissues.—*British Medical Journal*.

**TARTAR EMETIC IN THE TREATMENT OF CONSUMPTION.**—Bucquoy (*Gaz. des Hôp.*) has been led by a number of successes to recommend this drug anew. At first he gives from a grain and a half to two grains and a quarter in the course of the day, restricting the drink in order to prevent vomiting. The daily amount is then reduced to three quarters of a grain, and its use is continued, with the result of diminishing the fever, increasing the appetite, overcoming constipation, allaying the cough, and reducing the expectoration. The only contra-indication consists in diarrhea and intestinal ulceration.—*New York Medical Journal*.

**STRYCHNINE IN ACUTE ALCOHOLISM.**—Lardier (*Jour. de Méd. et de Chir. pratiques*, June, 1885,) has long employed strychnine in the treatment of delirium tremens, for which he regards it as a specific. He insists upon the use of large doses. In one case he had for several days given  $\frac{1}{15}$  grain every two hours without any appreciable result. He then increased the amount, part of which he gave hypodermically, giving in all one grain and two thirds in twenty-three hours. The patient soon fell into a refreshing sleep, and there was not the slightest symptom of strychnine poisoning.

**CELERINA.**—Dr. Nicholls, writing to the Medical Brief, says:

From my experience with celerina, I believe it to be a remedy that will meet the indications of all those cases where nervous prostration plays so important a part. I have used it in nervous headache, nervous dyspepsia, spermatorrhea, heart trouble dependent on disordered nerve action, and many other troubles dependent on an exhaustion of nerve force, and it has given a satisfaction I have found in no other remedy.

**CASE OF AMYOTROPHIC LATERAL SCLEROSIS.** At a recent meeting of the London Medical Society Dr. C. E. Beever showed a woman, aged twenty-eight, who had been the subject of this disease for two years and a half past. It began in the right hand with weakness and wasting of the muscles of the thumb and interossei, and this soon extended to the other hand. There was now marked claw-like deformity of the hands. The tongue was also affected. The reflexes every where were greatly exaggerated.

# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. I SATURDAY, FEBRUARY 6, 1886. No. 3.

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon themes of professional interest are solicited. The editors are not responsible for the views of contributors.

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## ON SOME OPEN QUESTIONS IN SYPHILIS.

Mr. Jonathan Hutchinson recently delivered a lecture before the Medical Society of London on certain problems in the natural history of syphilis—problems concerning which there is still great diversity of opinion, and on whose final elucidation necessarily hangs somewhat of the prophylaxis as well as the treatment of this wide-spread affection.

Whatever Mr. Hutchinson says on any subject is entitled to more than ordinary attention because, in addition to a robust and eminently judicial mind and great innate love of truth, he has had opportunities for observation limited only by the power to use them. It is with great diffidence, therefore, that we venture to call in question the correctness of some of Mr. Hutchinson's observations, and the soundness of some of his deductions. But our experience in certain particulars has been so very different from his that we believe its record may, perhaps, serve to throw some light on the questions under discussion—questions which, it goes without the saying, have long vexed the minds of students of syphilis every where. Mr. Hutchinson states that "the true chancreoid on the

genitals is seldom seen, excepting in those who have had syphilis already." My own observation is almost the opposite of this. I can not, I think, be mistaken when I say that I have seen many genuine local sores derived from other sores of like character, possessing all the accepted features of true chancreoid, occurring on the genitals of individuals who not only had never had syphilis but who contracted chancreoids during their first sexual act, and not one of whom ever developed a symptom of constitutional disease. I believe I have seen chancreoids in newly married women who could by no possibility have ever had opportunity to contract syphilis, nor were these followed in any case by syphilis. I believe I have seen chancreoids in married men who in one unguarded moment yielded to temptation, and sinned not again, who lived long lives without ever having one symptom of constitutional disease. I am sure I have seen sores with ragged edges, gray base, multiple, punched, affording abundant secretion and accompanied by suppurating buboes, themselves furnishing inoculable pus, that were derived from a man who had chancreoids that I was treating at the time, and though neither individual admitted previous disease of any kind whatever, and both had been known to the writer professionally for years, and were seen daily long after the sores were well, neither ever manifested a single symptom of constitutional syphilis. The couple subsequently married—the mother gave birth to many healthy children, and never had an abortion or miscarriage. A young man of good character and habits was engaged to be married. Two days before the celebration of the event some friends gave him a dinner; he drank much wine, and woke the morning after in a bawdy-house. He had never had any form of venereal. He married; five days after he came to me with three chancreoids on the lower edge of the prepuce. A week later I saw his wife, who then had several sores in the fourchette. Buboes which suppurated occurred in both cases. Legal separation of the couple soon followed. I continued to treat both; neither individual had one symptom of syphilis. They received local treatment only. They subsequently came together again. The woman in



due time became the mother of "a brace of lusty boys." She had neither abortion nor miscarriage, nor did she or her husband ever present one mark of syphilis.

I could add many similar examples from my own experience; and I feel that I hazard little in saying I could increase them enormously if I sought the experience of either my hospital colleagues or that of other practitioners in this city. These suffice, however, for my present purpose.

I believe that, in my own field of observation, the following statement of the connection between the chancre and chancroid would be almost universally received by my fellow-workers as true, to wit, that chancroid occurs in the great majority of instances in persons who have never had syphilis, and, *BEING CHANCROID, is never followed by syphilis.* When syphilis does occur as a result of what *seems* to be chancroid, the sore is or subsequently becomes chancre entirely independent of the chancroid; or, in other terms, both sores are derived from an individual who is the subject of both diseases, chancroid and syphilis—the former, as is its unvarying history, showing itself within a few days after connection, while syphilis, always true to itself in this respect at least, shows itself as a chancre at a much later period. This is but another way of saying that these are "mixed sores."

Mr. Hutchinson, with his accustomed candor, admits "that the typical chancroid is sometimes seen in those who have never had syphilis." This, it seems to me, is a practical surrender of the question. Did Mr. Hutchinson ever see a typical chancre which was not followed by constitutional syphilis? He must have seen many typical chancroids which came, ran their accustomed course, disappeared, and left not one sign of constitutional taint. If he has not, then chancroids in England differ from chancroids in the United States.

We will resume this subject, touching on other moot points, at an early day.

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THE POPE is reported to be suffering with Bright's Disease.

## Notes and Queries.

*Editors American Practitioner and News:*

**HAIR ON THE EYE-BALL.**—In your issue of January 7, 1886, page 30, appears a note under the title of "Hair on the Eye-ball." In April last Mr. Lance, a farmer who lives near, asked me to take some hair out of a calf's eyes. On examination I found the entire conjunctival surface of the lower half of the balls and lower lids covered with a thick growth of hair. In October, Mr. Howard, a farmer who also lives near, called my attention to a calf in his yard that had in each eye patches of hair, growing from the underside of the ball, the size of the thumb-nail. The hair itself was one and a half inches long.

C. H. TEASDALE, M. D.

TEASDALE, MISS.

**INTERNATIONAL MEDICAL CONGRESS.**—We have received an article on the International Congress, in which such gentlemen in the United States and the Canadas as withdrew from the Congress are characterized as "wide-mouthed soreheads," "monkeys," "parrots," "wild asses," "kangaroos" and "skunks." The author asserts that all "this noise and din about the Congress is but the expression of disappointed ambition on the part of a few conceited ourang-outangs."

At a recent meeting of the Philadelphia County Medical Society, there were 169 members who voted against the Congress, as at present organized, to 39 members who voted for it. "Ourang-outangs" must abound in Pennsylvania. The communication is anonymous, and it is well for its writer that it is so.

**NO INCREASE IN MEDICAL SCHOOLS AND STUDENTS DURING 1885.**—In a pamphlet recently issued by the Illinois State Board of Health, entitled "Medical Education and Medical Colleges in the United States and Canada, 1865-1885," it is stated that the most suggestive facts revealed by a study of the tables and data presented are: First, that the number of medical colleges has not increased during the past year; second, that the number of medical students and of medical graduates is

decreasing. There are still 128 institutions for medical instruction in the United States and Canada, the same aggregate as at the date of the last report. But there were 760 less students in attendance upon, and 273 less graduates from, the sessions of 1884-85 than upon and from the sessions of 1883-84. In the United States there were 953 less students and 278 less graduates. In Canada there were 176 more students and 5 more graduates. Third, a more marked uniformity in the requirements of colleges. There are two more regular schools (101), the same number of homeopathic (13), one less eclectic (11), and one less physio-medical (1), which, with two miscellaneous or mixed schools, make the aggregate (128) as before. The number of medical students in 1882-83 was 13,808; in 1883-84, 12,762; in 1884-85, 12,002. In 1881-82 there were graduated 4,555; in 1882-83, 4,215; in 1883-84, 4,101; in 1884-85, only 3,831. This is not very pleasant news for the colleges, but it is very comforting to the general practitioner who is now fighting for a livelihood. The decrease in students and graduates has affected eclectic schools the most, homeopathic schools next, and regular schools least of all; another fact which is encouraging. The increase in past years in students is most conspicuous in the smaller provincial schools, while in the larger cities—Boston, New York, Philadelphia, Baltimore, Cincinnati, Chicago, New Orleans, and St. Louis—there has generally been a decrease. Thus the number of matriculants in medical schools in New York has fallen from 2,209 in 1880-81 to 1,826 in 1884-85. This fact will probably be interpreted in two ways, according to the point of view of the observer. It may mean that the metropolitan schools are getting more rigid in their requirements, or that the provincial schools are getting to be better educational institutions. In our opinion both factors are at work.

**DIAPYCNESIS OF LEUCOCYTES—QUESTION OF PRIORITY.**—It is generally assumed that to Waller and Cohnheim must be attributed the discovery of the passage of the blood corpuscles through the walls of the vessel, but M.

Cornil recently drew the attention of the Société Anatomique to a passage in a work by Dutrochets, dated 1824, which is as follows: "Among the loops formed by the vessels there is a very transparent tissue in which may be distinguished many granulations of the size of blood globules; now, on observing the movements of the blood, I have often seen a solitary globule escape sideways from the blood-vessel and pass slowly into the transparent tissue; it soon ceases to move and remains fixed; now, on comparing it with the before-mentioned granulations, it presents no difference. By what opening do the globules leave the circulating stream? Perhaps there are side openings in the vessels? Perhaps the movement of the globules was slowed, then stopped, because they passed into vessels too small for their caliber. This fixation of globules is undoubtedly a vital phenomenon; it explains the part played by the blood globules in nutrition; they are wandering cells which finish by fixing themselves and becoming united with the tissues of the organs." — *Birmingham Medical Review*.

From the above it is evident that Dutrochets saw the diapedesis of the leucocytes; but he made no distinction between these bodies and the red corpuscles, while he attributed to the latter a function quite foreign to their wont. His priority in observation may be well established, but it by no means lessens the renown of Cohnheim, who demonstrated by a series of masterly experiments not only the diapedesis of the leucocytes but the part they played in the formation of pus.—ED.

**SCARLET FEVER.**—That the degree of malignity of scarlet fever depends almost entirely on careful or careless nursing is clearly shown by Dr. J. M. Keating in the last *Babyhood*. The editors of *Babyhood* could have found few better authorities to deal with this subject than Dr. Keating, and his article can not fail to impress such mothers as read it with the importance of preparing themselves at leisure with the information necessary for the ordeal which such a scourge may, at any time, compel them to undergo. A more cheerful subject, in the same number, is "Musical Education: When and



How to begin it," by Henry T. Finck, which relates not so much to a technical education as to the desirability of surrounding children with a musical atmosphere from the earliest, and encouraging them to pursue music in pretty much their own way for a few years. Statistics are given proving that, other things being equal, children who are allowed to indulge their natural disposition to sing have stronger lungs and better general health than those who are not.

PLEASANT GOSSIP, CONTAINING A VALUABLE LESSON.—At a recent medical banquet Sir Spencer Wells thus pleasantly told of his student days:

I should like to begin (by way of encouragement to some of the younger men) by saying that I very much doubt if any one of the youngest here can be entering upon the study or practice of our profession with a smaller probability of a successful career than I had when, a lad of eighteen, I went to live in the house of Mr. Marsden, then one of the parish surgeons. I was at once set to work—dispensing medicines, keeping day-book and ledger—and was taken by Mr. Marsden to the workhouse, and to poor patients, and to several midwifery cases. It may surprise some of our students of to-day when they hear that before I was nineteen years old I had attended a great many of the poor women of Leeds in childbirth. Mr. Nunneley was the colleague of Mr. Marsden at the workhouse; and I did some minor surgical work there. In October, 1836, I began to attend the lectures on anatomy and physiology by Mr. Teale and Mr. Garlick, the demonstrations by Mr. Price and Mr. Nunneley, and did some work in the dissecting-room. I remember going in for the written examination for the prize in that class with Birkbeck Nevins, now a distinguished physician in Liverpool, as my chief competitor; and I suppose the fact that he beat me and got the prize impressed it on my memory. It certainly has not lessened the friendly feeling with which, whenever we meet, we greet each other as old fellow-students. Of Teale's lectures I still have full notes. I have looked them over lately, and I can say of them now,

what I believed then, that they are fully up to the knowledge of the day, and sometimes in advance of it. I have never heard a more pleasing lecturer since; and the kindness Mr. Teale showed me when his pupil, and his friendship in after years—continued by his son—are among the most gratifying events of my professional life. Braithwaite, father of one of your teachers, and founder of the famous Retrospect, was not then attached to the school, but I made his acquaintance in a curious way, and he taught me a lesson which I have never forgotten. As it may be useful to some of you, you will perhaps excuse me if I indulge in what may be called gossip. One evening a farmer rode up to Mr. Marsden's, who was the nearest medical man, to beg him to go at once and see a girl who was very ill. Marsden was not at home, so I offered to go. The farmer hesitated, but he was very anxious, so he said, "Well, lad, get on my horse, and I'll go on for our doctor, Mr. Braithwaite." So I rode to a small farmhouse near Chapeltown, and found a room full of people, and a girl insensible on the bed. I remember having her clothes loosened and opening a window, and, when she began to shiver, trying to make her swallow a little brandy and water. Then Braithwaite arrived, and very soon took me into another room, after saying to her mother, "Give her two teaspoonfuls more of that brandy and water;" but as soon as we were alone he said: "It was very wrong to give her brandy and water. It is the first stage of some eruptive fever. But a teaspoonful won't make any difference, and it will show that I did not differ from you. If I had," he said with a kind smile, "perhaps they would not believe either of us." There was something in this way of treating a junior—so much good feeling mixed up with so much knowledge of human nature—that I have many times since, when consulting with juniors, followed, or tried to follow, Braithwaite's example.

PICHI—(*Fabiana imbricata*) has for years been a popular remedy among the natives of Chili in urinary disorders, jaundice, and other hepatic troubles. And it is now claimed (*vide* this journal, January 23d) that it is capable

of even preventing the formation of calculi, and when formed and still small, of making their discharge painless. While it is well known that no one drug can influence all calculi, pichi is deserving of use in such disorders. After what has been written of its effects in cystitis, it certainly gives sufficient promise of good to warrant a thorough trial. The opportunity to do this has been given by Parke, Davis & Co., who offer samples of their preparation of the drug to physicians who wish to test it at the bedside. A drug which possesses real efficacy in either calculous, hepatic, or vesical diseases is a desideratum, and we should be glad to publish the results of the use by any of our readers of this new candidate for public favor.

**REDUCTION OF DISLOCATIONS BY PRESSURE.** I have twice reduced dislocations of the thumb by grasping the hand with my two hands, and pressing with my thumbs on the dislocated articular surfaces; and two or three times I have reduced partial dislocations of the shoulder forward by raising the arm with one hand and pressing back the head of the bone with the other, standing behind the patient.—*Charles Young, in British Medical Journal.*

**THE HAPPY LIFE.**—Men of science, as Dumas said of Laplace and Cuvier, “know a happy life. Animated by the love of truth, indifferent to the enjoyments of fortune, they have found their recompense in public esteem.” Pasteur said of Dumas, that he represented “true merit in a true democracy”—a democracy which permits every individual to give the world the maximum of his efforts. “And why,” asks Pasteur, “should there be alongside of this productive democracy another which is sterile and dangerous, and which (under I do not know what pretext of chimerical equality) dreams of absorbing and annihilating the individual in the State? This pseudo-democracy has a worship for mediocrity; it suspects whatever is superior. It might be defined as the league of all who want to live without working, to consume without producing, and to obtain posts without being trained for them, and honors without being worthy of them.”—*Sir Spencer Wells.*

**THE SKIN.**—Joseph Power writes, in *Pall Mall Gazette*:

There's a skin without and a skin within,  
A covering skin and a lining skin;  
But the skin within is the skin without,  
Doubled inward and carried completely through-  
out.

The palate, the nostrils, the windpipe and throat,  
Are all of them lined with this inner coat,  
Which through every part is made to extend,  
Lungs, liver and bowels from end to end.

The outside skin is a marvelous plan  
For excreting the dregs of man,  
While the inner extracts from the food and the air  
What is needed the waste of the flesh to repair.

Too much brandy, whisky, or gin  
Is apt to disorder the skin within;  
While if dirty and dry, the skin without  
Refuses to let the sweat come out.

Good people all, have a care of your skin,  
Both that without and that within;  
To the first, give plenty of water and soap;  
To the last, little else but water, we hope.

But always be very particular where  
You get your water, your food and your air,  
For if these be tainted or rendered impure,  
It will have its effect on the blood, be sure.

The food which will ever for you be the best  
Is that you like most and can soonest digest.  
All unripe fruit and decaying flesh  
Beware of, and fish that is not very fresh.

Your water, transparent and pure as you think it,  
Had better be filtered and boiled ere you drink it,  
Unless you know surely that nothing unsound  
Can have got to it over or under the ground.

But of all things the most I would have you be-  
ware  
Of breathing the poison of once-breathed air—  
When in bed, whether out or at home you may be,  
Always open the windows and let it go free.

With clothing and exercise keep yourself warm,  
And change your clothes quickly if caught in a  
storm,  
For a cold caught by chilling the outside skin  
Flies at once to the delicate lining within.

All you who thus kindly take care of your skin,  
And attend to its wants without and within,  
Need never of cholera feel any fears,  
And your skin may last you a hundred years.



**ALCOHOLIC PARALYSIS.**—The credit of having first described a paralytic form of chronic alcoholism has been hitherto given to Magnus Huss. In the current number of *Brain*, Professor Dreschfeld states that Dr. James Jackson, of Boston, antedates Magnus Huss by thirty years, having described the affection in 1822.

**THE DISCOVERY OF AUSCULTATION.**—Lænnec told one of his friends that he discovered the principle of auscultation thus: One day, in the court of the Louvre at Paris, he noticed children amusing themselves by holding a cylindrical piece of wood to the ear, and scratching with a pin the farther end. Thus they heard a louder noise than the pin usually produces. At his next visit to his patients in the Hospital Necker, he made a hollow cylinder out of a roll of paper, and applied it over the heart of a patient. This was the first stethoscope. After a time he used one made from cedar-wood. In 1819 he published his treatise on Mediate Auscultation.—*Virg. Med. Monthly*.

**TO REMOVE GYPSUM DRESSINGS.**—Dr. G. Krosz writes to the *Deutsch Med. Zeitung*, that the removal of a plaster-of-paris dressing is greatly facilitated by first scraping a groove with a knife, and then dropping along it a solution of caustic soda. In a few minutes the plaster becomes pulpy along this line, and the bandage can then easily be cut through. If two lateral grooves be made, instead of one, a lid can be cut out of the bandage, the leg can be lifted up for the necessary inspection and returned, the lid being reapplied and retained with a roller bandage. By this method, also, it is a very easy matter to cut any fenestra that may be needed.

**SANITARY CONVENTION.**—At Howell, Michigan, under the auspices of the State Board of Health, a Sanitary Convention will be held, on Wednesday and Thursday, March 3 and 4, 1886, beginning the first day at 2:00 P. M. President, Rev. M. H. Pettit; Secretary, Dr. J. A. Wessinger. The objects of the Convention are the presentation of facts, the comparison of views, and the discussion of methods relating to the prevention of sickness and death,

and the improvement of the conditions of living. The committee from the State Board of Health is J. H. Kellogg, M. D., Henry B. Baker, M. D.

**AT HOME AND ABROAD.**—The judges of pharmaceutical products at the expositions both in New Orleans, Louisiana, and Louisville, Kentucky, have recently awarded first prizes for "uniformity and solubility" to Warner's pills.

The same firm has also received from the Paris, France, Exposition, the Verneuil medal in recognition of the superior quality of their pills. Such proofs of the excellence of American work were hardly needed in this case, but it is nevertheless pleasant to record them.

**HYDROPHOBIA.**—M. Pasteur's alleged discovery of the virus of hydrophobia in the spinal marrow of rabid dogs, and his pretension to prevent hydrophobia by inoculating bitten persons with the dried spinal marrow of rabbits dead of rabies, constitute, undoubtedly, the sensational part of the year's pathology. Time will show how much or how little real utility exists in this extraordinary development of the so-called "Jennerian theory."—*Brit. Med. Jour.*

**TO DRUG CLERKS.**—The Western Druggist, thinks that, to prevent the dispensing of morphine for quinine, a strip of steel should be firmly riveted over the mouth of the vial containing it, the neck being first plugged with a torpedo so arranged as to explode and shatter the steel when the poison is taken in hand. If the clerk survives he will know that the shock meant morphine.

**HEREDITY.**—The late Professor Laycock was very fond of drawing attention to hereditary peculiarities. One time, in the middle of a lengthened exposition of the features in common of a mother and child, the woman, perhaps a little uneasy, stopped him, saying, "A weel! I'm no the bairn's mither, I'm just his step-mither."

**SIR J. CRICHTON BROWNE.**—The honor of of knighthood has been conferred on Dr. J. Crichton Browne. The eminent psychologist merited the distinction long ago.

**FAILURE OF BELLADONNA TO ARREST THE SECRETION OF MILK.**—To those who are in the habit of regarding belladonna as specific for the suppression of the secretion of milk, the following may prove interesting: Mrs. R. F., aged twenty-three, was delivered of her first child. The breasts were small, and apparently contained no milk; but, as it was considered unwise to allow her to suckle the infant, tincture of belladonna was given in order to arrest the secretion. Three days later, galactorrhœa was excessive. Pressure (as recommended by Dr. Edis), a mixture of iodide of potassium and tincture of belladonna, and the external application of extract of belladonna, were tried, but proved useless. Quinine also failed. The bowels have been freely acted on by sulphate of magnesia, but all treatment has been to no purpose; and to-day, four weeks after confinement, milk still runs from the breasts in such quantities as to necessitate a frequent change of clothing. Hitherto, I have always found the above measures so speedily successful that I look on the present failure as being so exceptional as to make it worth noting. *Correspondent in British Medical Journal.*

**THE PREVENTION OF MAMMARY ABSCESS.**—A correspondent of the *British Medical Journal* writes: I think that very few cases of inflammation of the breast should go on to abscess, if properly managed. The effervescing citrate of potash, with about fifteen minims of sweet spirits of niter, and the same quantity of sal volatile, every four hours, will cause most cases to end in resolution. If any local applications are required to ease pain and help the resolution, hot fomentations containing belladonna I think are the best.

**CALF-LYMPH.**—The Austrian Minister of War has recently made vaccination with calf-lymph compulsory for the whole Austrian army. The now well-proven fact that syphilis may be conveyed in vaccine lymph makes bovine virus the one and only virus safe to use in vaccination.

**COCAINE**, whilom so vaunted in sea-sickness, proves, like all its predecessors in the same malady, useless.

**HYDROPHOBIA IN BERLIN.**—While mad dogs seem to be very numerous in London and in some parts of America at present, not a case of rabies has been seen in Berlin for the last three years. Dogs are as numerous in Berlin as elsewhere, but they are all muzzled.

**FOR IMPOTENCY.**—Dr. Bartholow highly recommends the following pill in impotency:

R Ext. cannabis ind.....gr. x;  
Ext. ergot aq..... ʒ ij;  
Ext. nucis vom.....gr. x.

M. Ft. pil. xx. Sig: One night and morning.—*College and Clinical Record.*

**SIR JOSEPH FAYRER.**—This distinguished gentleman has recently had added to his other titles that of Foreign Corresponding Member of the Academy of France. His friends every where will feel that it is a well-deserved honor.

**CREMATION—PRICE REDUCED.**—A crematory has been erected near Paris by the municipality, where the time required for combustion will be two hours, and the cost of the process three dollars. Expeditious and cheap.

**DRS. H. KNAPP and J. L. Minor**, report cases in which particles of steel were removed from the eye by the aid of the electro-magnet.

**A PITTANCE.**—The health officer of New York City is paid by fees, and gets, it is believed, from \$50,000 to \$75,000 yearly.

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### Army and Navy Medical Intelligence.

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**OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from January 17, 1886, to January 23, 1886:**

*Major Warren Webster*, Surgeon, sick leave of absence further extended nine months on account of sickness. (S. O. 15, A. G. O., January 19, 1886.)

*Colonel John E. Summers*, Surgeon United States Army, retired from active service, by operation of law, January 24, 1886. (S. O. 20, A. G. O., January 25, 1886.) *Major Wm. E. Waters*, Surgeon, granted leave of absence for one month and fifteen days. (S. O. 5, Division Atlantic, January 23, 1886.) *Assistant Surgeon J. M. Banister*, ordered for temporary duty at Fort Warren, Massachusetts. (S. O. 16, Department East, January 23, 1886.)



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNĀ."

VOL. I.  
[NEW SERIES.]

LOUISVILLE, KY., FEBRUARY 20, 1886.

No. 4.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### TYPHO-MALARIAL FEVER.

BY W. E. IRVIN, M. D.

Typho-malarial fever was first described by Dr. Drake, forty years ago, under the name of remitto-typhus fever. Prof. Austin Flint wrote practically on the same disease in 1857. (Buffalo Medical Journal.) It remained, however, for Dr. Joseph J. Woodward to give it, in 1863, the name it now bears, typho-malarial fever. Until recently it was regarded as a distinct affection having a special cause. Recent investigations, however, have clearly shown that it is caused by malaria and the poison of typhoid fever acting conjointly in the same individual.

Of malaria I shall not speak. It is fairly well established that typhoid fever is propagated through human excreta, the poison reaching the system through contaminated water or through the atmosphere.

It is quite common among physicians who live in malarial regions to speak of remittent being converted into typhoid fever. Of course, there is no such metamorphosis. The two affections are simply combined, the fever due to malaria being most pronounced in the beginning and at the end of the attack, while that due to the typhoid element is most marked throughout the intermediate time. Low forms of remittent fever are often mistaken for the typho-malarial variety, and, owing to the many features possessed in common by the two affec-

tions, it is a mistake very readily made. The malarial element in the disease is limited, in the main at least, to regions in which malaria is found.

The mode of attack of typho-malarial fever, as would be supposed, is quite that of malarial fevers in general, resembling, perhaps, more that of ordinary remittent than intermittent fever. The patient usually complains for a day or two of headache, which occasionally is clearly periodical, accompanied by general discomfort and lassitude. These symptoms, with aching or soreness all over the body, are followed by an ordinary malarial chill more or less pronounced; this is soon succeeded by a fever of greater or less intensity, the thermometer ranging from 103° to 106°. It continues from six to forty-eight hours, when it usually rapidly subsides. The pulse range is from 108 to 120. This condition of things, with the exception of the chill, is repeated at regular intervals for eight or ten days. Occasionally bilious vomiting occurs and the tongue is coated with a yellowish fur. The temperature during the remission, which is usually observed between midnight and early morning, often falls almost to normal.

In the course of the second week, the remissions and exacerbations under judicious management are less marked, the temperature differing daily but one or two degrees between morning and evening, which is an indication that the malarial element is giving place to the typhoid, the distinctive symptoms of which now set in. Bronchitis develops itself, the characteristic eruption of typhoid fever appears, tympany and tenderness on pressure in the right iliac region appear, and the ordinary ataxic symptoms characteristic of the typhoid state, as deafness, low delirium, subsultus tendinum, occasionally epistaxis, with decline of general and special sensibility come in their

\*Read before the Muhlenberg Medical Society.

regular order. Anorexia is the rule, though the appetite occasionally continues throughout the entire course of the attack. Food is readily taken when offered, in some cases, where the mental condition forbids its being asked for. Thirst is almost always marked. The tongue is sometimes simply furred, but more generally it is coated with a thick yellowish, brownish, or black coat. This is frequently thrown off one or more times during the attack, when the surface is found reddened, smooth and glazed, or dry, rough, and hard. The organ is protruded with difficulty and usually is tremulous. Sordes form on the teeth. Hemorrhage from the gums is an occasional symptom. Epistaxis is present in most cases, though I have seen instances in which it at no time appeared. Epistaxis is a symptom of diagnostic value. It is usually slight. It is occasionally so severe as to demand mechanical means for its arrest. Hemorrhage from the bowels, always a grave symptom, is fortunately rare and is encountered only in the latter weeks of the attack. Intestinal perforation is still rarer than hemorrhage, but cases of this almost invariably fatal complication sometimes present themselves.

Meteorism, tympanites, gurgling, and tenderness on pressure in the right iliac region, the latter symptom being almost invariably present, occur; diarrhea is stated by writers to be a feature in most cases. In my own practice, constipation is more common, a fact due, I believe, to the treatment I pursue.

The pulse is always more or less accelerated, and the gravity of the case is in proportion to its frequency. A pulse steadily above 120 to the minute is always to be regarded as extremely significant of danger. The temperature, as I have stated, usually varies but one or two degrees between morning and evening during this stage of the affection. The urine, scanty and of high specific gravity during the height of the attack, becomes copious and of low specific gravity when convalescence is established.

Typho-malarial fever seldom terminates under three weeks, while it often runs through eight weeks and even longer. Its decline is usually very gradual, and, as I have intimated, an attack often ends as a distinct intermittent fever.

Its most common complications are pneumonia, peritonitis from perforation, thrombosis of the iliac and femoral veins of one or both sides. Acute miliary tuberculosis, phthisis pulmonalis, and subcutaneous abscesses may be enumerated as occasional sequelæ.

It is difficult to diagnosticate typho-malarial fever during the first week or ten days of its existence. If what I said in the outset be borne in mind, this statement will be the more fully appreciated. The disease begins as a malarial fever—an ordinary remittent; all the symptoms are those of a malarial attack, and these continue for a week or even ten days. During this time the temperature ranges from six to eight degrees higher in the evening than in the morning. At the end of this time this inequality is overcome. The typhoid element asserts itself, develops all the usual symptoms of the typhoid state, runs its course, and in turn gives place to ordinary intermittent fever. The mode of attack, the week of symptoms characteristic of remittent fever, then the three or four or more weeks of fever characterized by distinct typhoid symptoms, and finally these subsiding and the malarial features again coming to the surface are the principal, and in ordinary cases the sufficient means of enabling us to decide the real nature of the attack.

The prognosis is about the same as in pure typhoid, being proverbially uncertain in both. The temperature is, perhaps, the best guide; when this does not exceed 102° during the typhoid stage the attack is rarely fatal. The mercury rising above this point the death-rate increases, keeping pace, as a rule, with the temperature.

The treatment is, first, preventive. This is mainly sanitary; the house and its surroundings should be thoroughly cleansed and disinfected. All sources of water-supply for drinking purposes should be inspected and cleaned; privies and out-houses should be looked after, and especial care taken that the water be not contaminated by their contents. Thoroughly wash and dry and disinfect the clothing of the patient and the bed. Next in importance comes hygienic measures, and these should be put in full force. The patient should occupy a large room, preferably with an open fire-place, and



perfect ventilation secured night and day. The patient's clothing and bedclothes should be changed daily, or at least every forty-eight hours. Allow but one person with him at a time, and keep visitors out of his room. Have him sponged all over daily with vinegar and water, of a temperature acceptable to his feelings; disinfect all dejections with copperas-water—it is well indeed, to keep the disinfectant always in the bed-pan.

Nourishment in this, as in all fevers, must be attended to with the utmost care. As a rule liquid food only should be given. Milk stands at the head of the list; I think sweet milk preferable to buttermilk, but the latter may always be allowed if the patient desires it. Next to milk come soups, broths, gruels, and eggs. When adynamic symptoms set in, egg-nogg, alcohol, and enemas of the beef peptonoids of Reed & Carnrick are called for.

Medicinally I use the following:

The disease beginning with the symptoms of an ordinary remittent fever, I give ten grains of calomel mixed with one scruple of bicarbonate of soda at once, this to be followed in four hours by a tablespoonful of castor oil. When the full effect of this is obtained, I direct thirty grains of quinine to be taken, in divided doses, daily until the malarial element has given place to the typhoid, which, as I have said, is usually within seven or ten days. I then give ten drops of aromatic sulphuric acid every four hours throughout the attack. I think this drug is both a tonic and astringent, serving to prevent either diarrhea or hemorrhage. Under its use the patient usually becomes somewhat constipated; and I have rarely ever known a hemorrhage of any kind to occur. For the relief of the constipation I either give castor oil every third day, or a soap- and hot-water enema. If tympany and tenderness of the abdomen be marked, I direct ten-drop doses of oil of turpentine in emulsion once or twice daily, and the external application of turpentine stupes. DaCosta recommends for tympany the rectal injection of one or two ounces of vinegar in a gallon of water. I have found the lactated pepsin of Parke, Davis & Co., given in five-grain doses every four hours, to relieve nausea, improve digestion and increase appetite. The

bronchitis, which is generally present, is usually controlled by either the carbonate of ammonia or the aromatic spirits of the same salt, taken in water and tolu syrup, with morphia in sufficient quantity to quiet cough. For restlessness I give the bromides with opium. If the heart's action becomes weak, brandy or whisky will usually correct this.

As patients are generally weakest at four or five o'clock A. M., I direct that they have a larger quantity of stimulus and some liquid nourishment about this time. The stimulant should be repeated every one, two, or three hours, according to the urgency of the case. When diarrhea occurs, which it will sometimes do in spite of sulphuric acid, I administer subnitrate of bismuth with opium and the sugar of lead. Hypostatic congestion and pneumonia are to be warded off by the frequent change of the patient's decubitus. Should the temperature reach 103° reduce it at least to 102° by the frequent use of the sponge bath of vinegar and water, and as the malarial element may have something to do with if not actually underlie the high temperature, I am in the habit of giving, under these circumstances, quinine in twenty-grain doses, repeated every four hours until sixty grains are taken; more than this I do not use for this purpose. If this fails, quinine is clearly not just then adapted to the case.

Should intestinal hemorrhage arise, ergotin, given hypodermically in doses of two to seven grains, or what is more convenient to the country practitioner, fluid extract of ergot in thirty-minim doses, with one eighth- to one fourth-grain doses of morphia hypodermically, will ordinarily arrest the bleeding. The ergot should be repeated every hour until hemorrhage ceases. Though I have often used ergot in this manner, I have never known it to produce any bad effects. Acetate of lead, tannic or gallic acid may be given if ergot fails to arrest the hemorrhage. The liquid diet had better be continued until convalescence is thoroughly established, and moderate exercise only permitted. For the intermittent fever, which so often succeeds the typhoid, quinine, iron, and arsenious acid, with the addition of cod-liver oil, if a general tonic be needed, are the best remedies.

SOUTH CARROLLTON, KY.

## ON ACNE.\*

BY J. C. M'GUIRE, M. D.

Acne stands, certainly in this country, next in point of frequency to eczema; and if the lighter forms of the disease could be tabulated, it would be found far more common than the eczemas. But the fact of its subjective symptoms being less annoying than those of eczema, its subjects less frequently apply for relief. Notwithstanding the majority of physicians think and speak of acne as an affection of altogether minor importance, the number of persons between the ages of thirteen and twenty years who altogether escape some one of its manifold annoyances is very small. Among all the skin diseases there are few that cause greater disfigurement, or in many instances give livelier mental distress to the sufferer.

Some years since, a man of twenty-five, the subject of the severest form of acne for twelve years, came under my care. His former physicians had assured him that time alone could effect a cure, and advised simply that he let his face alone, make no attempt to "drive the disease in," abandon the use of soap in washing, and on no account touch tobacco in any shape. Between the suffering from the disease and the advice, he had grown to be so wretched that he seriously contemplated suicide. Two months of suitable treatment cured the acne, but unfortunately the disease had lasted long enough to mark the patient's face with scars as deep as those following smallpox.

In 14,007 cases of skin diseases reported in 1885, acne occurred in eight per cent. In 8,000 cases reported by Bulkley, it was found in a little over twelve per cent. Of 500 cases observed by myself, there were 45 cases, or nine per cent of acne. An analysis of the latter gave 12 cases of acne rosacea, eleven of these being females. The oldest patient was forty-six years of age; the youngest was aged twenty-six years. In two stimulants were believed to be the cause; in four there was some uterine disorder; in two only were there digestive derangements, and in the remaining four cases no appreciable cause existed.

In the thirty-three other cases there were

twenty males; in sixteen cases the age was under eighteen years, in the other seventeen cases none exceeded twenty-eight years. The oldest patient who came under notice, was a woman twenty-eight years of age. She stated her complexion had been perfectly clear till two years previously, when she began to suffer from constipation, dyspepsia, and irregular menstruation, soon after which the eruption appeared. In the case of a man aged twenty-six years, the eruption occurred on the shoulders and back, as far down as the buttocks, the diagnosis from pustular syphiloderm being made out only from the history of the case and the scattered appearance of the eruption. In two cases the cause was traced to the internal use of iodide potash; in one of these even a fraction of a grain caused an eruption. In another the eruption was excited by a mixture containing bromide of potash. In both these cases the eruption soon disappeared without treatment on the potashes being discontinued.

I believe, in the great majority of cases, acne is a reflex affection, dependent upon the disturbance of some internal organ, and not a primary disease of the skin itself. Derangement of the digestive system is a most important factor; other causes are hepatic derangement, menstrual irregularities, general debility, anemia, etc. The disease occurs more frequently in the face, because the sebaceous glands are particularly well developed in this situation, and at the age of puberty. In the treatment of acne, the constitutional condition of the patient should demand our first attention, for unless this be thoroughly made out and its defects fully mastered, it will seldom be possible to accomplish a cure. I am aware that some authors insist that local treatment alone will usually suffice, but my own experience is quite the reverse of this. The cause of the disease should first be sought for and means suited for its removal at once adopted. The causes most frequently observed are disorders of the digestive organs, as dyspepsia, constipation, etc. These are to be corrected by attention to diet, exercise, etc.

Tonics are serviceable in the great majority of cases. I am in the habit of using a mixture containing arsenic and iron. Arsenic

\*Read before the Louisville Médico-Chirurgical Society.



is regarded as specially useful by many, and as a tonic in the chronic, non-inflammatory forms of the disease it is of unquestioned benefit. Piffard refers to three cases of pustular acne cured by bromide of arsenic given in minute doses. The sulphide of calcium has also been highly praised as a remedy in these cases, but in my own practice I have not found it of any appreciable benefit. Bulkley speaks well of the internal use of glycerine. In acne, as well as in other skin diseases, great benefit results from relieving the disordered skin of its work by securing free action of the kidneys.

At the last meeting of the American Dermatological Association, Dr. Denslow reported the cure of several cases of acne, by introducing sounds into the urethra in such cases as had contracted meatus, stricture, or excessive sensibility of the prostatic urethra. Dr. Hyde gave it as his opinion, that where cure followed under such circumstances the patient was perhaps taking internal medicines without the knowledge of the physician, and that the discontinuance of the drugs might have something to do with the result.

To prevent acne punctata or comedones from passing on to the inflammatory stage, the glands should be relieved, by mechanical means, of the hardened sebaceous matter which distends them and acts as an irritant. This is best accomplished with an instrument devised by Piffard for the purpose, together with frequent washing with soap and water, or cornmeal and water, and then using some stimulating application, as sulphur ointment or a lotion of equal parts of carbonate of potash, sulphur, glycerine, ether, and alcohol, as recommended by Duhring. The inflammatory is the next stage of the disease. To reduce the amount of inflammation, to stimulate the blood-vessels and open up the sebaceous follicles, apply hot water to the parts by means of a sponge, this to be pressed firmly on spots, the water being as hot as can be borne without blistering the skin; I have seen this do more good than any other local treatment. After this, apply zinc oxide, 3j, tinc. benzoin, 3v. The dermal curette has been recommended by Hebra, for breaking down all the lesions. This leaves the parts in apparently much worse condition, and is

painful; but when the patients see the amount of good that it effects, they willingly submit to it. As each lesion runs a definite course, the aim should be to shorten the duration as much as possible by freely incising them. In the indurated form each lesion should be incised and a soothing lotion applied. After the inflammation has subsided, the application of mercurial plaster will often be found to do much good.

In acne rosacea, besides the internal treatment recommended for the ordinary forms of acne, local treatment should be adopted suited to the stage of the disease. In the stage of hyperemia good results will follow the use of bichloride of mercury, gr. j. to 3j alcohol, or carbolic acid and alcohol one to four. In the second stage, it is good practice to incise the dilated blood-vessels, or they may be obliterated by means of electrolysis, as recommended by Hardaway.

LOUISVILLE, KY.

### STOMATITIS MATERNA.

BY C. B. JOHNSON, M. D.

Some years since the writer had occasion to feel a deep interest in stomatitis materna, or "nursing sore mouth," as it is commonly called. This interest developed under the following circumstances:

A lady of good constitution, fine physique, excellent family history, the mother of two fine, healthy children, was confined for the third time, March 12, 1879, at the age of twenty-nine years. Labor was easy and natural in every way, and the child, a fine healthy boy, has continued to grow finely and wax stronger and stronger from the day of his birth to the present time. After keeping her bed for the usual period, the mother began gradually to go about the house, and finally to oversee her household affairs, and share some of the lighter duties, as had been her wont.

After a time, however, it was noticed that the patient had not regained her usual vigor, and upon questioning her, it was found that she became fatigued easily. For this weakened condition iron and bitter tonics were freely given, but did no good whatever. Meantime, more or less sore throat was com-

plained of, but as the spring months were cold and changeable no particular stress was laid upon this symptom, and simple means were made use of for its alleviation. Finally, the patient was troubled with pain in the stomach and bowels, and indigestion followed by nausea, vomiting, and diarrhea. Upon swallowing solid food, "a raw sensation was felt all the way down," to use her own language.

Among other symptoms of debility, shortness of breath and palpitation of the heart were complained of; lastly, the patient began to lose flesh to an unaccountable and almost alarming degree. For these several troubles such remedies as seemed prominently indicated were tried, but without avail. In short, there was present extreme debility, upon which iron bitters, and other potent tonics, made no impression; an obstinate diarrhea, for which active astringents were vainly used; dyspepsia that the various aids to digestion did not overcome; and a degree of emaciation that nutritious and easily-assimilated food utterly failed to relieve.

Time dragged along with the mother, and her fine, vigorous boy, constantly growing fatter and stronger, reached his fourth month, while her condition for the most of this period simply went from bad to worse.

The patient was constantly under the observation of the writer—indeed, lived under the same roof with him—and all this time he had not given the assemblage of symptoms which her case presented a name. At first, "debility following labor" seemed to about cover the case, but the obstinacy of the trouble, and the added symptoms later, seemed to indicate the presence of a peculiar dyscrasia or unusual cachexia. Finally, one fine morning it dawned upon the writer that he had to deal with a case of veritable nursing sore mouth.

Feeling chagrined for what he believed to be his obtuseness, ignorance, or some thing worse, he very naturally turned to his text-books, journals, reports, etc., for information, firmly resolved to fill speedily this terrible hiatus in his medical attainments. But he was both surprised and disappointed to find that the subject was not so much as even mentioned by

any author on obstetrics or diseases of females to which he had access. Indeed, with the exception of a definition of the disease in Dunglison's Medical Dictionary, a bare mention of it in Ziemssen's Cyclopaedia—though Vogel in this treatise devotes one hundred and fifty pages to diseases of the cavity of the mouth—a few sentences in Hartshorn's Essentials, and about a page in Wood's Practice briefly describing the trouble, the writer has not been able to find in the text-books to which he has had access any thing whatever upon the subject.

Seeing reference to an article on this disease by Dr. W. H. Byford, published in the American Journal of Medical Sciences, for April, 1853, the writer procured a copy of that issue and read it with much satisfaction. Before getting Byford's article, however, Prof. Parvin, then of Indianapolis, was addressed upon the subject. He kindly responded with promptness, made some good suggestions, both as to remedial measures and general management of the patient, and concurred in the writer's observation regarding the extreme paucity of medical literature upon nursing sore mouth. Prof. Parvin's suggestions were carefully carried out, but failed as signally as had those of some medical friends, and as had *all* remedial effort.

Finally, about the 10th of August, when the babe was five months old, it became plainly evident that unless some thing was done speedily to benefit the patient, her life would be sacrificed. Accordingly, making use of what seemed the best resort, the babe was taken from the breast and put upon cow's milk. The mother speedily recovered, and notwithstanding the August heat, not a particle of inconvenience was suffered by the little fellow, and he continued to thrive uniformly as before.

Some time after the above experience a medical friend, a scholarly man, who had practiced medicine twenty years, remarked that he had a lady patient that gave him a great deal of trouble and anxiety. Some months before she had gone through a confinement, and had not since regained her health, and at last had some symptoms that almost suggested tabes mesenterica. The writer asked enough questions to convince him that here was another



case of *unrecognized* stomatitis materna. His friend seemed to almost jump at the suggestion as some thing tangible at last, and promptly consented to wean the babe that his patient was nursing. This was immediately done, and recovery followed.

Since the writer's experience with his first case of nursing sore mouth, a copy of the transactions of the Illinois State Medical Society, for the year 1859, in which there is an article upon this disease by Dr. J. H. Hollister, of Chicago, has fallen into his hands, as has also an article by Dr. L. S. Ellis, of the same city, published in the Chicago Medical Journal, for April, 1860.

Dr. Hollister's article is sixteen pages in length, and the subject is treated with the doctor's well-known ability and fairmindedness. Dr. Ellis's paper is shorter and more partisan in character. Dr. Byford's article fills six pages in the American Journal, and is in every way a valuable contribution on the subject.

From Dr. Hollister's article are gleaned the following facts regarding the literature of the disease: Dr. E. Hale's address to the Massachusetts Medical Society, published in 1830, is believed to be the first printed description of the disease. The second paper was written by Dr. F. F. Backus, of Rochester, New York, and published in the American Journal of Medical Sciences, for January, 1841. Other papers followed, by Dr. Shanks, of Tennessee, Dr. B. W. Taylor, of Virginia, and in February, 1848, Dr. Chas. B. Coventry published an article on the subject in the Buffalo Medical and Surgical Journal, to which Dr. Austin Flint appended an editorial, proposing the name "*Stomatitis Materna*," which the disease has since borne.

Upon the papers of Drs. Hale and Backus, Profs. Wood and Bell are said to have based their descriptions of the disease—neither having personally encountered it in practice—the former in Wood's Practice, the latter in Bell and Stokes's work on Practical Medicine.

From about 1830 till 1860 the disease seems to have received much notice in the medical journals and society reports of the time. In addition to those already noticed,

Dr. George W. Maris, of Columbus, Ohio, and Dr. H. D. Holt, of New York, are said to have made valuable reports on the disease. In the Transactions of the Illinois State Medical Society, for the year 1857, is a full and carefully-prepared paper on the subject from the pen of Dr. W. M. Chambers, of Charleston, Illinois.

But in the medical literature of the past twenty or twenty-five years, there seems to be but little on the subject. This is all the more surprising when we reflect that nursing sore mouth is likely to befall any pregnant or nursing female, and in so doing compromise her comfort, health, and even life.

Three forms, as indicated by the appearances in the mouth, are described by Byford. These are, an erythematous, a vesicular, and an ulcerous variety. The erythematous form is characterized by some swelling and a diffused redness extending over a greater or less area of the oral cavity. The vesicular or aphthous variety is distinguished by the appearance of a number of little vesicular-like bodies, dotted over the inflamed or congested mucous membrane of the mouth. Successive crops of these vesicles may appear, remain for a time, and disappear to afterward return again. The third, or ulcerous variety, is marked by the appearance of a deep ulcer, usually located upon the under surface of the tongue, and is said occasionally to nearly or quite destroy the continuity of that organ. As a rule, the general symptoms attending this form of the disease are much milder than those attending the erythematous or vesicular varieties.

Two, or even all three of these local manifestations of the malady may exist at the same time, or when one exists it may disappear and be succeeded by one or both the other forms.

The disease is often deceptive and treacherous; apparently the patient is much improved, the local symptoms disappear, the patient flatters herself she has recovered, when all at once, without warning, she finds herself as bad as ever. But the local appearances, as seen in the mouth, are in reality but a small part of the trouble—are, so to speak, but one link in a chain of morbid phenomena that goes to make up the disease.

Then, why has so much prominence been given the mouth symptoms, and why is the disease called a stomatitis?

The answer to these inquiries is perhaps found in the fact that the cavity of the mouth is always ready for easy inspection, and any change from the normal promptly noted. Here, too, the disease in most cases, if not in all, first makes its appearance. Moreover, other mucous membranes are liable to be invaded in proportion as they are near to or far from the mouth. For when the alimentary canal is the seat of the disease, the pharynx is first attacked, then the esophagus, next the stomach, and, lastly, the intestines. Or, taking another direction, it may invade the larynx, tracheæ, and bronchii; or still another, it may involve the nares and antrum, and, lastly, it may pass into the eustachian tubes, from thence to the tympanum, and finally to the mastoid cells.

Thus, taking a large number of cases, we may in a certain sense regard the cavity of the mouth and pharynx as a kind of distributing center for the disease, and the several passages from thence as so many highways for its conveyance to other mucous membranes.

Among the most usual symptoms are dryness and burning pain in the mouth, difficulty of swallowing, pain in the stomach, pain in the bowels, indigestion, and diarrhea. Later come loss of strength, anemia, and emaciation. But the anemia seems to be peculiar in character—*sui generis*, in fact.

Nursing females are the favorite victims of the disease, those who are pregnant come next, and, lastly, women when menstruating are said to occasionally suffer from it. First attacks, however, almost always occur during lactation.

The disease is thought to be much more prevalent in certain localities than in others, and some seasons are believed to specially favor its development. In 1832 and 1836 it is reported to have prevailed as an epidemic in the New England States, and both times occurred immediately after excessively cold weather. Malaria is thought by some writers to be an active excitant of the disease.

So much for *extrinsic* causes.

That the process of gestation sometimes, and the milk secretion process oftentimes, in females favors the development of the disease, all concede; but why certain females at these times are obnoxious to the affection and others are not, can not at present be answered.

As regards treatment: The remedy above all others, as it gets near the cause of the disease, is weaning. And as the children are usually strong and healthy, this step should be promptly taken when further delay would jeopardize the life or even much prolong the sickness of the mother. Of course, when the disease develops during pregnancy, we are driven to such means as the experience of the profession has to offer. Change of residence to a more salubrious district may often be practiced. Some authors laud iodide of potassium as almost specific, others speak highly of cod-liver oil, syrup of the iodide of iron, iron in various forms. Bitter tonics may be used to advantage in some cases. Wine, extract of malt, and other stimulants should be used; while milk, soft-cooked eggs, oysters, good beef, and broths are indispensable in the way of nourishment.

In conclusion, some of the more salient facts connected with nursing sore mouth may be epitomized as follows:

1. It is a disease to which certain nursing or pregnant women are subject.
2. It is probably true that the disease has been comparatively infrequent of late years.
3. It is *positively* true that there has been nothing, or next to nothing, in the medical literature of the past twenty years upon the subject.
4. In consequence of this many medical men of ten, fifteen, or twenty years' experience are not cognizant of ever having seen a case—would perhaps not recognize one if met.
5. Of the real nature of the disease, nothing is known, even by those who have made it a special study, except that it is a peculiar cachexia to which certain pregnant or nursing women are obnoxious.
6. The alimentary canal is the favorite seat of the disease; but, should any nursing or pregnant female suffer from obscure trouble about the lungs, nose, head, or ears, the possi-



bility of "stomatitis materna" acting as the underlying cause should be carefully considered.

7. When the disorder attends lactation, the remedy above all others is suppression of the secretion of milk.

8. When pregnancy is complicated by the disease, cases of such grave character may come up as to even justify bringing on premature labor.

CHAMPAIGN, ILL.

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## Foreign Correspondence.

### LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

An attempt is likely to be made before long to obtain an important amendment of the Habitual Drunkard's Act, 1879, in the direction of extending the carefully limited powers of compulsory detention conferred by section 10 of that act. It can hardly be said, indeed, that the existing powers are compulsory at all, inasmuch as the consent of the patient is originally necessary before he can be detained, and as the power to detain, which arises upon such occasions, is limited to twelve months; it is very natural that medical specialists and enthusiasts in the cause of temperance should chafe at these limitations. Twelve months is often an insufficient time to work a cure; while the necessity for obtaining the patient's consent

has all but rendered the act inoperative. No man, sane or insane, is likely to consent to his own incarceration, especially under those safeguards which section 10 provides, and drunkards, it is well known, have a peculiar obstinacy about admitting their weakness. This applies particularly to the female sex. A high authority recently declared that in the course of a long experience he had never known a woman admit that she was an habitual drunkard. To the extension of the time for which consent to detention may be given, there can be no serious objection, provided proper safeguards are devised for insuring the discharge of the patient cured. But it is hardly likely, after the uneasiness which has lately been caused by lunacy law disclosures, that the public consent to any thing like an extension of the power of confinement, at present applicable to lunacy, to cases of habitual drunkenness.

It is somewhat startling to be informed by so competent an authority on the subject as Dr. Litton Forbes, that between sixty and seventy per cent of the inhabitants of Germany are compelled to wear glasses in consequence of defective vision. The fact is becoming notorious that children who have their book education prematurely forced, or unduly prolonged, rapidly develop short-sightedness, and are doomed for the rest of their days to spectacles. Investigations made in Breslau among 30,000 children proved that in infancy ten per cent were short short-sighted, at the age of three the proportion had risen to twenty-three per cent, and at six the proportion of short-sighted little folks was more than one half. It is stated that among the youths in the higher schools of Germany no less than sixty-seven per cent are short-sighted. Badly-fed children who are over-worked at school are, as might be expected, the chief sufferers. Complaints of the same kind are being made in France, and the matter is forcing itself every where, not a moment too soon, upon public attention. No one can walk the streets of London without making the unwelcome discovery that the number of sickly, spectacled boys and girls is far greater than was formerly the case, even in comparatively recent times. Dr. Litton Forbes suggests as

remedies the avoidance of over-pressure, good nutrition, well-lighted schools, large type in books, and as much oral and demonstrative teaching as possible. It would be an unwelcome modification of as well as a serious drawback to the type of English men to be compelled, in the course of the next decade or two, to picture him in peace and war wearing the inevitable spectacles.

The annual Christmas-tree entertainment to the patients of King's College Hospital was held on January 14th. The patients were distributed round the galleries, and on the floor of the hall, which was fitted with a stage and decorated with flags, Chinese-lanterns, and evergreens. The entertainment, which was varied, included a musical sketch kindly given by Mr. Corney Grain. Some of the wards were decorated and on view to visitors, and a large Christmas-tree was placed in the children's ward. The entertainment was got up by the students, aided by presents from physicians and surgeons and their own friends. It was a subject of regret that some of the wards of this institution were closed on account of want of funds.

The following method is highly spoken of, and is being universally adopted by those members of the profession who, being medical officers of health, have a large number of samples of milk to test, and it is, therefore, necessary to analyze them in a rapid yet exhaustive manner. The apparatus used is a stoppered burette of 100 cubic centimeters' capacity, with a glass tap at bottom. The solutions necessary are a solution of one part of caustic soda in 200 parts of rectified spirit; a solution of one part glacial acetic acid in two parts of distilled water and Fehling's solution; also pure ether. In the burette are poured, first, 20 cubic centimeters of the alcoholic solution of soda, then 20 cubic centimeters of milk; then 25 cubic centimeters of pure ether. These are then well shaken together and allowed to stand at rest for six or eight minutes. Two layers will result. The lower one is then drawn off through the glass tap. In this is found the sugar of milk (lactose) and the casein. The ether layer remaining in the burette contains all the butter. The amount of butter is obtained by



evaporating this in a tarred porcelain, glass, or platinum dish. In the other solution the casein is estimated by making up the 200 cubic centimeters with distilled water, and precipitating by means of two cubic centimeters of the acetic acid solution. The liquid being then poured through a tarred filter, the separated casein is retained, and may be dried and weighed. The filtrate contains the sugar of milk, or lactose, which may be easily estimated by Fehling's solution. The whole of these eliminations are said to be easily performed in less than two hours. At the commencement of the process 20 cubic centimeters of the milk should have been acidulated with one cubic centimeter of the acetic solution, and set on a water bath to evaporate, and finished in a hot-air bath. This being done in a platinum crucible, the dry residue, after weighing for total solids, can be ignited, and the weight of ash determined. The complete analysis giving butter, casein, lactose, ash, and water by difference is thus obtained within two hours, the results, with ordinary care and skill in manipulation, being most reliable.

Mr. Harrison Cripps, of St. Bartholomew's Hospital, a well-known authority upon diseases of the rectum, at the last meeting of the Pathological Society of London, showed a specimen of stricture of the rectum. In his experience he found syphilis to be by no means so common a cause of stricture as was sometimes said, and he believed that in many cases it was due to contraction of pelvic cicatrices, leading to distortion of the rectum. He also found that stricture of the rectum was ten times more common in women, who were liable to pelvic cellulitis, than in men, whereas the reverse proportion held with regard to syphilis.

A committee has been formed for the purpose of raising a permanent record of Dr. Redwood's services to chemistry in its relation to medicine and pharmacy. It is proposed to found a Redwood Scholarship. The occasion of the movement is the retirement of Dr. Redwood from the Professorship of Chemistry to the Pharmaceutical Society, which he has held since 1842. The executive committee includes the names of the President of the Royal Col-

lege of Physicians (Sir W. Jenner, Bart.), the President of the General Medical Council (Sir H. Acland), Sir G. Burrows, Sir Spencer Wells, and most of the leading men of the profession residing in London.

LONDON, January, 1886.

## Translations.

PROVISIONAL CURE OF AN EXTREME SARCOMATOUS GROWTH ON A CHILD'S HEAD BY AN ATTACK OF ERYSIPELAS.—Two years ago a girl, then two years old, was sent to me with sarcomatous growth about the size of a hen's egg, and extending deep into the throat. I advised that the patient be sent to Prof. Lücke at Strasburg, with a view to operation. My advice was not followed. Afterward the astonishing report came to me that the swelling had healed. I supposed that perhaps the greater part of the growth had sloughed away, but that a portion still occupied the left tonsil.

Three months ago I saw the child, when her condition was simply horrible. The tumor had invaded the whole of the back part of the mouth and pharynx. The tongue, pushed forward by the swelling, its left half was an ulcerous mass projecting between the lips. Portions of the tumor occupied the nostrils, the *alæ nasi*, well on to the cheek-bones (here only under the skin), thence under the inner part of the eyelids, having probably utilized the lachrymal canal, so that the right eye seemed buried in the ragged mass. The child had numerous attacks of dyspnea that threatened its life. It grew more and more difficult to nourish it. When it was brought into the hospital, on the 13th of November, it entered the hospital with every appearance of dying soon. The stench from the tumor made it necessary to isolate the patient. An attack of dyspnea rendered a tracheotomy necessary the next day. The patient occupied a room recently vacated by a tedious case of erysipelas; the room, however, having been disinfected, and fresh bedding supplied. On the 17th erysipelas set in, not at the seat of the tracheotomy but in the tumor of the right eye, with a temper-

ature of above 104°. I instituted no special treatment of the erysipelas, mainly that the child might die easily, and also, if it lived, that the erysipelas might have undisturbed action upon the tumor. The latter occurred in a most extraordinary manner. Within the next five days, when the fever of the erysipelas disappeared, the tumor had melted away in every direction. The face looked quite as if nothing had happened to it, the eyes were free and clear. A few scars only occupy the eyelids and the nostrils where ulceration of the skin had taken place. The tongue, nearly one half of which had been destroyed, was drawn to one side by a huge cicatrix; the throat had undergone much cicatricial change, the soft palate, which had been perforated, had become adherent to the posterior wall of the pharynx, and the gums to the tongue. Thirteen days after the tracheotomy the canula was removed altogether. Breathing, swallowing, and speaking are all accomplished fairly well. The child's appetite is something extraordinary, and in twenty-six days after the operation she was decidedly sprightly. There remained on the upper lid and on the end of the nose tumors the size of a pea, which were removed. Microscopic examination of the growth disclosed a round-celled sarcoma; the cells comparatively small, the nuclei already much divided. I naturally fear that the trouble will be again developed from cells still remaining at the seat of the tumor, and think the proper thing to do would be to inoculate with erysipelas, by means of Fehleisen's coccus, in order to get a repetition of processes which have proved so remarkable.

The results attained in this case would seem to warrant such a procedure in other tumors not amenable to operation. Two views of the manner in which the apparently curative action of the erysipelas was exercised may be expressed. Either the micro-organism of the erysipelas, by means of the peculiar blood-changes it produced, has destroyed the sarcomatous tissue, or it has destroyed a multiplying (as yet unknown) microbe, which is at the bottom of the sarcoma and the changes produced by it. Since the latter process requires a considerable period of time, it

seems to me that the rapid melting away of the neoplasm in the present case, clearly favors the first view, especially when we reflect how long destructive effects outlast the death of tubercle bacilli. The patient unquestionably continues up to date, January 1, 1886, uncommonly well, and dry cicatrices free from residue occupy the former site of the tumors.

Any future change in the case will be made public. The facts, as I have related them, certainly seem to warrant the application to practice of the principle indicated.—*Deutsche Med. Zeitung.*

MILK-WINE OR KOUMISS.—Franz Kogelman, of Gratz, chemist, says we should no longer be dependent on the imported article, as we have the proper ferment in buttermilk.

If one volume of buttermilk be mixed with one or two volumes of sweet milk, in a short time lively fermentation sets in, and in about three days the work is completed. This produces a wine-scented fluid, rich in alcohol, carbonic acid, lactic acid, and caseine, which, according to all investigations yet made, is identical with koumiss. By this means, every one can provide this drink at a trifling cost.

The following practical hints for the production of a good article will be found useful:

The sweet milk used should not be entirely freed from cream. The bottles should be of strong glass and only two-thirds filled. The fermenting milk must be industriously shaken at least three times a day, and then the cork put in firmly, so that the fluid will become well charged and cause the carbonic acid to escape forcibly on opening the bottle. The bottles must be daily opened, and at least twice each day brought nearly to a horizontal position in order to allow the carbonic acid to escape and air to enter; otherwise, fermentation rapidly ceases. If a drink is desired strong in carbonic acid, the bottles, toward the end of fermentation, should be placed with the necks down. In order to ferment a fresh quantity of milk simply add one third of its volume of either actively fermenting or freshly fermented milk. The temperature should be from 52° to 68° F. About 60° being the most favorable.—*Ibid.*



**PEPTONE IN THE INCUBATING EGG.**—In explanation of the frequent occurrence of peptonuria during pregnancy, Dr. W. Fischel, of Prague, suggests that peptone may play an important role in the nourishment of the embryo and its membranes. Any excess of peptone not appropriated in the formation and nourishment of the embryo might succeed in reaching the mother's blood, and be again excreted with the urine. If the tissues of the embryo are built up out of peptone in the same way that the construction and maintenance of the already-prepared tissues is effected with peptone prepared in the alimentary canal, peptone should also be found in sitting-eggs. Acting on this suggestion Dr. F. instituted a series of investigations, resulting in the discovery of peptone in seven embryos, and seventeen times in the remains of the egg, in forty-two tests, made from the sixteenth to the nineteenth day of incubation.—*Ibid.*

**THE FATE OF PEPSIN AND TRYPSIN IN THE ORGANISM.**—Sahli has recently announced that in normal urine, besides pepsin, the constant albuminous ferment of the stomach, trypsin, the peptonizing agent of the pancreas, is also present. Dr. Leo, of Berlin states that pepsin is constant in normal urine; in all investigations hitherto undertaken in cases of cancer of the stomach or ileo-typhus, he has observed a marked diminution, or even an entire absence of pepsin in the urine. In accord with Kuene, however, Dr. Leo is not convinced that trypsin is to be found in normal urine. To account for the non-appearance of trypsin in the urine, it is to be supposed either that it is pepsin unappropriated with the feces, or is destroyed in the alimentary canal, or on its way from there to the kidneys.—*Deutsche Med. Zeitung.*

**TEMPERATURE AND THE FILTRATION OF ALBUMEN SOLUTIONS.**—Dr. Adolph Loewy, of Berlin, has been making a series of experiments bearing on the influence of temperature on the filtration of solutions of albumen (white of egg and blood serum), with the following results:

1. The amount of filtrate is increased by high

temperature, and in proportion to the increase of temperature.

2. The solid constituents of the filtrate are increased in their absolute mass by higher temperature, and also in proportion to the increase of temperature, and the relative mass of solid residuum was increased in nine cases out of eleven.

3. The absolute value of the organic constituents (the residue less the inorganic substances) show increase or decrease corresponding with the increase or decrease of temperature. The percentage of the organic substances was, in most cases, increased.

4. The inorganic substances appear to pass the filter in larger masses under higher temperature, but elevation of temperature has less effect upon them than upon organic substances. *Ibid.*

**PNEUMONIA TREATED WITH LARGE DOSES OF DIGITALIS.**—Petrescu, of Bucharest, reports remarkable success in the treatment of acute pneumonia from the administration of large doses of digitalis, given in the form of recent infusion. His conclusions, based upon the observation of three hundred and fifty cases, are as follows:

1. Digitalis causes antiphlogistic and diuretic effects only when given in appropriate doses.

2. This dose is from one to one and a half drams, given during the twenty-four hours, and continued for several days. He has given as much as five drams inside of three days.

3. The treatment of pneumonia by digitalis is the only method at present of reducing the mortality of the disease to a minimum.—*Ibid.*

**IODINE IN THE TREATMENT OF CHRONIC RHEUMATISM.**—M. A. Fort (*Union Médicale*) gives the following formula:

Potassium iodide,..... 5 drams;  
Potassium bromide,.....75 grains;  
Syrup of gentian,.....18 ounces;  
Tincture of iodine,.....20 drops.

A tablespoonful to be taken, morning and evening, in chronic articular rheumatism, and the affected joints to be painted with tincture of iodine.

## Abstracts and Selections.

RECENT METHODS OF TREATMENT OF THE ASPHYXIA OF NEW-BORN CHILDREN.—Wm. L. Reid, M. D., writes, in the Glasgow Medical Journal:

It would be interesting to examine all the various plans which have been published, from Smellie's simple one of whipping the child well and rubbing its mouth and nose with onions, to that of Woillez, who puts it up to the neck in the receiver of an air-pump, and alternately rarefies and condenses the contained air. But we must content ourselves with adverting to those which have been of late years held in most repute, excluding those which necessitate the employment of complicated apparatus.

Besides that of Dr. B. S. Schultze, Professor of Midwifery in Jena, there are eight methods before the obstetric public:

1. Marshall Hall: The patient is turned face downward so as to press on the chest and cause expiration, then turned on the side so as to free the chest from pressure, and produce inspiration by means of the elasticity of its walls.

2. Howard: The arms are extended, the wrists being brought together over the head and the chest thus expanded. The lower ribs are then alternately pressed on and relieved from pressure, so as to cause expiration and inspiration.

3. Sylvester: The arms are raised upward and forward for a few seconds, and then pressed firmly down against the sides of the chest. By means of their muscular attachments the ribs are raised and air sucked in, which is expelled when the arms are brought down again.

4. Pacini: The feet are fixed, and the operator, standing with the head against his own abdomen, seizes the arms at axillæ and pulls the shoulders upward and forward, then allowing them to return to their former position.

5. Bain: The shoulders are raised by lifting the body a foot off the table by seizing its hands. They are then allowed to fall back again, thus causing alternate expansion and contraction of the thoracic cavity.

6. Schücking: Like Sylvester's, except that he carries the arms outward as well as upward.

7. Schüller: The operator puts his fingers under the edges of the ribs, and pulls them up, afterward depressing them.

8. Schröder: The body is supported by one hand placed under its back, allowing the head, shoulders, arms and pelvis to fall backward with the view of producing inspiration, expiration being caused by sharply bending the body forward so as to compress chest and abdomen.

Lastly, Schultze's method: The child is to be suspended a few inches from the floor, by the two index fingers placed in the axillæ from behind, the thumbs lying loosely over the front of the thorax, and the other fingers spread also loosely over the thorax behind, the head being supported against the edges of the ulnar bones. Without delay in this position, the child is swung sharply upward until the operator's arms are extended horizontally, then the upward movement is continued more gently so as to bring the legs slowly past the perpendicular and allow them to sink quietly against the front of the child's body. The weight of the latter is now supported by the thumbs in front of the thorax, and the chest pressed on all round by the fingers, and its arms laid against its sides. This compression, through the diaphragm below and the fingers all round, causes aspirated fluids to flow freely from the mouth and nose. After being retained in this position a few seconds, the body is swung smartly down again into its former position, taking care that now there is no compression of the chest, either before or behind, but simply a suspension of the child on the index fingers. During this movement the contents of the abdomen, partly by gravity and partly by centrifugal force, fly away from the diaphragm, and, dragging it down, enlarge the chest below. At the same time the arms are separated from the sides, and by their muscular attachments drag the ribs upward, and in this way air is sharply drawn into the lungs. These movements are continued every four or five seconds, unless when a considerable quantity of fluid continues to come from the mouth and nose, when the movement of expiration is on that account prolonged.

A few years ago Dr. F. H. Champneys, Assistant Obstetric Physician to St. George's Hospital, London, undertook a series of experiments on the fresh bodies of newly-born children with the view of finding out simply which method took most air into the chest. The methods tested were the nine I have already mentioned. The conclusions, among others, to which Dr. Champneys came, are these:

"Since the position of equilibrium of a still-born child's chest is one of absolute expiration, airlessness, or collapse, no method which depends on elastic recoil of the chest walls will introduce air into its lungs. The methods of Marshall Hall and Howard are useless as means of directly ventilating the lungs of still-born children." "Sylvester's method and its modification by Pacini and Bain introduce more air into the lungs than any other method." "Schücking method is no improvement on Sylvester's." "Schüller's method is



useless, and not free from risk." "Schroeder's method is useless." "Schultze's plan, although its power of ventilation is less than that of Sylvester and its modifications, yet acts efficiently. The violence of the action of the method of Schultze is not in its favor."

Barnes says, "We need only mention Schultze's method of swinging and tossing the child. It has not been shown to possess any advantage to compensate for the violence which characterizes it." On the same page he adds, "We have tried all these methods excepting Schultze's." It will be long before any method can be shown to possess any advantage if the people condemn it before giving it a trial.

Given the birth of an apparently dead-born child, how ought we to proceed with its treatment? Personally, I believe in hanging it up by the heels with one hand, and clearing out its mouth and throat with the forefinger of the other. If this, followed by sharp whipping of the buttocks with the loosely hanging fingers, does not excite inspiration, I proceed at once with Schultze's method. The following is his own plan: "If the heart is beating strongly, and the child only in the livid state of asphyxia, the cord is not cut, but the mouth cleared out, and cold water squirted on the pit of the stomach and nape of the neck. If the heart's action is weak to begin with, or becomes weak, the cord is divided, allowing three or four teaspoonfuls of blood to escape, and the child dipped suddenly up to the neck in cold water. This failing, or when the child is born in the pale stage of asphyxia, after dividing the cord, clearing the throat, and pulling forward the tongue, swinging is at once had recourse to. The expiration position being gained, fluid pours out of the air-passages by the mouth and nose, and as soon as it ceases the inspiration position is assumed, when oftentimes the air is heard whistling through the glottis. These movements are to be executed eight to ten times, occupying, in all, about a minute. Aside from the ventilation of the lungs, and the removal of fluids from the air-passages, the alternate raising and lowering of the pressure in the thorax acts mechanically in promoting the action of the heart, and the circulation of the blood. In this way oxygen is sooner carried to the medulla, restoring its power of setting up breathing, and this may be proved by noticing that the skin becomes redder even before spontaneous breathing has occurred. Often a little whimpering sound tells that weak efforts at inspiration are being made, and the swinging must then be timed so that the artificial shall coincide with the natural attempts at breathing. After eight or

ten swings the child is put into a warm bath (95°-100° F.) to do away with the evil effect of rapid cooling, and to observe the result of the treatment. If there is no movement, it is swung again for another minute. If there is slight regular movement, the medulla is roused by dipping to the neck in ice-cold water. If the asphyxia recur swinging is resumed, although this is always a bad sign, showing that there is an effusion of blood on the brain, or malformation of the respiratory or circulatory organs. The artificial means must not be stopped until the heart's action is completely restored, and the child cries loudly. In the case of a premature child with weak chest walls, or where after swinging a few times no air is heard to enter, it is a wise practice to pass a catheter into the trachea, blow in a little air to distend the air passages, and immediately resume the swinging."

In the employment of this method the following points must be attended to, and I again call your attention to them, because, as Schultze himself says, and as six years' personal and somewhat extensive experience of it has taught me, the success of it depends entirely on the thoroughness of its performance. (1) The first movement must be that of expiration, else the contained fluids will be sucked still deeper into the air-passages. (2) The downward movement must be a fairly sharp swing, else the effect on the diaphragm will be largely lost. (3) If no air is heard entering, either the swing has not been powerful enough, or the thumb and fingers have not left the thorax free, or the glottis is closed. In the latter case the catheter must be used immediately and the swinging resumed.

The three indications to be met are: Ventilation of the lung, acceleration of the circulation, and removal of inspired fluids. Ventilation of the lung alone, as by blowing in air, does little good, because, where the circulation is poor, oxygen is not carried to the nerve centers. Acceleration of the circulation alone, as by warm bath, is not very effectual, because, where there is no entrance of air, it can only do harm by increasing the central congestion. And so with the simple removal of fluids, as by inspiration through the catheter, for the mechanical irritation of its introduction may set up an attempt at inspiration which sucks the remaining fluid deeper into the air passages. The advantage of the method we are now considering is that time is not lost in trying to meet these indications one after the other; they are all being attended to at once. For seven years I have practiced it with certainly better results than I formerly obtained by Sylvester's plan.

ON THE TREATMENT OF CHRONIC MALARIAL DISORDERS.—S. S. Cohen, M. D., recently read before the Philadelphia County Medical Society a paper on the management of obstinate intermittents, from which we copy (Polyclinic) the following:

In my own experience, the most effective salt of quinine is the so-called bimuriate of quinia and urea used hypodermically in doses of fifteen grains. It is perfectly soluble in its own weight of water, and hence adapted for use hypodermically. The objection to it is, that unless extreme care is taken not to allow a drop of the liquid to touch the skin, and, sometimes, in spite of every precaution, an abscess may result. I paint the arm around the point of puncture with tincture of iodine in order to prevent this.

1. That quinine salts are of greatest value in those cases of chronic malaria showing a distinct periodicity, and especially if there be a febrile paroxysm; and that in such cases their chief value is prophylactic, rather than curative. That the administration of quinine until relief is manifested, and then the withdrawal of the drug, will sometimes bring out a periodicity otherwise masked. The bimuriate of quinia and urea, hypodermically, is the preferable salt in acute or subacute exacerbations occurring in the subjects of malarial cachexia.

2. That in cases where the patient is much run down and exposed to unsanitary conditions, iron should be a part of the medicinal treatment.

3. That where the most prominent symptoms are connected with the nervous system, including apparent pulmonary, cardiac, intestinal or gastric troubles, arsenic is indicated.

4. That where the most prominent symptoms are rheumatoid or myalgic in character, salicin, or some of its derivatives or compounds, is of advantage; cinchonidine salicylate, by preference, in order to obtain the anti-malarial virtues of the cinchona alkaloid. Cinchonidine salicylate is also of use in maintaining an effect produced by quinine, after the withdrawal of that drug, and is superior to quinine where the paroxysmal manifestations are vague and irregular.

5. That iodine is of some benefit when administered alone, and of decided benefit when combined with other remedies.

In the discussion to which Dr. Cohen's paper gave rise, Dr. J. C. Wilson said: "With the bimuriate of quinia and urea hypodermically, I have had no experience except in one unfortunate case, in which a serious sore resulted."

Dr. Collins said that he began using the bimuriate of quinia and urea two years ago, and found it a desirable remedy.

Dr. Watson had observed that in cases of a rheumatic type salicin has seemed to act more promptly than the salicylic acid compounds. Salicin and arsenious acid have seemed more efficient than quinine. In chronic intermittent fever he thought the best treatment iodine and arsenic. The combination of iodide of iron and arsenious acid is often sufficient, without resorting to any thing else. In chronic remittents, strychnia, quinine, and piperine answer well.

Dr. Wm. T. Taylor said: "My treatment has generally been large doses of quinia, and, as a rule, I have not failed. I give from fifteen to twenty grains, producing buzzing in the head. I believe that one large dose will do more good than small doses from time to time. Although afterward I may continue the remedy in moderate doses, yet on each septenary I give a full dose. Where they are indicated, I also use arsenic and iron."

Dr. James Tyson remarked that in regard to the hypodermic use of quinine in obstinate malarial affections, he formerly feared to use the salt in this manner, because of a horror of abscesses, and he never did use it freely until a year ago. He found by experiment that one dram of water would dissolve seven and one half grains of the bisulphate of quinia. The Pharmacopeia says it is soluble in the proportion of one to ten, the sulphate one to seven hundred and forty, the hydrochlorate being soluble in the proportions of one to thirty-four. He began the treatment by injecting this quantity (seven and one half grains) night and morning. In one case treated in this way, the paroxysms of chill and fever disappeared in two days and did not return. There is no more irritation than follows an ordinary hypodermic injection. He says he has never had an abscess from it.

Dr. Carl Seiler said that he had found that the taste of quinine can be almost entirely disguised by mixing it with an equal quantity of extract of glycyrrhiza and powdered chocolate. This is placed, dry, on the tongue, and washed down with a mouthful of water. About the only taste noticed is that of chocolate.

Dr. Cohen concluded by saying: "I do not use the bimuriate of quinia and urea as a routine measure, or where the patient can be readily brought under the influence of quinine by the mouth."

PELVIC ABSCESS IN WOMEN; ITS TREATMENT. Dr. Munde concludes an able paper on the treatment of pelvic abscess in women with the following summary:

1. Pelvic abscess in the female is not very common, in proportion to the great frequency of pelvic exudations, and probably does not



occur in more than ten per cent of all cases, the majority of exudations terminating in spontaneous absorption.

2. Pelvic abscess may be either extra-peritoneal, the result of cellulitis (by far the most common variety), or intra-peritoneal, the consequence of pelvic peritonitis. If intra-peritoneal, the adhesive inflammation between pelvic viscera and intestines may so seal the abscess-cavity as to render it *practically extra-peritoneal*.

Abscess of the ovary and pyo-salpinx do not belong in the category of "pelvic abscess" proper, and do not fall under the same therapeutic rules, unless when, by agglutination to the abdominal wall or to Douglas's pouch, they become virtually extra-peritoneal.

3. Small, deep-seated pelvic abscess, not exceeding a capacity of two ounces, and minute multiple abscesses in the cellular tissue, can often be permanently cured by evacuating the pus thoroughly with the aspirator. The surrounding exudation is then rapidly absorbed.

4. About one half the abscesses open spontaneously into the vagina, rectum, bladder, or through the abdominal wall and ischiatic fossa. These cases may gradually recover without treatment, or the sinuses may persist until closed by surgical interference.

5. Abscesses containing more than two ounces of pus should be opened by free incision along an exploring needle or grooved director, cleared of debris by finger or blunt curette, and drained and irrigated, if necessary, through a drainage tube.

6. This incision should be made at the spot where the pus points most distinctly, which is usually the vaginal vault.

7. In a certain number of cases the pus points through the abdominal wall, generally in the iliac fossa, and the incision should then be ample, and free drainage should be secured.

8. When the pus has burrowed deep into the pelvic cavity, and a probe can be passed from the abdominal incision down to the vaginal roof, mere abdomino-cutaneous drainage will not suffice, and a counter-opening must be made into the vagina, and a drainage tube carried through from the abdominal wound into the vagina. This drainage tube may have to be worn for months. In making this incision care should be taken not to wound the bladder.

9. The opening of a pelvic abscess which points through the abdominal wall does not differ from, and is no more dangerous than the same operation elsewhere on the cutaneous surface of the body. It is not an "abdominal section" or a "laparotomy," in the sense that these terms are now used to indicate the surgical opening of the peritoneal cavity.

10. Chronic pelvic abscesses, which have burst spontaneously, and have discharged through the vagina, rectum, or elsewhere for months or years, are exceedingly difficult to cure. This is particularly the case when the opening is high up in the rectum. A counter-opening in the vagina, or enlarging the opening if there situated, the curette, stimulant irrigation, etc., may occasionally succeed, but usually fail.

11. A perityphlitic abscess may point through the abdominal wall, and simulate a pelvic abscess proper. Aspiration will settle the diagnosis; the treatment is the same.

12. The majority of cases of pelvic abscess recover, at least the mortality is small.—*American Journal of Obstetrics*.

ACETONEMIA AND ALBUMINURIA IN DIABETES.—At the conclusion of a recent discussion of the clinical aspect of glycosuria, Dr. F. W. Pavy (*Lancet*) remarked:

I may say at once that I do not believe in the theory involved in the term "acetonemia." Of course the coma is not a matter for belief; we all know that patients are very apt to die in a comatose state—a fact I mentioned in my work on diabetes, the second edition of which was published in 1869; and the same observation had been previously recorded by our countryman, Dr. Prout. Why, therefore, it should now be called Küssmaul's coma I can not conceive, seeing that he only described it in 1874. So far as I am enabled to judge, this comatose state arises from a deprivation of power in certain nerve centers, and thus fatigue, or any thing which tends to throw the patient off his balance, will tend to produce it. I have often met with it in patients who have undertaken a long journey to see me. They were buoyed up by hope on their way to London, but, when they presented themselves in my consulting-room, I have been enabled even then to recognize the first indications of the advent of coma, and the patient has died in the course of a day or two. I am inclined to consider that the coma depends, as I have said, rather on the exhaustion of certain nerve centers than on the action of any direct poison in the blood. A simple attack of vomiting may lead to it in a diabetic patient who has not been able to eat any thing for a day or two. It is usually ushered in by a rapid pulse and a peculiarity in the breathing. There is a breathlessness or out-of-breath condition, not dependent on any impediment to the entrance of air into the chest, but simply as though the patient were unable to get sufficient for his requirements in the peripheral parts of the system. He becomes drowsy, and this deepens into a comatose

state, terminating in profound coma and death. It has long been known that a fatty condition of the blood is frequently observable in diabetes, and this has been suggested as a possible explanation of the coma, through the production of fatty emboli. But I maintain that this fatty condition of the blood is a purely physiological state. Fat shows itself normally in the blood after the ingestion of a meal containing much fatty matter. When formerly lecturing on physiology, I used to demonstrate this in the blood collected from an animal shortly after the free ingestion of fatty substances, and which, after standing for a little time, presented a well-marked cream-like layer on its surface from the aggregation of the fatty particles. It is, I repeat, only a physiological condition, and its presence in the blood of diabetic patients may be accounted for by the great amount of food they take, and especially from the fatty nature of a large proportion of it.

Albumen is sometimes present in the urine in diabetes, and may continue for years without being accompanied with any serious results. Not unfrequently a decided quantity of albumen at the commencement of treatment may decrease and disappear as the patient improves. When present in small amount, I do not attach any significance to it. Other cases however exist which pass on to well-marked Bright's disease; and it is to be noticed that generally, as this condition becomes established, the diabetes shows a tendency to subside. I remember a lady with diabetes who became the subject of Bright's disease, and the sugar entirely disappeared from her urine in a manner that permitted her taking any kind of food without passing sugar.

**THE PREVENTION OF CHOLERA.**—The *Lancet* draws the following important lesson from a survey of the five visitations of cholera at Gibraltar:

While the cause of cholera is still unknown, and its mode of propagation a disputed question, it is very satisfactory to find that the efficacy of sanitary measures in preventing the development of the disease has been well established. Of this there can be no stronger evidence than that afforded by the history of the late epidemic at Gibraltar. Since the disease first appeared in the Mediterranean, it has broken out five times in Gibraltar. These epidemics occurred in 1834, 1854, 1860, 1865, and in the past summer. In the first, the cases among the total population, civil and military, amounted to 81 per 1000, and the deaths to 19.78; of the epidemic of 1854 we have no details; in 1860 the cases only amounted to 7.7, and the deaths to 3.57

per 1000; the epidemic of 1865 was very severe, the ratio of cases having been 43.8, and of deaths 23.96, while in the present year it was only 1.36 and 0.99 per 1000. This marked exemption, compared with previous outbreaks, and with the prevalence and mortality in the adjoining Spanish town of La Linea, may, we think, be fairly attributed to the great sanitary improvements introduced into the garrison after the severe epidemic of 1865. On that occasion a new system of drainage was begun and has been carried out; since then a well has been sunk on the north front which affords an abundant supply of water, and although it is not of a quality suitable for drinking, it furnishes ample means of cleanliness and for the purposes of conservancy. The drinking-water in Gibraltar is almost entirely rain-water, collected and stored in large tanks. In addition to this, during the late epidemic, the governor, Sir John Adye, brought into operation some condensing machines by which an additional supply of fifty-two thousand gallons per week of pure water was obtained, and distributed at a very moderate price. Before the outbreak of the disease all the usual sanitary precautions connected with flushing the sewers, emptying dust-bins, cleansing and disinfecting dwellings, etc., where necessary, were brought into operation, and, on its appearance, house-to-house visitation was adopted. Arrangements were also made for the distribution of food to the people who, by the want of employment arising from the imposition of quarantine, had been deprived of their ordinary means of subsistence. The result of these measures in checking the progress of the disease in the garrison has been too well marked to require further comment, and can not fail to prove a useful stimulus to their adoption elsewhere under similar circumstances.

**THE REFINED TESTS FOR ALBUMINURIA.**—In the last few years there has been a considerable revival of interest in the subject of albumen tests. The old method of boiling the urine and adding a drop or two of nitric acid has fallen more and more into disuse by those skilled in detecting albuminuria. Many have been the substitutes proposed, and imposing is the roll of names of the proposers. Among them are Dr. Pavy, Dr. George Johnson, Dr. Roberts, Dr. Oliver, and others. Indeed, the tests have been named after these gentlemen, and we hear of Dr. Pavy's ferro-cyanide pellets, Dr. George Johnson's picric-acid test, Dr. Roberts' brine test, and Dr. Oliver's testing papers. Besides the above-named reagents, we have sodium tungstate, potassio-mercuric iodide, and mercuric-iodo-cyanide. With all



these tests, except perhaps Dr. George Johnson's picric acid, it is recommended to use citric acid; some say that the picric acid test is improved by the use of citric acid. All of these tests can be used cold, and thus a great hindrance in bedside testing is done away with. It is difficult to say which is the most sensitive of these tests. Dr. Pavy's is certainly very sensitive, ready, and easy of application, and its portable form very strongly recommends it. The harmless and permanent nature of the materials, too, are great advantages. The only question that arises out of a precipitate with this test is that of peptones, and it is generally admitted that it does not deposit peptones; so that, as far as we know, we may have absolute confidence in it. The great question now for physicians is, What importance is to be attached to the quantities of albumen detected by such refined tests? We have been too much in the habit of judging albuminuria by its coarser forms, and even these have been known by physicians to cover almost a lifetime. We shall be grateful now for more investigation into (if we may so speak) the physiology of albuminuria.—*The Lancet*.

**NUTRIENT SUPPOSITORIES.**—A case was related by Mr. Godlee, for himself and Dr. Barlow, at the last meeting of the Clinical Society, in which the advantage to be derived from nutrient suppositories was well exhibited. The patient, as will be seen from a perusal of our report of the meeting, suffered from typhlitis. Mr. Godlee opened the abscess cavity, and allowed a large quantity of fetid pus to escape. The patient eventually quite recovered, without any palpable evidence of the thick bands of inflammatory material which are so troublesome in many cases treated on expectant methods, and had since had no sign in any way of any trouble whatsoever about the cecum. Dr. Barlow, speaking of the diatetic treatment after the operation, remarked "that in this case it was especially desirable to keep the stomach and intestinal tract at absolute rest. For many days, therefore, the very minimum of food, namely, a little barley-water, was given by the stomach, and the patient was fed by the rectum. The thirst was found to be entirely relieved by enemata of three quarters of a pint of water, which were in all cases absorbed. With regard to rectal alimentation, it is often observed that after two or three days the rectum becomes intolerant of nutrient enemata. To avoid this result, food was given in the form of digestive suppositories. Of these, two very convenient forms were made by Mr. Gerrard, dispenser at University College Hospital. The first was made by diluting a good meat-extract with

water, and peptonizing it with Bullock's pepsin, neutralizing, and then concentrating, to a soft paste. Cocoa-butter was then added in fine shavings, and mixed with one third of its weight of the peptonized meat-extract, and rolled into cones weighing one hundred grains. The second was made by peptonizing milk with pancreatic solution, boiling and concentrating to a paste, mixing and dividing as in the first case. Peptonized milk being now sold in a concentrated form, it may be used instead of ordinary milk, which saves much time and trouble. The suppositories were certainly absorbed, and kept the patient going for several days. One was introduced about every three hours. His tongue became very dry, and after a time he was given some pieces of underdone chop, which he was allowed to chew and swallow the juice derived therefrom, but not the fiber. Besides maintaining his nutrition fairly, the patient, who was rather an irritable, querulous subject, was satisfied and comfortable, and the advantage in keeping his abdomen quite quiescent was very great indeed." If other cases should confirm the favorable impression as to the advantages to be derived from this method of feeding, when contrasted with the failure which in a few days generally results from the attempt to sustain life by nutrient enemata, as the rectum generally soon becomes intolerant of them, there will doubtless be found a wide use for these suppositories in the very large class of cases in which the stomach requires to be kept at rest. It may be found, too, that the liquid which the system requires daily may be in some cases administered by the stomach; this would tend still less to the disturbance of the lower bowel, and leave it still more at rest to digest and absorb the suppositories.—*British Medical Journal*.

**ESSENTIAL SHRINKING OF THE CONJUNCTIVA.** At a recent meeting of the Ophthalmological Society of the United Kingdom, Mr. Anderson Critchett and Mr. Juler showed two patients, the subjects of essential shrinking of the conjunctiva (so-called pemphigus of the conjunctiva). One case—that of a farmer, aged fifty-three—was of special interest, as it had been under observation from its commencement. He came under Dr. Felix Semon's care in September, 1884, on account of an affection of the right nostril, which resembled syphilitic perichondritis and periostitis. In June, 1885, he was transferred to Mr. Nettleship's care, on account of epiphora and conjunctivitis, with partial obliteration of the lower *cul-de-sac*. The conjunctiva of the upper lid was marked by scars parallel to the free border. The affection went on progressively from bad to worse in the

right eye; and in August, 1885, slight conjunctivitis of the left eye was noticed. The right eye had finally become almost blind. Both eyelids were thickened, and partly adherent to the globe. Both *culs-de-sac* were obliterated; and, though the globe moved pretty freely, the lids moved with it. The lashes were inverted, and the cornea opaque and vascular. Similar shrinking of the conjunctiva had commenced in the left eye; the lashes were turning inward; and the *culs-de-sac* were so much diminished that the lids could not be everted without difficulty. The conjunctiva was red and velvety, but showed no scars. Vision was still fairly good. The man gave a distinct history of syphilis ten years earlier. No sign of pemphigus could be discovered on the body, though the man stated that he had seen bullæ on his palate. Mr. Critchett expressed the opinion that the condition had no relation to pemphigus, but was an essential shrinking of the conjunctiva, similar to that described by Gräfe and Bäumlér. Dr. F. Semon said that the patient came under his care in September, 1884, suffering from a muco-purulent discharge from the nose, which was sometimes streaked with blood. Beyond slight superficial ulceration of the mucous membrane, there was nothing to account for the symptoms. At that time the only part affected was the left nostril. Mercury and iodide of potassium, given separately and in combination, produced no improvement; but, while he was under this treatment, on one occasion, several large bullæ appeared, and the skin of the face was in a brawny condition, resembling erysipelas. This subsided after withdrawing the drug. Conjunctivitis soon afterwards appeared, and some small serpiginous ulcerations of the mouth. He had been impressed by the infective character of the malady, and had suggested that it might be a case of very slowly advancing glanders.—*Ibid.*

**OPIUM-POISONING THROUGH MOTHER'S MILK.** On November 17th Dr. William T. Evans writes:

I attended Mrs. T. in her eighth confinement, which was natural, although rather tedious in its first stage. She was delivered of a fine, healthy female child about 1:30 P. M. I left her a dram of liquor opii sedativus, to be taken in four doses, at intervals of four or five hours, if required, for the after-pains. On visiting my patient the next morning, I found she had had no sleep, on account of the severity of the after-pains; I therefore sent her six doses, of twenty minims each, of liquor opii, to be taken as before. (I may say that this patient had, on former occasions, suffered in an unusual degree from these pains.)

On the 19th, I found, on my visit, that she had had about three hours' sleep, but that the after-pains were still troubling her about every fifteen minutes. I therefore repeated the medicine I had ordered her the day before. On the 20th, I found she had had more sleep than on the previous night, had finished the medicine, but was not at all drowsy, nor under the influence of opium in any way, except the relief it had afforded her from her pains. The milk came into the breasts during the night, and at 4 A. M. the child was put to the breast, and sucked well. It took it again about 7 A. M., but not quite so freely as before. Up to this time the infant had been fed on milk-and-water and gruel. At my visit, it appeared to be comfortably asleep, so much so, that the nurse had not washed it. At 2 P. M., I was sent for, with the request that I would go at once. I did so, and found the infant very drowsy. On examination, the pupils were contracted almost to the size of a pin's head. The respiration was slow and tranquil. The countenance wore a placid expression, like a child in a natural sleep, and was rather pale. The skin was moist with perspiration. I roused the child with difficulty, but it relapsed at once into its former sleepy state. From these symptoms, I diagnosed the case as one of opium poisoning, and ordered the nurse not to lay the child down, but to constantly rouse it, and give it frequently strong coffee (with milk) as a stimulant. I also cautioned her not to put the child again to the breast. A few hours later, as there was no improvement, I ordered liquor ammoniæ to be dropped on a pocket-handkerchief and applied to the nostrils. I was sent for about midnight, and, on arriving, found the child had ceased breathing. I performed artificial respiration for about half an hour, but without avail; the child was dead.

At the inquest, the coroner informed me that he had never met with a similar case; therefore I thought it would be interesting to record it as a case of opium-poisoning communicated to the infant through the medium of the mother's milk, and at the same time to put medical men on their guard against allowing an infant to take the breast where it is necessary to give large and continuous doses of opium to the mother.—*Ibid.*

**DYSPEPSIA—CAUSE OF FUNCTIONAL INDIGESTION.**—(1) Eating too rapidly. (2) Drinking too much water at meal time. (3) Improper food. (4) Want of exercise. (5) Too much tea and coffee. (6) Too much tobacco. *Treatment:* Under-done meats and but little bread. No sweets. Saccharated pepsin, five grains at each meal. The mineral acids before



meals, as muriatic, nitro-muriatic, or phosphoric. Certain bitters, as nux vomica and strychnine combined with gentian or calumba. An alkali a few hours after meals when there is great acidity, but should not be used too frequently.

*Dilatation of the Stomach: Treatment.* Dry, solid food, under-done meats, no milk. Carbo-lic acid to allay fermentation. Wash out stomach occasionally. Strychnia hypodermic-ally or by mouth.

*Chronic Gastritis: Treatment.* Cause to be removed. A scanty supply of food. Pepsin at each meal, five grains. Milk, with a little meat, may be taken as food. Oxide of silver one half grain a dose, will be found of value. Bismuth is useful. Avoid tonics, but use the mineral waters to keep portal system drained.

*Gastric Pain (gastralgia): Treatment.* Diet of little importance. Stimulus at meals in small quantities. Morphia relieves at once, but use it carefully. (1) Bismuth, with a little opium. (2) Nitro-muriatic acid, two to three drops, diluted, or .

R Morph. sulph.....gr.  $\frac{1}{32}$ ;  
Acid. carbolic.....gtt. j;  
Aq. menth. pip.....ad. f. 5j.  
M. Sig. *Ter die.*

Fowler's solution, beginning with one drop and increase to five drops, *ter die.*

*Hematuria.* Treat the cause as well as the symptoms, though the treatment of both is generally the same. (1) Gallic acid in doses of ten to twenty grains, repeated every hour or two. (2) Sulphuric acid, alone or with gallic acid, unless contra-indicated by scarlet fever, etc. (3) Fluid extract of ergot, twenty drops, increased to one fluid dram. All three of the above are reliable remedies.

*Medical Treatment of Diabetes Mellitus.* Do not use bromide of potassium; it is valueless. Quinine is of no use. Opium is of value, and is one of the best agents, but care should be taken in its use. Codeia, one fourth to one half *ter die*, is much used in France. Trousseau's plan with strychnia is very useful. The salicylate of sodium, ten to twenty-five grains *ter die*, in compound spirits of lavender and water, is Prof. Da Costa's favorite. Ergot is useful, but less so than the others. The alkaline plan, which is quite popular in Europe, is of value. Aloes or aloine should be used for constipation that may arise.

*Diabetes Insipidus:* (1) A course of iron for its tonic effects. (2) Strychnia is very useful. (3) Ergot gives the best results; absolute cures follow its use; one half to one dram of the fluid extract should be given *ter die*.—*Da Costa in College and Clinical Record.*

**GUARANINE AND THEINE.**—Dr. Thomas J. Mays, of Philadelphia, esteems these two articles as of great efficacy in certain affections. Guaranine is supposed to be principally obtained from the seeds of *Paullina sorbilus*, which enter largely into the composition of a mixture called guarana. It is chemically identical with caffeine. Summary:

1. It affects both sensory and motor nerves; the former before the latter.

2. It paralyzes sensation and motion from the spinal centers, and not, like brucine and cocaine, from the periphery.

3. It produces hyperesthesia of the whole body, and after which convulsions.

4. Its convulsions are spinal and not cerebral.

5. It first increases and then decreases respiration.

6. It differs in its action from that of caffeine, in that it has a stronger affinity for sensory, and less for motor nerves, and that it is more analogous to theine in its action.

Two cases of sciatica were treated by guaranine, introduced subcutaneously:

*Case 1.* Injected one sixth of a grain of guaranine (Merck's) into the thigh, a little above the seat of greatest pain, and in four minutes the whole leg was relieved of pain.

*Case 2.* Had been a sufferer from sciatica for many months, and had passed through the routine medication for this disease without the least benefit. The first injection of guaranine relieved the patient entirely before she left my office, and three more injections cured her.

From my clinical experience with guaranine and theine I believe that they are identical in their effects on the human body, and by reason of the cheapness of theine (the price of guaranine is about six cents a grain, while that of theine is only forty cents a dram), I have used it exclusively of late, and with the most gratifying results. I find that from one third to one half of a grain, and even more, is tolerated with benefit. I hope that the profession will be led to give theine a speedy trial in sciatica, brachialgia, cervico-occipital, intercostal, and dorso-lumbar neuralgia, believing that it affords greater relief in these affections than any other single agent hitherto known in the materia medica.—*The Polyclinic.*

**AMMONIA IN THE TREATMENT OF ANTHRAX AND CARBUNCLE.**—The London Lancet states that Dr. Avendano read a paper before a Lima medical society, in which he testified to the great value of ammonia in anthrax and "carbunculous diseases," adding that it was a specific, and should be the only drug used. In cases of malignant pustule, after an incision

has been made, the official solution should be dropped into the wound, in the hope of its destroying the bacilli there, and of some of it finding its way into the blood before the bacillus does, so as to make it impossible for the parasite to multiply in that fluid. In addition, some salt of ammonium, such as the acetate, should be given internally, and, on the slightest suspicion of general infection, resort should at once be had to intravenous injections of ammonia, in doses of ten drops of the official solution with the same quantity of distilled water. In cases of malignant edema and carbunculous fever, too, "the microbe should be attacked directly in the blood, ammonia being injected into the circulation." Several successful cases were related.—*New York Medical Journal*.

**IMPUNITY OF OPENING THE KNEE-JOINT.**—Dr. H. B. Sands, Professor of Surgery, College of Physicians and Surgeons, New York, concludes an article in the *Medical News* on opening the knee-joint as follows:

That which has most interested and gratified me in this and in several other severe operations I have performed, in which the knee-joint has been involved, is the impunity with which this articulation may be opened, and indeed somewhat roughly handled, provided antiseptic precautions are scrupulously observed. This fact was especially forced upon my attention in a case of old fracture of the patella, in which I wired the fragments, one year ago, in Roosevelt Hospital. The operation was performed in the usual manner, but the fracture was found to have been comminuted, and the fragments could not be brought into apposition without much difficulty, nor until the quadriceps muscle had been extensively and repeatedly cut, in order to obtain the necessary elongation. Meanwhile, the bleeding was free, the knee-joint was frequently sponged out and irrigated, and the operation was prolonged as well as severe; yet the patient recovered without an unpleasant symptom under the use of a single dressing; and when this was removed, at the end of eight weeks, I discovered that the wound had healed throughout by the first intention, and that neither suppuration nor adhesive inflammation had taken place within the joint, which had a limited range of motion. Such a case affords, according to my judgment, indubitable proof of the marvelous improvements in operative surgery which have been wrought by antiseptic methods; and, when I see it stated in a standard American text-book, published only three months ago, that "the alleged superiority of the antiseptic method can not be said to have been as yet demonstrated," I am amazed at the author's incre-

dulity. Even among those who practice antiseptic surgery, however, some hesitation is occasionally felt about opening the larger joints, and operations involving the healthy knee-joint are at present regarded by many with the same kind of apprehension which, not many years ago, deterred surgeons from invading the peritoneal sac. The latter procedure is, as we now know, reasonably safe, and I can not doubt that the operation of opening the knee-joint is already, when properly performed, far safer. I confidently anticipate the time when skillful and careful surgeons will be able to divest it of all danger either to life or limb; and, whenever this period arrives, our time-honored, but clumsy, tedious, and uncertain method of treating both fracture of the patella and rupture of its ligamentous attachments may well be abandoned in favor of some form of operation calculated to secure an immediate union of the divided parts.

**GASTRO-ENTEROSTOMY.**—A woman was recently admitted into University College Hospital, suffering from symptoms of pyloric obstruction. As a very mobile tumor could be felt in the situation of the pylorus, an exploratory laparotomy was performed by Mr. Arthur E. Barker. The new growth was found to extend too far along the lesser curvature to permit excision of the whole tumor and pylorus, and a palliative operation was therefore performed. A loop of the jejunum was picked up, and an opening one and a half inches long made in it; an opening of similar dimensions was then made in the stomach, and the two stitched together. In this way, a short cut was provided by which the chyme could pass from the stomach into the jejunum without traversing the diseased structures. The patient bore the operation well, and was able to take food by the mouth five days after the operation. Fourteen days after the operation she was completely convalescent, and expressed herself as greatly relieved.—*British Medical Journal*.

**KIDNEY.**—The relationship of nephritis to various acute diseases has been now well established, and its occurrence as a sequela of scarlatina and typhoid is commonly recognized, but Dr. Högyes has shown that it may occur after varicella. The unity of Bright's disease has received further support and confirmation from Ducini. Langhaus has published the results of further researches on the changes in the glomeruli in nephritis. According to him, in ordinary nephritis, the glomeruli and tubules are equally affected. In nephritis after measles and scarlatina, the glomeruli are almost exclusively affected; while in the nephritis of icterus



and some toxic conditions, the kidney-lesion is almost exclusively confined to the tubules. D'Espine has found that there is a great accumulation of pota-sium-salts in the blood during attacks of uremic eclampsia; and his results afford some support to the views of Feltz and Ritter, who attribute uremia mainly to this cause. Professor Salvioli has been able to determine hydremic edema in dogs by ligaturing the renal and mesenteric vessels before injecting the saline solutions; and his investigations lead him to the conclusion that the localization of the edema in subcutaneous tissue in the hydremia of nephritis in man is due mainly to the function and structure of the human skin. Kottmayer has shown pretty conclusively that the precipitate formed by mercuric chloride in urine, which does not contain albumen with ordinary tests, probably consists of mercuric urea.—*Ibid.*

**COMMA-BACILLUS.**—A committee, with Sir William Jenner for President, and Sir William Gull, Dr. Burdon Sanderson, Professor de Chaumont, Sir Joseph Fayrer, and other experts for members, convened to consider the report of Dr. Klein and Dr. Heneage Gibbes, arrived at the following conclusions, which, it will be observed, disagree very importantly from those announced by Dr. Koch:

1. Comma-shaped organisms are ordinarily present in the dejections of persons suffering from cholera, but not in the blood, the intestinal mucous membrane, or any other tissue.

2. Comma-shaped organisms of closely allied morphological appearances are ordinarily present in different parts of the alimentary canal in health, and are developed in an unusual extent in certain diseases in which there is copious intestinal secretion; the predominant form in any given case depending in great measure on the nature of such secretion.

3. The comma-shaped bacilli ordinarily found in cholera do not induce that disease in the lower animals, and there are no real grounds for assuming that they do so in man.

4. Sanitary measures in their true sense, and sanitary measures alone, are the only trustworthy means to prevent outbreaks of the disease, and to restrain its spread and mitigate its severity where it is prevalent.—*British Medical Journal.*

**TUBERCLE BACILLI.**—A writer in the *British Medical Journal*, after examining the sputa from a large number of cases of chest disease for tubercle bacilli with Gibbs's double stain, says:

The absence of tubercular bacilli from any sputum, when tested on several different oc-

casions, is no proof that such bacilli do not exist in the lung. For, unless there be considerable disintegration of pulmonary tissue and free communication with a bronchus, the tuberculous *debris* may not be expectorated. Even a comparatively large cavity may be formed in the extreme apex, and it may, *post-mortem*, furnish tubercular bacilli in great abundance, yet during life the cavity may never have been evacuated; clinically, the only signs may have been dullness and a few large *râles*; and the bacilli may never have been present in the sputa. This is doubtless due to the situation, to the loss of elasticity in the pulmonary tissue, and to the frequent cicatricial contractions. A similar retention of tuberculous matter in the lower portions of the lung (where the expulsive efforts of coughing take greater effect) may be met with in the insane, in cases of advanced phthisis unaccompanied by cough.

**DIAGNOSIS OF GONORRHEA IN THE FEMALE.** Dr. Martineau claims that a specific may be distinguished from a simple vaginal discharge by the simple expedient of using a piece of litmus paper. In the specific form the reaction is always acid, while in the simple form it is always alkaline. The same test is also of value in cases of rape in deciding whether the person who committed the crime was then suffering from gonorrhea, as the vaginal discharge proceeding from this cause would be acid.

**TREATMENT OF FRECKLES WITH CARBOLIC ACID.**—Dr. Halkin's procedure is as follows: The skin, being washed and dried, is put on the stretch with two fingers of the left hand, and a drop of pure carbolic acid is applied exactly over the patch. When it dries the operation is completed. The skin becomes white, and the slight sensation of burning disappears in a few minutes. The thin crust which forms after the cauterization should not be disturbed; it detaches itself spontaneously in eight or ten days, leaving a rosy coloration, which is soon replaced by the normal color of the skin.

**SUGAR.**—Nylander recommends the use of the alkaline bismuth solution as a test, the reduction to which Fehling's solution is subject from the presence of such bodies as uric acid, kreatinin, etc., not affecting its accuracy as an indicator of sugar. The solution recommended is thus prepared: bismuth subnitrate, two grams; Rochelle salts, four grams; soda solution (eight per cent caustic soda). Filter. It is to be added in the proportion of one to ten of urine; 0.025 gram of glucose is easily detected. If albumen be present, it must be removed.—*Ibid.*

**CONTAGIOUSNESS OF VARIOLA AT THE BEGINNING OF THE ERUPTION.**—Lancereaux reports three cases occurring in his hospital service, in which smallpox was transmitted at the beginning of the eruption. From these facts he draws the conclusion that variola may transmit itself on the first or at least the second day of the eruption, since the smallpox patient admitted by mistake in the hospital was transferred two days after the appearance of the eruption. This is, however, not the opinion commonly admitted. An English physician of great celebrity, Herberden, following the citation of Dezateux and Valentine, asserted that he was in possession of facts demonstrating that smallpox could not be communicated until after the second or third day of the eruption, and that persons who had never had it might, up to this period, sleep with those who had it without risk of taking it.—*Bul. de l'Académie de Médecine*.

**URETHAN AS AN HYPNOTIC.**—In the clinic of Riegel in Vienna, urethan has been given in a variety of cases, with the object of testing its action as a soporific. In chronic weakly conditions, and in heart-cases uncomplicated by excessive cough or dyspnea, it was found to produce sleep in from one quarter to half an hour. During sleep the tendon and other reflexes are unchanged, the pupils reacting to light; on waking, there is no heaviness or drowsiness. The doses given, in twenty-seven cases with sixty-seven administrations, varied from one to four grammes. It is concluded that urethan is useful as a "pure hypnotic," but that it can not replace morphine in the relief of pain of cardiac dyspnea.—*British Medical Journal*.

**ICHTHYOL.**—Dr. Lorenz recommends ichthyol in a variety of cases. In a thirty-per-cent solution, it relieves the severe itching of senile prurigo; for pruritus, a weaker solution is used, namely, ten per cent. As an application to slowly granulating burns and ulcers, he has had excellent results; and internally, in doses of four tablespoonfuls of a one-per-cent solution in the day, he has relieved the symptoms—vomiting, etc.—of catarrh of the stomach.—*Ibid*.

**TUBAL PREGNANCY.**—Mr. Lawson Tait has reported several cases of tubal pregnancy, in which the fallopian tubes had ruptured, and in which he opened the abdomen, removed the dilated ruptured tubes, tied the pedicle, and closed the abdomen. Of nine cases of this kind all recovered, except one. The bold treatment adopted by Mr. Lawson Tait in these cases has

been so successful that obstetricians generally will not hesitate in future to follow the same line of treatment.—*Ibid*.

**SANTONIN IN AMENORRHEA.**—W. Whitehead, F. R. C. S. Eng., F. R. S. Edin., Surgeon to the Manchester Royal Infirmary, prescribed ten-grain doses of santonin to be taken for two consecutive nights, and to be followed each morning by a seidlitz powder. No worms made their appearance, but a few days afterward, menstruation, which had been in abeyance for several months, occurred. Santonin in amenorrhea, and in many cases after the permanganate of potash has been tried in vain, and in chloro-anemia, subordinate to amenorrhea, appears to be of the most signal value. With the return of menstruation, or a discharge of blood from the vagina equivalent in effect, every symptom has rapidly subsided.—*London Lancet*.

**STRYCHNINE AS A PREVENTIVE OF POSTPARTUM HEMORRHAGE.**—Mr. Holclough Hoey, Assistant Master, Coombe Lying-in Hospital, Dublin, writes to the *British Medical Journal*:

I can answer from experience as to the efficacy of strychnine combined with ergot in *postpartum* hemorrhage. I have seen cases of severe bleeding, in which the uterus was large and relaxed, completely controlled within five or six minutes after this drug being administered.

**MEDICATED VAGINAL TAMPONS.**—At a meeting of the British Gynecological Society Dr. Fancourt Barnes showed some medicated vaginal tampons composed of absorbent cotton-wool and elastic fibre enveloped in sublimated gauze. In the center of the wool is a small hermetically sealed glass capsule containing a drug in concentrated form. Before applying the tampon to the vagina, the capsule containing the drug is broken by pressing the tampon between the finger and thumb, thus liberating the contents, which diffuse themselves through the tampon. In this way iodoform, cocaine, eucalyptol, or any other drug, can be preserved intact and ready for use until required.—*Ibid*.

**TREATMENT OF PSORIASIS.**—In psoriasis Dr. Guibout prefers the oil of cade, having it well rubbed in, and ordering soda baths every day or so, this treatment to be continued until the pigmentation due to the disease has disappeared. If, for any reason, he can not use the oil of cade, he employs a five to fifteen per cent pyrogalllic-acid ointment, having it applied twice a day, and directing the patient to take a daily bath.—*Gazette des Hôpitaux*.



**ALBUMINURIA TREATMENT.**—There is good reason to believe that sometimes the access of interstitial nephritis is marked by an attack of acute renal dropsy, in the same way that fibroid phthisis may begin with an interstitial pneumonia, and osteo-arthritis with an acute illness very closely resembling ordinary rheumatic fever. But I know no means by which a certain diagnosis can be made in the acute stage, nor, supposing this to be possible, any indication for a line of treatment differing from that of acute parenchymatous nephritis, although of course the issue of the case would be much less satisfactory.

Chronic albuminuria (interstitial nephritis) is essentially a chronic disease. For many months, sometimes even years, it is often difficult to persuade the patient that his condition is one of serious, though it may be remote, danger. The indications for treatment, so far as the kidneys are concerned, are practically the same as in the acute forms of nephritis; but in fulfilling them we have a slightly different end in view, and there are certain special complications, particularly the vascular changes, against which we have it in our power to take certain special precautions.

In the earlier stages we have, not to relieve our patient from urgent though temporary symptoms, but to enable him to live with as little strain as possible upon the excretory functions of the kidneys. Diaphoretics, purgatives, and a carefully-regulated diet, especially as regards the amount of albumen contained in it, are still the chief factors in our treatment; but they have to be employed continuously for long periods, and consequently their activity must be carefully adjusted, so as not to be followed by the exhaustion of the organs to which they are directed. It is impossible to lay down any rules equally applicable to all cases, or even to the same case at different periods. Each must be carefully studied, and the details of treatment directed by the individual peculiarities of his constitution. One may get more relief from judicious use of purgatives, another from that of diaphoretics. In fact we have to ascertain on what organ or function we can best rely for the discharge of an extra amount of daily work supplementary to that of the kidneys. Hot air baths, or Turkish baths, must be employed, but not very frequently; and the use of purgatives must not be such as to be followed by constipation. If the liver, as often happens, is involved in the same fibroid change, a five or six weeks' course of ammonii chloridum, provided always that it does not set up gastric trouble, is often of great service. I believe, indeed, that it is well worth while to try it, even

when no change in the liver can be detected. We have to keep the general health as perfect as possible, but to do so without losing sight of the damaged state of the kidneys. Change of air, if possible to the sea-side, or a sea voyage, are potent for good, if the patient has sufficient self-control to avoid their special risks. The vascular and cardiac changes require treatment of a different kind, which, however, must not be pushed so as to endanger the general health. We have it in our power to diminish the intra-arterial tension from time to time, and in proportion to the degree in which this is accomplished we shall retard the development of that arterial degeneration and left ventricle hypertrophy which are such fatal elements in the disease.

On the whole, nitro-glycerine seems to be the best drug to employ for this purpose; but in the dose and in the frequency of its repetition we must be guided by the effect. Perhaps nitrite of potassium in small doses might also be given, but I have no experience of its use in chronic Bright's disease. There is one drug which demands special mention, for it is sometimes most valuable, sometimes most dangerous, viz., iron. One of the best cardiac tonics—I had almost said cardiac foods—it finds its proper place in the earlier periods of the disease. Then, by improving the nutrition, and thus increasing the vigor of the heart, it enables a comparatively small amount of muscular tissue to exert a large amount of force, and thus delays the advent of serious hypertrophy, and the greater the degree of hypertrophy the nearer is degeneration, with all its hopeless consequences. But toward the end of the disease, when the heart is already greatly hypertrophied, and the arteries degenerated and brittle, the incautious administration of iron gives to the contraction of the heart a power which the weakened vessels are unable to resist, and thus directly brings about cerebral hemorrhage, one of the most frequent terminations of chronic albuminuria.

Albuminuria dependent upon lardaceous disease of the kidneys may unfortunately be dismissed in very few words. Whatever be the case with interstitial nephritis, lardaceous change is always secondary to some pre-existing malady, and, except so far as it embarrasses the management of that malady, admits of no special treatment. Further, the change generally involves many other organs, some of them not less vital than the kidneys. Whatever its cause may be—syphilis, protracted suppuration, malaria, or exhausting discharges of almost every kind—it is that cause which we have to treat. The most hopeful form is the syphilitic, and in that I have seen great

temporary improvement follow upon the use of perchloride of mercury and iodide of potassium, but I have never seen cure. Perhaps I might have believed that some did recover, had they passed sooner from under my observation. Most reluctantly I am compelled to place it in the class of diseases tersely described by a friend to whom, some years ago, I incautiously disclosed my then unbounded faith in therapeutics. "Yes, these cases often get well, but the patients always die."—*London Practitioner*.

**THE PHARMACEUTICAL AND THERAPEUTIC USES OF ALGIN**—Mr. Watson Smith calls the attention of pharmacists and physicians to a new product, *algin*, discovered by Stanford. It is a residual product of the wet way of obtaining iodine from certain marine alge, being a nitrogenous principle, closely resembling albumen, except in not being coagulated by heat. It forms perfectly definite *alginates* with metals. The alkaline and earthy-alkaline alginates are soluble, but the others are insoluble. The double alginates are easy of preparation, and almost all of them are soluble. Besides possessing many curious chemical properties, giving promise of extensive applicability in pharmaceutical and other processes, algin has a notable alimentary value, and may be advantageously substituted for gumarabic in the preparation of a great number of dietetic and medicinal products.—*Physician and Surgeon*.

**A NEW LOCAL ANESTHETIC**.—At a recent meeting of the Medical Society of Berlin, Dr. Lewin presented a most interesting series of observations upon the physiological effects of a resinous extract obtained from the root of *piper methysticum*, which is soluble in alcohol, possesses a somewhat aromatic taste, and leaves upon the tongue a sensation of pricking and burning, soon lost in the supervening local insensibility. When the extract, even in very small amount, is instilled into the eye of an animal, a slight local irritation is evidenced by repeated blinking, which soon yields to a marked, enduring, and complete insensibility of the conjunctiva and cornea. In guinea-pigs Lewin has seen this insensibility continue for more than an hour, normal sensation gradually returning. The iris retains throughout its reflex responsiveness to optic stimuli. No anatomical lesions of the cornea or conjunctiva were observed as the result of its application.

When the solution of the extract is injected hypodermatically, the tissues with which it comes in contact completely cease to respond to the application of thermic, electric, and chemical stimuli, a transitory condition which is followed by no symptoms of inflammation.

In regard to the constitutional effects produced by the drug, upon man, much the same claims are put forward as in the case of coca. When used in moderate amounts, a feeling of comfort, contentment, and rest, with complete retention of consciousness and reason, is said to result. With large doses there is a sensation of dreamy happiness, with an intense desire for sleep; while in excess the infusion causes nausea, headache, paresis of the extremities, nervous trembling, and somnolence. The general effect upon birds, rabbits, and cats is analogous to that produced in man.

It is evident that the drug is of considerable importance, and, if further experience shows that it effects in man the prolonged local anesthesia that it induces in animals, it will be of great utility in very many operations in minor surgery.—*Medical News*.

**TREATMENT OF HEMOPTYSIS AND INDUCTION OF PNEUMOTHORAX**.—In the spring Dr. Cayley brought under the notice of the profession a case of profuse hemoptysis in which pneumothorax was induced on the left side, with the expectation that the great diminution of the circulation through the collapsed lung, together with the pressure exercised by the air, would arrest the bleeding. The result of Dr. Cayley's case was not very satisfactory, as the patient, who was suffering from acute miliary tuberculosis, died on the fifth day after the operation.—*British Medical Journal*.

**NEW PURGATIVES**.—At a recent meeting of the Académie de Médecine, Dr. Desnos presented observations on baptisin, sanguinarin, juglandin, and phytolaccin. The last named he regarded as of especial interest, as it was found to be a reliable purgative in doses of from one and a half to three grains. It also possesses cholagogue properties. Sanguinarin was found to be unreliable, and its rejection was advised.—*Les Nouveaux Remèdes*.

**SALICYLATE OF POTASSIUM IN ACUTE RHEUMATISM**.—Dr. E. L. Miller, prefers the potassium instead of the sodium salt of salicylic acid in acute rheumatism. He thinks the potassium favors the elimination of the worn-out albuminoid products which fall short of being converted into urea in the body; he has used this salt when the stomach refused to tolerate the sodium salt.

MISS ALCOTT remarked during a trip on an ocean steamer: "They name ships Asia, Persia, and Scotia. I wonder it does n't occur to somebody to name one Nau-sea."—*Medical Record*.



# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. I. SATURDAY, FEBRUARY 20, 1886. No. 4.

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,  
440 to 446 West Main Street, Louisville, Ky.

## THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.

The next meeting of this body will occur the evening preceding the session of the American Medical Association in St. Louis. It is understood that efforts are on foot to make it the most successful meeting yet held.

The genial editor of the American Lancet, in a recent notice of the event, suggests that a large, harmonious, and profitable session may be had if the meeting be made more of a social affair. With perhaps the single exception of the Louisville meeting, where the social element was given its proper place according to the Kentucky idea of such gatherings, all other meetings have, we understand, been slimly attended, cold, and in the main uninteresting. This should not be, for editors as a class are a warm-hearted, kindly folk, who, being on good terms with themselves and one another, smile benignantly on subscribers and advertisers, and on mankind in general. Whatever, therefore, tends to facilitate better personal acquaintance among the craft would naturally augment both the pleasure and interest of the annual meetings. With this in view,

our appreciative cotemporary suggests that the coming session be opened with a dinner—a subscription dinner, such as is so universal in England and elsewhere on like occasions, where all are welcome, and the item of expense being shared equally among the guests would fall lightly on all, and where each may say to his neighbor, "Sit down and feed, and welcome to our table."

We cordially indorse the suggestion, and trust that the committee in St. Louis will make all arrangements necessary for the event. The houses of few physicians would permit of seating at dinner so large a number of persons as will attend the next meeting of the Association, so the dinner must needs be in some public place. Nor should it be made costly, but the rather simple, well prepared, and promptly served. Such a dinner would commend itself to the society generally, and almost every member would face it with pleasure and a good appetite. Such little business as the Association has could be discussed, and the address of the President listened to while the guests enjoyed their Havanas. The gentleman from Maine could exchange smiles with the honorable member from Texas. The "outs" of the Congress could repeat to the "ins" the remark of the governor of North Carolina to the governor of Georgia, while the prohibitionists could

"Tak' a cup o' kindness yet  
For auld lang syne,"

if not for the beverage itself. Dissensions, if there be any, would be adjusted, old friendships renewed and strengthened, new ties formed, and the occasion from Blue Points to Benedictine would be one long to be remembered.

"Prayers and provinder hinder no journey."  
So—let's dine.

## THE AMERICAN MEDICAL ASSOCIATION.

The annual meeting of this body will be held on the second Tuesday in May, next, at St. Louis. In an editorial on the subject in the St. Louis Courier of Medicine, we are told that the committee of arrangements is doing its work in a manner "which will insure the comfort of the members, facilitate the work of the

committees and sections, and make the meeting in every way pleasant and profitable." This is as it should be, and we hail it as a good omen.

The editorial further says "that there are many reasons why the meeting should be very largely attended," and adds "that it will be one of the most important meetings in the history of the Association. The future prosperity of this, the only organization which stands in a position to act for the profession of the whole country, depends very largely upon the course that shall be pursued there." It urges "that in all parts of the country none but the wisest, strongest, ablest, and most judicious men in the profession be chosen as delegates, and that they come in such numbers and with such spirit and enthusiasm as shall prove that the Association is neither dead nor dying." That there be "put in front as leaders only men who will command the respect and implicit confidence of every member of the profession—men whose leadership all will cheerfully follow."

Had this last clause been acted upon at New Orleans nine months ago, there would have been no need of writing any thing that precedes it. Up to that date the profession generally had accepted the Association as its representative. Some mistakes, it is true, had been committed at almost every annual meeting, but no more than are inseparable from all organizations of a similar kind. In the slow process of years the Association had improved its working machinery to the point of making it genuinely effective for real scientific purposes. The division of its work into sections, after the manner of the British Medical Association, was the first real forward step. Following this the Journal was established. Wherever the Association met it drew new recruits and fresh supplies at least from the neighborhood, and its membership was thus annually augmented and made more and more truly representative of the profession. The peripatetic feature of the body contributed in large degree to this result. It can not be denied that at every place of meeting there were persons who did not see fit to enroll their names as members, and among them were often some of the best men, not only in their own localities but in the profession at large. Yet for all this the Asso-

ciation maintained its numbers and its prestige. It continued representative of the profession at large and its power was as great and its influence as binding as the power and influence of such a body could be made in a country so large and a profession so numerous as is that of medicine in America.

And in spite of all opinions to the contrary, we believe the Association will continue to be the representative body of the great mass of the profession in the United States. It was led astray at New Orleans. It will doubtless be led astray again and yet again, for designing, ambitious, selfish, and industrious plotters will gather at every meeting, and opportunities for their securing power will occasionally occur, and seizing these they will again plunge the Association into errors as unfortunate and as grievous as any of those committed in the past. But for all this it will live. The distinguished editor of the St. Louis Courier of Medicine may quiet his mind on that point.

And under any thing like wise management the Association will grow in numbers and strength, in interest and usefulness.

But well or ill-managed, it is too large and too lusty to die. Be sure of that. It is the offspring of the profession, and though for years a trifer rather than a worker, guilty of many escapades, painfully deficient in some things, and wofully wrong sometimes, it will neither be disowned nor disinherited. It will continue to bear the name and in the long run represent the wishes, embody the sentiments, and carry on the work, of the great body of medical men on this continent.

With the lapse of years it will gain experience and grow both soberer and more conservative. It will have done with politics, ethics, and homeopathy. It will make the standing of the individual at home and the character of his contributions to our common stock of knowledge its single test of loyalty. And, with its eyes cleared of the mists begat by personal feeling, and its heart purified of unworthy ambitions by defeat and mortification, it will come to see that true science knows neither sectional lines nor geographical distinctions, and taking counsel of its toilers rather than of its politicians, of its students



rather than of its talkers, of its investigators rather than of its tricksters, it will make itself the accepted apostle of the gospel of work, and enter upon a new era of growth and prosperity.

We will gladly unite with our distinguished contemporary in the endeavor to secure a large meeting of the Association at St. Louis, in whooping up the members, as it were, but not for the reason that he is pleased to give. We share none of his apprehensions.

Men may come—into the Association, and men may go—out of it, but the Association will go on, and in due time yield results which will inure to the lasting honor of the profession and the good of mankind.

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### AN APOLOGY.

“He Laughs best who Laughs Last.”

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Some four or five months since Dr. Broudel, of Algiers, Africa, reported to the Academy of Sciences of Paris that he had succeeded in introducing various medicines into the human system by means of electricity.

His method was to steep a plate of amadou or German tinder in a solution of the salt to be used, apply it to the body under the negative pole and make the connection. That the method was effective he claimed to have proved by experiments with iodide of potassium. When, in using this salt, he put a starched plate under the positive pole, he found that the iodine had traversed the tissues and communicated to the starch the characteristic blue color. By this method, called dielectrolysis, Dr. B. claimed to have cured a number of cases of syphilis, chronic rheumatism, uterine fibroids, and other obstinate affections.

Dr. Dujardin-Beaumetz, who was present, doubted the accuracy of the experiments and requested Dr. Broudel to repeat them in his presence. This being done, it was found that Dr. Broudel had innocently fallen into error, through having first handled the iodized plate and then, while arranging the starched plate, had communicated to it, through contact with his fingers, a trace of the iodine. Dr. Beaumetz was prepared to report this result to the Academy, but before he had opportunity to speak

two other eminent experimenters entered claims of priority in discovery of the process. When the result of Beaumetz's test was made known, and it came to be understood that Broudel had been the victim of an illusion, the medical world indulged in no little merriment at the expense of the very honest but sadly mistaken experimenter. The staid Louisville Medical News even smiled audibly while an able contemporary with an innocent disregard of both French and physics converted amadou in his translation into india-rubber, and laughed as much as the rest.

In the Hand-book of Electro-Therapeutics, by Wilhelm Erle, of Leipzig, page 56 (Wood's Library), published in this country in 1883, that eminent teacher discourses as follows: “Concerning the cataphoric effects, we stand on a somewhat more solid foundation. A successful attempt has recently been made to employ the cataphoric action in the introduction of drugs into the body. After Von Bruns had shown that the galvanic current could force iodide of potassium through dead and living parts of the human body, Munk devised the most serviceable method of effecting this object.”

We were one of the first to laugh; we wish, therefore, to be among the first to tender our apologies and regrets to Dr. Broudel, who, if he lost an opportunity to have his name connected with a valuable discovery, has now large opportunity to laugh, “and the world laughs with him.”

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### Notes and Queries.

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CARBOLIC ACID INTERNALLY.—A practitioner of large experience sends the following:

In the few brief notes you have published on carbolic acid in indigestion, I think you have by no means stated the full range of the remedy even in this condition. In the first place, I have found carbolic acid in doses of from two to four drops a better antacid than any of the alkalies. It arrests fermentative action in the stomach, of whatever kind, with greater certainty in shorter time than any drug I know of. And in sick stomach it often gives quick

relief. In vomiting, from any of the usual causes, it is usually serviceable, and in some cases is of benefit where other remedies have failed. It frequently quiets the sick-stomach of pregnancy. I have used it almost daily in my practice for the past eighteen or twenty years, and know of no drug in which, in the conditions named, I put so much trust.

**OCCCLUSION OF STENO'S DUCT.**—Dr. John B. Roberts recently reported to the Philadelphia Clinical Society a case where there was a transudation of fluid on the cheek, in the region of the parotid gland, during mastication. On pressing the buccal opening of Steno's duct a muco-purulent fluid escaped. A probe was passed into the duct for an inch or more, and the canal stretched; on the return of the patient a day later, he reported that the transudation was less than it had been. The duct was again dilated with the probe. No calculus was found. The patient had suffered from an abscess in this region three or four years ago, but the cicatrix did not seem to be located over the line of Steno's duct. On carrying the probe into the duct an inch or more, its point could be felt through the skin of the cheek. Dr. Roberts said that he did not understand the pathology of the case, but believed the fluid to be saliva. Perhaps the occlusion of the duct was due to inflammatory changes, a catarrh, in fact, and dammed up the saliva, which in some way, by effect of pressure, perhaps, found its way into the sudoriferous and sebaceous glands or ducts, and thus reached the surface.

Dr. Henry Hartshorne said that he had once seen a case of this nature. The exudation was in the region of Steno's duct, and there was moisture enough to necessitate its removal by the handkerchief. He could not remember whether it occurred only *during* mastication or not.

Dr. Clara Marshall said that in Ringer's *Hand-book of Therapeutics* there was the following statement about belladonna: In the case of a man who suffered from excessive sweating of both cheeks while eating, the sweating ceasing immediately after the meal, ten drops of belladonna, thrice daily, checked

the sweating completely. It is barely possible that in *this* case the secretion was a transudation of saliva.

**THE PHILADELPHIA COUNTY MEDICAL SOCIETY.**—Several of our cotemporaries have an inadvertent somewhat severely on the action that this Society recently took about the International Congress. To our eyes the minority was so simply for the lack of votes. There were one hundred and sixty-nine gentlemen present, who thought the Congress had fallen into bad hands, to thirty-nine who thought otherwise. The day for electoral commissions is happily past, so, mortifying as their defeat is, there is no machinery now in operation whereby the beaten can change it.

A correspondent of the *New York Medical Journal*, who is said to be in a position to know the facts, writes as follows:

"The membership of the county Society is four hundred and fifty, and the Shoemakerites probably displayed their full force in their thirty-six votes. Every member of the Society received both tickets, with full notice of what was to be done, and the general belief here is, that if the four hundred and fifty could be got together, the minority would not number fifty. The meeting has developed no evidence of any future struggle, and we hear of no more talk about it. The action was perfectly regular and legal, and, if the thirty-six think not, they have been told that they have their resource in the courts. The statement that some elected delegates were not members arose from the fact that two of those who were elected to the State society delegation had been dropped a month or two ago for non-payment of dues."

**EXAMINATION STORIES.**—All the Year Round tells the following old stories:

A "badgering" examiner asked a student what means he would employ to induce copious perspiration in a patient, and got for answer: "I'd try to make him pass an examination before you, sir." The most frequently cited anecdote of this kind is that of the brusque examiner, said by some to have been Dr. Abernethy, who, losing patience with a student who had answered badly, exclaimed: "Per-



haps you could tell me the names of the muscles I would put in action if I were to kick you?" "Undoubtedly, sir," came the quick reply; "you would put in motion the flexors and extensors of my arm, for I should knock you down." Of a similar nature was the retort made to M. Lefebvre de Fourcey, a French examiner, celebrated not only for his learning, but also for his severity and rudeness. He was examining a youth who, though well up in his work, hesitated over answering one of the questions put to him. Losing temper at this, the examiner shouted to an attendant: "Bring a truss of hay for this young gentleman's breakfast." "Bring two," coolly added the examinee; "Monsieur and I will breakfast together."

Physiology, the study of which has come to form part of our common-school curriculum, does not seem to have made much headway among public school children in Great Britain, if the following answers to the question, "Describe the process of digestion?" be received as evidence:

"Food is digested by the action of the lungs. Digestion is brought on by the lungs having something the matter with them. The food then passes through the windpipe to the pores, and thus passes off your body by evaporation, through a lot of little holes in your skin called capillaries. The food is nourished in the stomach. If you were to eat any thing hard you would not be able to digest it, and the consequence would be you would have indigestion. The gall-bladder throws off juice from the food which passes through it. We call the kidneys the bread-basket, because it is where all the bread goes to. They lay up concealed by the heart."

Another pupil answered:

"Food digested is when we put it into our mouths, our teeth chews it, and our tongue rolls it down into our body. We should not eat so much bone-making foods as flesh-forming and warmth-giving foods, for if we did we would have too many bones, and that would make us look funny."

PASTEUR ON THE SYMPTOMS OF RABIES.—A person bitten by a favorite dog wrote to M.

Pasteur, stating his case and asking to be treated by him. M. Pasteur wrote back to him: "Sir,—Do not trouble yourself to call on me, because it would be useless. Every dog, whether it eats or not, that is attacked with rabies dies in a few days. When it eats, death is delayed a short time, but that is all. It can not live for more than ten days, and will probably die on the eighth. During the interval rabid symptoms will be shown. Lock up your dog, therefore, and chain it. Be careful, in feeding it and in cleaning away its litter, not to go within biting distance. If it survive the tenth day, you may have an easy mind. Meanwhile attend to your wound; it should on no account be neglected. The saliva of a perfectly healthy dog may contain microbes which would cause an abscess. In very rare cases the bites of such dogs have caused septic blood-poisoning. If you find rabid symptoms in the dog, come at once to my laboratory, and I will be happy to treat you for rabies. I am, etc., PASTEUR."—*British Medical Journal*.

RABIES VIRUS AND VACCINE.—Neither of these will bear transportation, as is shown by the following letter of M. Pasteur, sent in answer to one addressed him by Dr. J. P. Barnum, a druggist of this city:

PARIS, January 24, 1886.

Dear Sir: M. Pasteur directs me to say, in answer to your letter of January 8th, that neither the rabid vaccine nor virus can be sent to you, on account of fermentation. A late order requires persons bitten by rabid dogs to remain in Paris. Be assured, etc.

E. WASSERRUG,  
*Laboratory Assistant.*

TELEPHONIC HYPNOTISM.—M. Liegeois, Professor at the Faculty of Law at Nancy, an enthusiastic experimentalist, has just invented what he calls "l'hypnotisme téléphonique." He sends people to sleep several miles distant from him, by transmitting to them by the telephone the order to go to sleep; he then, by telephone, suggests to them the acts he wishes them to commit, and his suggestions are faithfully obeyed. One young man was told to fire a revolver and steal a five-franc piece; on wak-

ing up, he committed both offenses. A young girl who was sent to sleep by telephonic order, was told to sneeze twice on waking up, and to sing a song from *Les Noces de Jeannette*; she did both.—*Ibid.*

PEACOCK'S BROMIDES. — A correspondent from Georgia has written us of the good effects he has seen follow the use of the bromides as made by the Peacock Chemical Company. The *Fucus marina* prepared by the same house seems, if we may judge from a letter from a medical friend in Kentucky, to be establishing itself as a remedy in malarial diseases.

NEW drugs, prepared by responsible pharmacists, and claimed to possess certain properties, are worthy of trial in the cases for which they are said to be adapted; but such trials should be conducted at the bedside in a careful, systematic way, and repeated in a large number of cases before being given to the profession. It is thus, and thus only, that correct conclusions can be formed of the actual worth of therapeutic agents.

PHYSICIANS were never afforded such abundant opportunities for testing novelties as at present, for nearly every large pharmaceutical establishment in the United States will gladly send sample packages sufficient for trial to all who apply. Let our readers first write for the necessary samples to the several firms whose cards are to be found in our advertising pages, and then, after sufficient trial, send us carefully prepared reports of results.

AN English judge strongly affirms that a medical man should not leave a woman in labor, except his life be in peril; that, if he desires to abandon the case, he must tell the friends to get another doctor, and remain with the woman till the doctor arrives. If he does otherwise than this, he will be responsible before the law for such injury as may happen to the woman from want of medical attendance. *American Lancet.*

STIMULANTS.—Dr. O. M. Moore says it has been estimated that coca is used by ten millions

of the human race, betel nut by one hundred millions, chicory by forty millions, coffee by one hundred millions; three hundred millions eat or smoke haschisch; four hundred millions use opium; five hundred millions use tea, and all people of the earth are addicted to tobacco.

TO THE ALUMNI OF THE MEDICAL COLLEGE OF OHIO.—The alumni of the Medical College of Ohio are requested to send their names and post-office addresses, and the names and addresses of other alumni of their acquaintance, to Dr. J. M. French, 190 Baymiller Street, Cincinnati.

THE Philadelphia Clinical Society recently elected the following officers for the ensuing year: President, John B. Roberts, M. D.; First Vice-President, Clara Marshall, M. D.; Second Vice-President, Daniel Longaker, M. D.

THE British Medical Journal says that out of more than twenty thousand births the smallest was a child weighing one pound ten ounces.

### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from January 31, 1886, to February 13, 1886:

*Maj. H. E. Brown*, Surgeon, granted leave of absence for six months, on surgeon's certificate of disability, with permission to leave the Department of the Missouri. (S. O. 29, A. G. O., February 4, 1886.) *Maj. Richard S. Vickery*, Surgeon, assigned to duty in connection with the Army and Navy Hospital at Hot Springs, Arkansas. (S. O. 4, A. G. O., January 29, 1886.) *Captain Robert H. White*, Assistant Surgeon, granted two months' leave of absence, to take effect when his department commander may think proper. (S. O. 29, A. G. O., February 4, 1886.) *First Lieutenant A. R. Chapin*, Assistant Surgeon, relieved from temporary duty at Fort Robinson, Nebraska, and ordered to rejoin his proper station, Fort Laramie, Wyoming. (S. O., No. 11, Dp. Platte, February 2, 1886.) *Major Henry R. Tilton*, Surgeon, Fort Wayne, Mich., granted leave of absence for two months, to commence on or about March 1, 1886. (S. O. 8 Division Atlantic, February 9, 1886.) *Captain Wm. C. Shannon*, Assistant Surgeon, ordered for duty, at Fort Warren, Mass., relieving Assistant-Surgeon John M. Banister, who will return to his proper station, Fort Adams, R. I. (S. O. 27, Department East, February 6, 1886.) *First Lieutenant Guy L. Edie*, Assistant Surgeon, ordered for field duty in New Mexico with troop "K," 8th Cavalry. (S. O. 23, Division Missouri, February 8, 1886.)



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. I.  
[NEW SERIES.]

LOUISVILLE, KY., MARCH 6, 1886.

No. 5.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### A PLEA FOR ELECTRO-THERAPEUTICS.

BY FRANK S. TRIPP, M. D.

In the minds of many excellent practitioners of medicine there still exists not only a skepticism as to electricity as a therapeutic means, but an absolute prejudice against its use. And yet few agents have more thoroughly established their claims to recognition, and none have more clearly demonstrated their power for good under certain necessary conditions.

I may premise with the remark that there is a science and an art in this, as in all other departments of medicine, and the latter is acquired only by actual experience. Something more is required than simply a good-working battery. There must also be a good workman, for faulty application and improperly selected cases will end in failure, though the current be in itself faultless. Many patients who have tried electrical treatment have quickly discontinued it, because of the pain and discomfort experienced during its use, and carried with them the erroneous impression that the treatment implies such inconvenience. A strong current passed over bony prominences causes pain; over many areas (motor points) it produces painful contractions. Certain regions are more susceptible to the current in these respects than others, depending on the nearness of the bones to the surface, the thickness of the integument, and the terminal distribution of nerves, so that the art of applying the current demands a some-

what thorough knowledge of regional anatomy peculiar to electrical reactions, and this can be gained only by practical experience. Many of these reactions are exceedingly delicate and demand modifications of the current; many patients, and physicians too, think that good results are not attained unless the current be sufficiently strong to produce powerful contractions or intense pain, but heroic treatment here, as in other cases, does not always prove the shortest path to recovery.

The proper selection of cases will often tax to the utmost the diagnostic powers of the medical attendant.

Electricity is no more a specific for all diseases accompanied by neuralgic pains, muscular atrophy, chronic arthritic disease, paralysis, etc., than is quinine a specific for the febrile state, or the knife a cure for cancer. Quinine, beside possessing specific powers over marsh poison, is, when properly administered, a recognized tonic under certain conditions of the system, and produces definite effects both on the circulatory organs and on the secretions. Electricity has as clearly defined effects on the circulation and the secretions, and has its own fixed laws governing muscular contraction. Its power of diminishing the irritability of nerve distributions and of stimulating parietic nerve tissue, alleviating pain, controlling or retarding retrograde metamorphoses in these same channels is also well known, and in proper cases can be surely accomplished by a correct selection and judicious application of the form of electricity indicated.

For instance, in relieving the pain of neuralgia, the cathodal application of a strong galvanic current, with rapid interruptions or reversals, would in all probability increase the irritability and aggravate the pain, while a mild anodal treatment, the current being gradually

increased to a certain intensity, and as evenly diminished, avoiding interruptions or shock, would possibly relieve the same condition, if this did not depend on some organic lesion.

Too often electrical treatment is purely local; an extremity is paralyzed, and the helpless member alone, not the seat of disease, is treated. A neuralgia is often treated locally on the ground that the current is a specific for an irritable and painful nerve, instead of seeking the cause, which frequently will be found to reside in profound anemia, nervous exhaustion, or neurasthenia, allied conditions, and in which the urgent symptoms may be manifested by pain affecting some particular nerve.

In attempting to relieve such symptoms by medication, the large majority of patients would be benefited by chalybeate tonics, generous diet, and medicines to regulate the secretions. Now, if in electro-therapeutics the treatment were general, the object being to remove the condition causing such local pain, instead of palliative to deaden the cry of anguish, that is but an expression of poorly-nourished and irritable nerve centers reflected to some of their peripheral terminations, our efforts would oftener fulfill our expectations. Much depends on perseverance, as the greater number of patients presenting themselves for this treatment are the subjects of diseases which, if not chronic, are certainly so far removed from acute as to be impossible to cure in any very short space of time. It is among many of these semi-chronic, neurotic, and peculiar sufferers that the field of electro-therapeutics is bounded.

I select from my case-book the two following examples as serving to illustrate what may be done with this agent when properly applied, and in order to emphasize, if possible, the importance of its more general use. Both are cases in which ordinary medication had utterly failed, and in which I am confident electricity improperly applied would also have failed:

CASE I. March 25, 1885, I saw, with Dr. Wm. Pennebaker, Mrs. V., aged thirty-eight years, poorly nourished; multipara, last child being two years of age and still nursing; has a family history of insanity; been under treat-

ment for a year for uterine trouble, to which disorder she attributes her present condition; profoundly anemic; anorexia, constipation, and poor peripheral circulation. Has had persistent dragging lumbar pain more or less constant for the past year. She lays great stress on her inability to concentrate her faculties for any length of time, and on an empty feeling in her head, which is always worse at the menstrual epoch. Has been troubled with insomnia for a long time, and presents strong evidences of sexual hypochondriasis.

During the succeeding month she had general tonics and remedies specially addressed to the relief of an aggravated cervical endometritis, accompanied by profuse leucorrhœa.

April 25th. Endometritis much improved; general condition very slightly so. Applied general faradization in all of its details, feet on a copper plate as the indifferent electrode, the active electrode labile to the head, cervical sympathetic and spine from occiput to coccyx, with mild abdominal treatment.

April 28th. Had some headache for a few hours after the last treatment; no muscular soreness, so common after a first general application. Got the first night's sleep she had had for a long time; escaped the lumbar pain and empty feeling in her head for two nights, when they returned. Re-applied general faradization.

April 30th. No lumbar pain or head trouble since last sitting; leucorrhœa gone; feels much stronger; appetite excellent; bowels move daily; slept well.

May 4th. Gaining flesh rapidly; no return of head or lumbar distress. Repeated electricity. Improvement steadily progressive. No return of her former symptoms. From the first to the last sitting the only drugs used were fluid extract of malt and sherry wine.

CASE II. Mrs. D., aged forty-five years; multipara; has a family history of phthisis; dates her present trouble back seventeen years, when, after the birth of a child, she subsequently had some pelvic trouble accompanied by much pain and profuse metrorrhagia. The hemorrhage has persisted pretty constantly since, she having seldom escaped it for longer than three weeks at a time. Before this her



menses came regularly every four weeks, and were otherwise normal. She says that for a number of years she has had an abdominal tumor which increases in size, becoming tense and elastic as it enlarges, and correspondingly painful. This growth has on three occasions seemed suddenly to give way with a tearing sensation, which has been followed by a copious serous vaginal discharge, with amelioration of the urgent symptoms due to distension.

Vaginal examination revealed the os high up, looking toward the pubis, the uterus but slightly movable, and very sensitive. Specular examination was exceedingly painful, and threw no additional light on the case. The discharge from the uterus seemed to be purely hemorrhagic, no debris or broken-down tissue being discovered. A bi-manual examination showed the uterus to be as large as at third month of pregnancy, with an apparent growth from the anterior wall, dense and painful on pressure, and movable with the uterus. More could not be discovered at this time, as pain prevented a thorough examination without an anesthetic, which was absolutely contra-indicated. Several times during the past five years she has bled almost to the point of syncope, its effects confining her to the bed for several weeks afterward. Had rheumatism when seventeen years of age; her physician at that time stating that the effects on her heart would never be recovered from. Loud regurgitant murmur at both base and apex. General anasarca has existed, and under treatment has disappeared a number of times during the past few years. The effusion has occasionally been enormous, and accompanied by all of the usual symptoms. The kidneys act so scantily as to require the frequent use of diuretics. Urine highly albuminous; microscopical examination not made; appetite poor, almost nil; bowels irregular, constipation alternating with diarrhea. Patient much emaciated and jaundiced, presenting the cachectic hue indicative of malignant disease. The pain has been so severe as to prevent sleep without the aid of morphine. Constant headache, neuralgic in character, and a gnawing pain in the right shoulder, with numbness and formication of that extremity; also much lumbar distress.

I should have preferred to use the galvanic current had I been allowed my choice, but the patient being absolutely bedfast, and my galvanic battery not being portable, I was driven to use the other.

May 25, 1885. Applied general faradization, copper foot-plate as indifferent electrode, faradizing head, cervical sympathetic, spine and abdomen; the whole treatment was mild and prolonged, but resulted in an almost instantaneous relief of the headache.

May 26th. Slept most of the afternoon yesterday and at night. Has taken more nourishment and been freer from pain than for several weeks. Repeated treatment, omitting abdominal application, as there was considerable tenderness in that region.

May 27th. Experienced much abdominal pain and some diarrhea after last treatment. Did not sleep as well last night. Right side of head absolutely free from pain, which was dissipated on the left side after this treatment was given, which was repeated as before. Can move about the bed unassisted, which was impossible before. The applications extend over three-quarters of an hour.

May 28th. Less pain and diarrhea. Gave mild and prolonged general faradization.

May 29th. Made mild application to head and cervical sympathetic only, indifferent electrode to epigastrium.

May 30th. Slight metrorrhagia last night, the first since beginning treatment; much improved in strength and takes considerable nourishment. Applied general faradization.

June 5th. Rode to office to-day, a distance of three miles. Complains of severe hemi-crania on left side and tinnitus aurium. Appetite fair; rests without morphine.

Gave central galvanization, large sponge-covered electrode to epigastrium, and labile application of a mild anodal current without interruption to head, cervical sympathetic, and spine.

A number of so-called "tender points" were encountered on examining the spine with cathodal application, which were treated with prolonged anodal application of a mild current.

June 8th. Applied central galvanization. Has had no more hemorrhage; pain in lumbar region still persists, though it is not so severe.

At this date I was obliged to change my residence, and thus lost sight of the case. The marked relief, however, from pain and the improvement in the patient's general condition were ample rewards for the time and labor required to effect this end.

These are but two cases out of hundreds recorded, but they serve to show that electricity should be made a part of our resources, and that it will often repay a hundred fold to him who uses it.

In conclusion, I would state again that the object of this article is simply to ask those who are incredulous as to the efficacy of electricity in medicine not to condemn it without a fair trial.

COLUMBUS, OHIO.

### THE PROPHYLAXIS OF ASTHMA.\*

BY DAVID W. YANDELL, M. D.

Many years ago, when Trousseau was urging the value of belladonna in the treatment of spasmodic asthma, I began its use in certain cases where the disease affected children. Occasionally I got good results—occasionally failure. Subsequently, when the bromides were brought prominently forward as antispasmodics and, combined with belladonna, were so much used in the management of whooping-cough, I begun, as some one had suggested, the administration of the bromide of potash and atropia as a prophylactic in asthma. The results have been so satisfactory that I wish to ask attention to the treatment.

What I am about to say applies exclusively to children, for, as seen in adults, asthma has usually existed so long that it has wrought changes in the pulmonary apparatus quite beyond the control of the remedies under consideration; and, even in children, the full good of the drugs is only obtained when these are given with the utmost regularity during long periods of time, and in doses sufficient to produce their distinctive physiological effects. Under these conditions, conjoined to certain hygienic measures which I will mention further

on, I am persuaded I have prevented asthma from fixing itself on many subjects who otherwise would have become permanent sufferers from this dismal affection.

Perhaps, by describing the management of a case, I shall be able to put what I wish to communicate in the fewest words:

One night in July, 1865, I saw a well developed girl, six years old, in a sharp asthmatic seizure, which was soon relieved by a few doses of tincture of lobelia. I found that for two years before she had been subject to such attacks whenever she caught cold, and that the paroxysms had gradually grown more frequent, less and less "cold" being required to excite them. She was usually much worsted by a seizure, two or three days elapsing before she felt fully well again.

At my next visit I directed ten grains of bromide potash to be given in a glass of seltzer water every morning on rising and at bed-time. To the latter dose was added the one hundred and twenty-fifth of a grain of sulphate of atropia. The mother was instructed as to the pathogenic effects of the medicines. Two days after it was found necessary to increase the bromide by five grains at a dose, which soon produced anesthesia of the fauces, when the quantity was reduced to twelve grains, an amount which was not exceeded. Dryness of the throat and slight dilatation of the pupils followed after four days' use of the atropia. This medication was continued steadily for three months. Throughout the greater part of this time, the patient had iron and strychnia after food. She was required to live in the open air and take a cold sponge-bath daily. She was provided with a cough mixture containing a considerable quantity of opium, and her mother directed to use it on the appearance of the first symptoms of a cold. She had in the period named but two attacks of asthma, both slight. In the ninety days preceding the treatment, she had five attacks. The treatment was now suspended for a fortnight, when the weather growing cold—this was in November—it was resumed and continued for the succeeding four months. In that time she caught several slight colds, but had no asthma until in March, when, after a wetting in a sleet, she had a

\*The notes of which this paper is an abstract were made in the main while the writer occupied the chair of the Theory and Practice of Medicine in the University of Louisville.



mild seizure that yielded to five grains of Dover's powder. This was her last attack. For the next four months the medicines were given fifteen days in each month, and then omitted until the following December, when they were given uninterruptedly for sixty days. Ten months having passed without a seizure, notwithstanding the patient had suffered several sharp catarrhal attacks in the time, further treatment was deemed unnecessary. It is proper to add that the patient made no change of house, and had practically the same surroundings during the entire time. She remains free from asthma to this day.

Since this case I have treated by the same method eight other cases of asthma in persons aged respectively three, ten years; two, eleven; one, twelve; one, thirteen, and one fourteen years old. All recovered but two, and in neither of these was the treatment fairly carried out by the parents. None were dismissed under fifteen months, while two were under treatment for two years.

In five of the nine cases, the disease was hereditary. Eight of the nine were unmistakably neurotic. Perhaps this fact may serve as an explanation of the success of the treatment.

LOUISVILLE, KY.

## PAROTITIS FOLLOWED BY TOTAL DEAFNESS OF ONE EAR.

BY W. CHEATHAM, M. D.

Mr. A. R. had mumps four and a half months ago. The second day of the disease he suffered very much from tinnitus aurium. The third day he became so deaf in the left ear he could not hear the ticking of his watch. February 3d I found drum-membrane a little sunken, color and light spot good; can inflate by Valsalva's method; deafness complete; tuning-fork heard only in the right or good ear. The left drum-membrane by far of better appearance than the right; no improvement in left ear by inflation. Diagnosis, nerve-deafness; prognosis bad.

Prof. D. B. St. John Roosa reports, in his work on diseases of the ear, that in the five thousand aural cases he had treated, only ten had

parotitis as the cause. Cases have also been reported by Knapp, Buck, Toynbee, Dalby, and others.

Hinton says: "Next, or perhaps equal in frequency to scarlatina in this respect, stands mumps, which has an effect upon the nervous apparatus of the ear which has as yet received no explanation and affords no clue to the use of remedies."

There is yet great doubt as to the method of invasion. A majority of the cases so far reported are, when the aurist has seen them, cases of nerve-deafness. Whether it is first middle-ear disease, which afterward involves the internal ear, or whether it is from the beginning an affection (metastatic) of the internal ear, the cases reported have been seen so long after the primary invasion, by the aurist, as to be impossible to decide.

Roosa gives as a result of his observations:

1. "An acute catarrh of the middle ear may occur during the course of mumps, and may be attended by fever and vomiting.

2. "This catarrh may extend from the parotid gland through the auditory canal and outer layer of the drum-head, or through the mastoid process.

3. "An affection of the labyrinth may occur simultaneously or by extension from the middle ear.

4. "It is probable that there are cases where the disease, during the course of mumps, is transferred to the labyrinth in the same manner that an inflammation sometimes occurs in the testes and the breasts, but this can not be considered as proven until more detailed experience is furnished of cases observed a few hours after the impairment of hearing occurs."

To this end it is of extreme importance for the family physician to understand how to differentiate between internal, middle, and external ear diseases, or between the first and the last two. To do this the use of the tuning-fork as a differential test must be well understood.

Roosa makes the following statements as to the value of the tuning-fork:

"If the hearing be impaired and we find the aerial conduction better than that through the bone, we are dealing with disease of some

part of the acoustic nerve, which may be either primary or secondary to disease of the middle ear.

"To be a little more explicit. A patient reports that he is deaf in one ear. Take a tuning-fork, C<sup>2</sup>, strike it on the knee or some soft substance, and hold it in front of the meatus of the deaf ear, strike it again, and place the end of the handle firmly on the middle of the mastoid. If the patient hears it better and the vibrations longer when the tuning-fork was held in front of the meatus, we are dealing with an affection of the acoustic nerve. If longer and more distinct while the handle was pressed on the mastoid, we have a case of either the middle or external-ear deafness. If on examining the external ear we find the canal clear and clean, we have a case of middle-ear deafness. When a number of cases are examined as above, in the early stages of the disease, the question as to the proportion of middle-ear deafness the result of mumps as compared with those of internal ear deafness and as to the method of involvement of the labyrinth can possibly be settled."

LOUISVILLE, Ky.

### SCABIES.\*

BY W. H. WILDER, M. D.

Bonomo, physician and apothecary, of Leghorn, gave, in 1687, a most complete description of the acarus and its relation to scabies. Little has been added either to the etiology, symptomatology or treatment of the disease since that time. Bonomo treated the disease by removing the cause; but the profession for a long time profited little by his discoveries.

The female acarus scabiei is larger than the male, and tortoise-shaped, measuring about  $\frac{1}{16}$  inch long and about  $\frac{1}{32}$  inch wide. Numerous furrows and ridges, surmounted by conical prominences and fine hairs, run parallel across the back. The head, which is small, is furnished with scissors-shaped mandibles, and on each side of the head are two legs with suckers. There are also two legs on each side behind. The young acari have but six legs when

hatched; two behind being absent. These appear after the first moulting; stomach and intestines are present, but respiratory organs are apparently wanting. The male is much smaller than the female. The female acarus having found a suitable position on the skin, attaches herself to it, and immediately begins to penetrate the epidermis until she reaches the rete mucosum, along which she travels, deriving her nourishment; the burrow which she makes in her rambles beneath the skin is filled with eggs, which completely block her retreat, so that she remains in the blind end of her cuniculus, unless scratched out by her unwilling host. The ova hatch out in the course of fourteen days, the young escaping to the surface of the skin where, according to Fox, "the maiden acari are wooed, become impregnated, and begin house-keeping in an independent burrow." The insects attack the joints subject to pressure. The burrow of the animal may be curved or straight, and varies in length from one line to four inches. The scratching induced produces all the characteristic appearances of artificial eczema. Patients will often scratch in other localities than those affected by the acarus. For instance, between the fingers is a favorite burrowing place, yet very little scratching is done there.

The irritation caused by the acarus in the rete mucosum causes a localized effusion of serum, which, pushing up the epidermis around the track of the insect, forms one or several small vesicles. Their presence intensifies the original irritation, and the patient applies himself more diligently to rid himself of his unwelcome guest.

The scratching, which is usually forcible, induces hyperemia of the skin and effusion in other parts of the epidermis not containing acari; the vesicles become pustules, which may be scratched open; the papillæ are exposed and the exuded blood and pus help to form crusts, meanwhile the acari multiply and the process continues unless checked by treatment.

A consideration of the comparative frequency of scabies may be of interest:

From 1876 to 1880, inclusive, 672 cases of skin diseases occurred in the Cincinnati hospi-

\*Read before the Cincinnati Academy of Medicine.



tal, but not one case of scabies. In 1881 there were 3 cases of scabies in 43 cases of skin diseases; in 1882, 3 cases out of 117; in 1883, 7 cases out of 77; in 1884, 5 cases out of 79; in 1885, 16 out of 58 cases of skin diseases. In the eight years from 1876 to 1884 there were but 18 cases out of 988 consecutive cases of skin diseases, while last year there were 16 cases out of 58 of skin diseases. At the clinic of the Ohio Medical College, not more than two or three cases were usually met with in a winter term previous to 1884. In 1885, out of 500 cases of skin diseases treated in Prof. Ransohoff's department, 48 were scabies. It is thought that as many or more came under the care of Drs. Walker and Neff, but no record was kept.

Bulkley, of New York, reported 128 cases of scabies out of 8,000 cases of skin diseases. White, of Boston, 139 out of 5,000.

The disease is much more common in Europe than here. In Glasgow it forms about twenty-five per cent of all cases of skin diseases, Anderson reporting 2,527 cases in 10,000 of skin diseases; Wilson, of London, had 308 cases out of 10,000. Hebra, up to 1864, had seen 40,000 cases of this malady; 35,236 cases occurred during the late war in this country. An array of itch-mites always accompanies an army of soldiers to battle, remaining with the men until the campaign is over. London, Paris, Vienna, and the populous centers of India and China, where many poor people of not very cleanly habits are crowded together, are great fields for the itch.

The recent "hard times" in this and other cities has thrown many men out of employment. They reduce the wash bill, take closer lodgings, probably a bed-fellow of whose personal habits they know nothing. The bed-fellow has the itch; he got it from another man. Many cases have just such a history, and at times the two room-mates will come together for treatment.

To diagnose scabies, it is not always essential to find the itch-mite or its burrow, for the disease may be determined without this positive evidence. The presence of a few isolated papules or vesicles about the size of a pin's head, between the fingers or toes, about the

genitalia, on the wrists and elbows, point to scabies. When the vesicles and pustules are thickly scattered over a distinct area, the disease is probably eczema.

The treatment of scabies is simple, it being only necessary to destroy the parasite by some local application, when the disease is practically cured. Such remedies should be selected as will not only destroy the parasite and its eggs, but will also remove the secondary eruption. Sulphur, either alone or in combination with other remedies, is largely employed. The sublimed sulphur may be used  $\text{ʒij}$  to the  $\text{ʒj}$  of lard. An ointment of less strength should be prepared for children,  $\text{ʒj}$  of sulphur flor.,  $\text{ʒj}$  balsam peru to  $\text{ʒj}$  of simple ointment being recommended. Wilkinson's ointment, as modified by Hebra, is used where there is much secondary eruption. It contains

R. Flor. sulphur.....	} .....	$\text{āā}$ $\text{ʒiss}$ ;
Ol. fagi.....		
Creta alb.....	} .....	$\text{ʒj}$ ;
Saponis viride.....		
Ungt. simpl.....		

Rub thoroughly into skin after a hot bath.

Anderson uses :

Styracis liq. ....	$\text{ʒj}$ ;
Ungt. simpl. ....	$\text{ʒij}$ .

This is cheap, efficient, and less irritating to the skin than sulphur. Corrosive sublimate, gr.  $\text{ij}$ – $\text{ʒj}$  may be rubbed over the affected parts after a hot bath is taken. Burchard recommends that the patient wash the skin morning and evening with saponis viridis, bathé, then apply balsam peru to the affected parts.

## URINARY INFILTRATION AFTER EXTERNAL URETHROTOMY.

BY WALKER SCHELL, M. D.

Mr. X, after having had gonorrhea many times, applied to me with a tight organic stricture hardly admitting a filiform bougie.

I did external urethrotomy as the speediest means of affording the patient permanent relief. The operation being completed, I dressed the wound with surgical cotton, dry, which he was directed to remove at the end of a few

hours. This he neglected to do. Presently he had a desire to micturate. The cotton had adhered to the wound and acted as a plug in the urethra. He could pass urine neither by the meatus nor through the wound, in consequence of which the fluid escaped into the surrounding cellular tissue of the penis, perineum and scrotum. Two hours later, when I saw him, he had succeeded in detaching the cotton, and urine was flowing freely through the wound. The next day the swelling of the infiltration was greatly reduced. In three other days all trace of it was gone, and the case ended satisfactorily. The urethra will admit a No. 20 sound with ease, and the patient's general health—before much weakened by vesical irritation—has much improved.

#### PARTIAL EXCISION OF THE FEMUR.

W. S., aged thirty-five years, had disease of the hip-joint. Laying open the parts, I removed four inches of the femur, including the great trochanter, head and neck. A small line of bone covered with periosteum seemed to have escaped the general destruction. This I preserved. The caries involved the acetabulum, which I cleaned out by Volkmann's spoon.

The immediate result of the operation was satisfactory. Some months after, however, the patient developed symptoms of pulmonary phthisis, and the wound which had closed reopened.

This case would seem to support König's opinion, that hip-joint disease begins as a tubercular synovitis.

SPENCER, IND.

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**BOTANICAL ITEMS.**—A botanical crank classifies some well-known trees as follows:

The personal pronoun—Yew tree.  
 Always in debt—Willow tree.  
 Found at the soap factory—Tallow tree.  
 School girl's delight—Gum tree.  
 A good one to lean against—Staff tree.  
 A favorite with the dudes—Spruce tree.  
 The professional dead beat—Sponge tree.  
 The physician's appeal—Olive tree.  
 A thorough traitor—Judas tree.  
 An acquaintance of the ox-team—Haw tree.  
 Found on the sea-shore—Beech tree.  
 Inclined to go backward—Crab tree.  
 Makes itself felt—Thorn tree.—*Ex.*

## Reviews and Bibliography.

**The Principles and Practice of Medicine.** By the late CHARLES HILTON FAGGE, M.D., F.R.C.P., Physician to and Lecturer on Pathology at Guy's Hospital, including a Section on Cutaneous Diseases, by P. H. PYE-SMITH, M.D., F.R.C.S., Chapters on Cardiac Diseases, by SAMUEL WILKES, M.D., F.R.S., and complete indexes, by ROBERT EDMUND CARRINGTON, M.D. Volume I. Philadelphia: P. Blakiston, Son & Co. 1886.

This is the first of two volumes of one thousand pages each, on the Principles and Practice of Medicine, written by the late Dr. Fagge. It is a broad, comprehensive, massive work, the result of many years of conscientious labor, and abounding in helpful suggestions and original observations. Our author touches scarcely a subject in the whole domain of practical medicine in which his words may not be read with interest and profit by all. A fair idea of the judicial character and striking candor of our author's mind may be gathered from his remarks on the treatment of chorea:

"*Treatment.* This is a very difficult question; for chorea offers peculiar obstacles to the satisfactory investigation of the action of remedies. Many of the severer cases tend naturally to a more than usually rapid recovery; and in other instances (as Dr. Wilkes has proved) the being admitted into the ward of a hospital, and kept in bed, is of itself sufficient to bring the complaint quickly to a termination. Under either alternative, the medicine which may have been prescribed is apt to get undue credit. Lastly, in the great majority of cases, chorea subsides at the end of from eight to twelve weeks, under whatever treatment. Now, the method adopted by most medical men is to give one drug for three or four weeks; if that fails, to change it for another, which they continue for about an equal period of time; and, if there is still no result, to begin the administration of a third. The result necessarily is that even if all these medicines are all really equally inert they gain very different degrees of credit. The uselessness of the one which is first used is sure to be apparent; but the second runs a chance of being supposed to



be successful; while the last one (if a third is needed) is almost certain to acquire the reputation of having cured a case in which its competitors had altogether failed. Yet that very drug, if placed first on the list for a succeeding case, of course, shows itself as impotent as they were. Probably, a very large part of the prevailing uncertainty as to the influence of remedies upon chorea is explicable in this way.

"It would seem that there are only two methods of avoiding these difficulties. One would be to treat a considerable number of cases with some one medicine throughout the whole course of the disease, and then to compare them with the series of cases related by Drs. Gray and Tuckwell, which were allowed to terminate without interference. Accordingly these observers administered arsenic to fifteen patients; and they state that the average duration of these cases was almost absolutely the same as if no medicine had been given. And the very volume of the *Lancet* in which their investigations are recorded contains reports of twelve other cases by Mr. Butlin, treated by Drs. West and Dickinson with sulphate of zinc. But it is impossible to compare their results with those of the Oxford physicians. Two of the patients had had the disease for so great length of time before they came under observation (thirteen months and four years respectively) that their introduction would necessarily swamp the whole series. And after all they only present in an extreme form difficulties which belong in a less degree to all the other cases, every one of which had lasted for several days, and many of them for some weeks, before the administration of the medicine was commenced. It is not easy to see how one could avoid this source of fallacy, except by confining one's observations to the children in one particular school or public institution, where a uniform treatment could be employed from the very beginning of the disease. So that it is almost impossible to obtain statistical proof of the value of medicines in the treatment of chorea.

"But there is very strong evidence of another kind in favor of at least one remedy. Very protracted cases, which had resisted all

other methods of treatment, have sometimes been found to yield in a very short space of time to arsenic. Some striking examples of this are recorded by Romberg.

"One is that of a girl, aged eleven, who had for eight years suffered from intense chorea, affecting especially the right half of her body. All drugs had been found useless until she began to take Fowler's solution; in about two months there was a marked improvement, and at the end of two months later still she had entirely recovered. Another patient, a girl, aged ten, had had the disease two years; arsenic was prescribed, and within three weeks the symptoms presented a marked abatement; and ten or eleven weeks afterward she was discharged cured. A third instance is that of a girl, eight years old, who for six months had been the victim of chorea to such an extent that she could not walk, nor stand, nor speak articulately. The remedies which had been tried had failed; Fowler's solution, in doses of four drops three times a day, established a cure in eight weeks. So far as I can see, the only objection that can be offered to these cases is that it is not distinctly stated whether or not the patients, while the medicine was being given, remained under absolutely the same conditions as before in all other respects.

"But if arsenic be capable of curing certain cases of chorea, there is surely a presumption that it may hasten the recovery of the patient in other cases, the circumstances of which are such as to prevent one from drawing any positive conclusion from the results of its administration. And most observers are of opinion that others of the so-called nervine tonics are also useful. Thus, the sulphate of zinc has for many years been largely used at Guy's Hospital; one-grain doses of it used to be given at first, which were gradually increased until the patient took a scruple or more. It seems to me advisable to begin with a larger dose, as, for instance, with five grains. I seldom find that this causes nausea or sickness more than once or twice. Another drug which has had a great reputation is the carbonate of iron.

"In the milder cases of chorea, again, there is reason to believe that the perversion of the

voluntary movements may to some extent be checked by gymnastic exercises, by military drill, or by the use of a skipping rope. The French physicians have laid stress upon this method of treatment, and I have seen instances in which it has proved successful.

"On the other hand, one sometimes has to deal with cases which are so severe that the administration of nervine tonics is obviously inapplicable, because the patient is in imminent danger of dying within two or three days, whereas these remedies require time for their operation. The alternatives, then, are either to abstain altogether from medicinal treatment, or to give drugs of which the action is more rapid. It must be admitted that there is the greatest difficulty in determining the value of remedies in cases of this kind. Probably death is sometimes inevitable. But even then the inhalation of chloroform gives great relief to the patient's sufferings. And, if there be a chance of recovery, it may do something toward economizing his strength, and it also saves him from the eschars which would form over the bony prominences if the movements were uncontrolled. In cases which are a little less severe, chloral appears to be the best medicine. Several writers have related cases in which it seemed to be effectual; not the least striking is, perhaps, one of Dr. Gairdner's, of a girl who took a dram of it by mistake, and was poisoned, but who on her recovery was found to be cured. Again, the depressants of muscular activity—conium and the calabar bean—have sometimes been employed; at one time I prescribed the succus conii in considerable doses for several cases. Some of the patients who took the drug recovered more quickly than I had expected, but I do not know that there is really any evidence that it possesses the power of controlling the disease.

"A point of great importance in very severe chorea is that the patient should be kept well supplied with food; nutrient enemata ought to be administered frequently; and probably it is right to give full doses of alcohol."

We commend the work of Dr. Fagge to our readers as one of extraordinary merit.

**Fractures and Dislocations.** By T. PICKERING PICK, F. R. C. S., Surgeon to and Lecturer on Surgery at St. George's Hospital, etc. Illustrated with 93 engravings. Philadelphia: Lea Brothers & Co.

This work is a small volume of five hundred pages, originally brought out by Messrs. Cassell & Co., London, as one of their series of Clinical Manuals. The Lea Brothers & Co. have republished it in this country in very pleasing style in their own series of manuals. Its author has done an exceedingly creditable piece of work, and for persons who have not access to the larger systems of surgery and the fuller treatises on fractures and dislocations, it will serve them well instead. The manual is just what it claims to be, "a concise and practical treatise of the causes of the various fractures and dislocations, the signs by which they may be recognized, and the appropriate treatment to be adopted for their cure." Had the above sentence run, "the treatment deemed appropriate in some portions of Great Britain," it would, we think, more truly have expressed the fact as to the treatment pursued by Mr. Pick in a number of fractures. It seems strange to read at this day that a clever surgeon, with the large experience derived from long connection with a leading London hospital, treats a fractured "tibia, accompanied by considerable swelling, by putting the limb in side splints, or what is more comfortable, a roll junk, and cold lotions applied until the swelling has subsided," waiting till all this is done before encasing the limb in a gypsum dressing. Away out here in these western wilds we should have seen in the swelling the very best reason for eschewing the junk roll and cold lotions and applying the plaster instantly, as being the one dressing best adapted to the case.

It seems stranger still to be told that when both bones of the leg are fractured, the ordinary practice at St. George's hospital, of whose surgical staff our author is a member, is to "put the limb up in a pair of Cline's side splints," and that "when there is much swelling, or when the patient is delirious, and the limb can not be kept quiet," Mr. Pick knows "no better appliance than the roll junk." Now, if our observation goes for any thing, the



one conjuncture, above all others, for putting a broken leg in plaster is when the patient can not be kept still and is delirious. Sir Crichton Browne saw the force of this and remarked, when the gypsum dressing was exhibited to him, "It is especially adapted to fractures occurring in lunatics, who often can not be kept quiet."

But we will not raise further points with our author. He has produced a concise and singularly clear and readable manual, which, in all matters of symptoms and diagnosis at least, is a pleasing and safe guide, and in most of its lines of treatment may be trusted as embodying what is best and latest in that interesting department of surgery which embraces fractures and dislocations.

## Foreign Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

M. Tillaux lately performed an operation at the Hôtel Dieu for sarcoma of the breast, in a woman aged fifty-six years. Before proceeding to the operation he delivered a very interesting lecture on the differential diagnosis between this affection and carcinoma of the breast in the following terms:

The progress of sarcoma is much slower than that of carcinoma, particularly at the beginning. It remains stationary for a great number of years; but when once the sarcomatous tumor begins to increase in size, it progresses more quickly than carcinoma. In confirmed sarcoma of the breast the surface of the tumor is uneven and lumpy, the lumps being much larger than those observed in carcinoma. The entire mass of a sarcoma is, as it were, detached from the thorax as if pediculated, which is not the case in carcinoma, the latter being adherent to the chest by its entire posterior surface. A sarcoma may attain an enormous size, the tumor weighing twelve or fifteen pounds or even more, whereas a carcinoma never attains that size. In carcinoma the skin becomes rapidly adherent to the deep parts; in sarcoma the adhesion takes place tardily. In sarcoma the skin is distended, pushed out as it

were; in carcinoma it is retracted, drawn inward. In sarcoma the integument is often traversed by large veins; in carcinoma one does not see these large veins, but instead of them whitish lines are visible, which are said to be lymphatic varices. The skin which covers a sarcoma is often of a shining appearance and of a violet hue: whereas in carcinoma the skin is never of this color. The nipple in carcinoma generally retracts very quickly, and is drawn inward to such an extent as almost to disappear in the breast; in sarcoma the nipple is not altered, or rather, if it is flattened it may be made to resume its normal form by pulling it forward. The two tumors have a tendency to ulcerate, but the process of ulceration is different in each case; the skin forms one with carcinoma and is destroyed; in sarcoma it yields by the distension caused by the sarcomatous lumps; hence the ulcerated surface differs essentially in the two cases. In carcinoma the edges are hard and continuous with the surface of the ulcer; in sarcoma the edges are thin, soft, and detached. It is much the same difference that exists between the hard and the soft chancre; in carcinoma the surface of the ulcer is depressed, forming a deep hollow; in sarcoma there escapes from the center of the ulcer a mass of gray, granulating substance, which is pediculated and tends to eliminate, and sometimes does so so completely as to simulate a cure. The consistence of a carcinomatous tumor is firm, sometimes hard, and sensibly uniform; in sarcoma the consistence is very irregular; in general, it is less firm than in carcinoma, but there exist in it soft parts and even liquids, and this conformation is due to the presence of cysts in the interior of the sarcoma. At the onset the carcinomatous tumor forms one with the mammary glands, which it gradually englobes; the sarcomatous tumor is always distinct. It is surrounded by its own capsule, which isolates it from the neighboring parts; hence its mobility on the gland itself. From this mobility results the formation of a second capsule which does not seem to have been noticed by authors. This external capsule, which is a sort of serous membrane produced by the incessant movements of the tumor, plays an important part

in the history of sarcoma, and particularly in its extirpation.

M. Tillaux remarked that he sometimes found in the thickness of the tumor small sarcomatous nodules; it is therefore indispensable that the entire tumor should be removed, and that the surgeon should not be content with a simple enucleation. In sarcoma the gland, instead of being destroyed, is flattened, atrophied, pushed to one side, but its tract is always found. Carcinoma adheres rapidly to the subjacent parts, to the great pectoral muscle in particular; to an advanced stage of the disease sarcoma slips on the deep parts, of which it is absolutely independent. Almost at the onset carcinoma invades the vessels and the lymphatic glands; sarcoma never, or almost never, affects this system, which is a remarkable feature of the disease. Carcinoma has a greater tendency (which may be considered almost inevitably so) to relapse than sarcoma; the former recurs at a distance from its original seat, whereas sarcoma returns to the same place. Carcinoma rapidly affects the constitution, which becomes cachectic; sarcoma remains nearly always local.

It is very remarkable to find that, after several extirpations of sarcoma of the breast, the general state of the patient generally remains most satisfactory. Carcinoma is usually painful; sarcoma is painless. In operating for these two affections great care should be taken, in sarcoma, even when the tumor is of small size, to remove with the tumor a portion of the healthy gland around it, otherwise relapses are liable to occur. It is not necessary to remove the entire gland, but care should be taken to go beyond the limits of the capsule external to the tumor, which was referred to above. These precautions are not necessary with carcinoma, as the neoplasm is never encapsuled, and the gland or that portion of it which remains forms an integral part of it. In sarcoma of the breast, even when the tumor is very large, it is always possible to form a large flap with the skin, covering the tumor in proportion to the size of the pedicle which is destined to completely cover the wound. In this way immediate union and the rapid cure of a considerable loss of substance may be obtained. This

mode of proceeding can not be applied to carcinoma, owing to the great alteration of the skin that takes place in this disease.

The great drawback of the employment of the biniodide of mercury as an external application consists in its insolubility. M. Méhn, Member of the Academy of Medicine in the Pharmaceutical Section, has overcome this difficulty by recommending the salt to be rubbed up with castor oil, which completely dissolves it. A solution of one part of the salt to fifty parts of castor oil does not become cloudy. This solution is sufficient to satisfy the exigencies of therapeutics. The addition of iodide of potassium increases the solubility of the biniodide of mercury in castor oil.

Axunge can not contain more than 4.5 parts to 1000 parts. Vaseline dissolves but one part to 4000 parts. Carbolic acid heated to about 100° C. dissolves a little more than 20 parts to 1000 parts; but when left to itself and allowed to cool, this solution precipitates more than half of the salt. Benzoin retains in solution only 4 parts to 1000 parts at the ordinary temperature.

PARIS, February 3, 1886.

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## Translations.

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NATURE AND CURATIVE TREATMENT OF TRUE ANGINA OF THE CHEST.—Dr. Huchard, of Paris, after long study of the differential diagnosis between false and true angina pectoris, concludes that the latter uniformly depends upon changes in the heart, the aorta and other arteries, and that while it may be complicated by nervous influences, it can not be produced by them. After trial of the various medicines for increasing arterial contraction, such as ergotine, or for increasing the blood-pressure, as digitalis, he rejects them as useless, and resorts to medicaments that have an opposite effect, such as nitrite of amyl, morphine, and nitro-glycerine, as of some use in the affection.

These, however, are regarded only as palliative. Dr. H. thinks the only actually curative treatment is with the iodide of potassium. This should be given steadily for from fifteen



to eighteen months at least, with a daily dose of from fifteen to forty-five grains, even after the attacks have disappeared. Besides this there are accessory measures, such as vesicatories in the neighborhood of the heart, and regulation of food and mode of life. Alcohol and all stimulating substances, as also tobacco, is to be prohibited, and a mixed or exclusively milk diet is to be prescribed. In advanced atheroma cure is not at all to be expected, nor in most cases is improvement possible.—*Deutsche Med. Zeitung*.

**THE KAWA PLANT.**—In the Berlin Medical Society, on the 20th of January, Dr. H. Lewin made a report of some experiments with the kawa plant. The active principle of the drug does not contain nitrogen, but belongs to the resin series of coloring matters. A short time previously Dr. L. had had an opportunity of witnessing some effects of the drug in the case of a colleague who was making some experiments with it on his own person.

When six or seven light scratches were made on the skin, and the part sprayed with a solution of the active principle, a slight diminution of sensibility occurred. Having had his curiosity aroused by this, Dr. L. made further experiments, and ascertained that if a needle is introduced beneath the skin into the cellular tissue, after the injection of this substance, it may be thrust around in any direction without eliciting the least sensibility. Dr. L. then made some experiments on himself, when he observed that in the entire region of the injection, as far as the resin green extended, from Sunday till Thursday noon there was no sensibility to touch, and only the slightest pricking sensation resulted from the employment of a strong induction current. When the substance has been applied to the tongue, quinine may be taken into the mouth without the least sense of bitter being experienced. *Ibid.*

**HYPNOTIC MEDICINES.**—M. Dujardin-Beaumez gave a general theory of hypnotic drugs, which he divides into four groups—anesthetics, analgesics, sedatives of the nervous system, and the hypnotics properly so called. The last

alone produces true sleep, and this they do by bringing about cerebral anemia, thereby influencing the nerve cells. If this view be correct, opium, which produces cerebral congestion, should be erased from the list of hypnotics. The *virtus dormatitia* which Molière attributed to it is an assumption only, for opium simply produces a sense of well being which takes the place of sleep, but is not sleep. M. Huchard does not regard cerebral anemia as a *sine qua non* of sleep. Idiosyncracies influence the action of most of this class of remedies. There are, for instance, individuals who sleep under bromide of potassium, who are kept awake by hypnone; old people who sleep better after a little brandy, or a cup of coffee, than with thirty or forty grains of chloral.

MM. Paul and Féréol in no wise agreed with the theories of either MM. Dujardin-Beaumez or Huchard. Our knowledge of the cerebral conditions which obtain in physiological sleep is much too limited to warrant such declarations.

**CHOLAGOGUES.**—Paschkis reports some investigations made by him upon the influence of different substances upon the production of bile. As the object was only to learn if in a reasonably short time after the exhibition of the several substances a perceptible increase of bile would occur, the animals were curarized, and a temporary biliary fistula made in each.

The increase of secretion was ascertained by counting the drops of bile from the fistula in a given length of time.

The substances employed were chloride of sodium and grape sugar, in one set of experiments; aloine sulphate of magnesia, podophyllin, podophyllatoxin (the poisonous and active principle of podophyllin) colocynth, pilocarpin, croton oil, in a second, and cholalic acid, taurocholic acid, taurin, glycocoll, and ethereal oil of turpentine in a third.

The first two dissolved in a large quantity of water and injected had no influence. Of the second series only the croton oil had any effect in increasing the secretion, and that only temporary. Of the third class, the acid bile constituents had a remarkable effect. As

soon as cholalic acid, glycocholate or taurocholate of soda was injected with the blood of the dog, the secretion was generally within the first ten minutes doubled in quantity, and in all cases strikingly stimulated. Only the biliary acids had this effect; their nitrogenous congeners, glycocoll and taurin, after fifteen minutes exercised little or no influence. The ethereal oil of turpentine, exhibited with a view to its ultimate transformation into biliary acids, was found to be inert.—*Deutsche Med. Zeitung.*

**HOPEINE.**—M. Petit has studied chemically another hypnotic, hopeine, imported from America and sold as an alkaloid of hops, the characteristic odor of which it recalled. He had found hopeine to be morphine scented with the essence of hops. The firm which introduced it to the European public claims that the European hop does not contain the principle of the substance they sell, and that it is furnished exclusively by a hop found alone in Central America. The market price of morphine being but ten cents a dram, while hopeine is sold at from sixty to eighty cents, it is easy to see where the profit of the fraud comes in.—*Ibid.*

**NEURALGIA AND NEURITIS IN DIABETES MELLITUS.**—While it is not to be doubted, after numerous observations, that severe traumatism of nerves may be followed by secondary melituria, it is very rare that this condition occurs in simple neuralgias; on the other hand, according to the observations of Von Zeimssen, stubborn neuralgias are sometimes a consequence of diabetes mellitus. One case is reported by Von Z. in which trophic lesions developed. He supposes that in this case a neuritis was produced by the toxic action of the products resulting from destructive changes in the sugar.—*Ibid.*

**URETHANE.**—At a recent session of the Therapeutic Society of Paris, M. Huchard stated that urethane, which belongs to the ether series, possesses special hypnotic properties. It is very soluble in water, and, in a dose of forty-five to fifty grains, produces six

or eight hours' quiet sleep. It is equally well borne by children. M. Huchard gives urethane (three grains) dissolved in a dram each of distilled water, orange-flower water and syrup, and repeats the dose every two hours until its effects are manifest.

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## Abstracts and Selections.

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**CLINICAL THERAPEUTICS.**—In an introductory lecture to his course on therapeutics, Dr. I. Burney Yeo, Professor of Therapeutics in King's College, said:

Another valuable observation in practical therapeutics derived from the clinical method is the necessity, in many instances, when we desire to produce diuresis, to combine together two or more diuretic remedies; give them singly, and you fail to produce any diuretic effect; combine them together, and free diuresis may be produced. Dr. Long Fox has alluded to this well-known fact in his suggestive paper, "On the Action of Diuretics," read at the last meeting of the British Medical Association, and he concludes his paper with these words: "In most cases the union of remedies that cause a flow from the glomeruli with those that excite activity of the renal cells leads to a more complete depuration of the blood; and herein, again, we may give honor to our predecessors, in that they discovered by observation (by the clinical method) what we now are able to explain physiologically."

I might instance numerous other facts of a like nature, but I prefer quoting to you a sentence from Dr. Wilkes' address at the last meeting of the British Medical Association, because it seems to me to express with complete accuracy the true relations of therapeutics to practical medicine. "It might be worthy to remark," he says, "how treatment accompanies and follows pathological discoveries, *in opposition to the mistaken idea* which many seem to hold, that there is a science of therapeutics gained by simple observation of the action of drugs on the body. It is sometimes said that therapeutics stands still or lags behind other departments of medicine. I think this is not true, and can not be true; in fact, *I am at a loss to know what pure therapeutics is apart from disease and pathological states.* It seems to me it is the study of external agents on various diseased conditions, and it is not so much new remedies, but a better indication and knowledge of how and when to use them, which is required." It was a source of great satisfaction to me to find so philosophical a physician and thinker as Dr.



Wilkes expressing with so much point and force the very same views which were in my own mind.

The same thought seems to have been in the mind of Sir Wm. Roberts, of Manchester, although he approaches the subject from rather a different point of view, for in his address on the section of therapeutics at the same meeting he pointed out the error of attempting to base our investigation of dietetics exclusively on the physiology of digestion and nutrition. He says: "I doubt if this is always, or even generally, the best starting-point. There are problems in human dietetics which appear to be beyond the reach of physiological research." I can illustrate this remark of Sir Wm. Roberts by some observations that I have often had occasion to make, and which could only have been the result of the clinical or practical method.

You will not very infrequently encounter, in treating cases of typhoid fever, especially if you are too much addicted to the use of an exclusively milk diet, that every now and then the patient has attacks of intestinal pain, accompanied with large semi-solid motions consisting almost entirely of curd of milk. I have seen this several times in children, and occasionally, but less frequently, in adults. Sir Wm. Jenner called attention some years ago to the same fact. So that in cases of typhoid in some patients, milk is by no means the perfect food it has been represented to be. I have long been in the habit of giving to such patients whey, which I usually have rapidly prepared by boiling milk with a little lemon-juice, and flavoring with a little grated lemon-peel and straining. I have several times, also, encountered persons to whom eggs in any form, and however disguised or mixed with other food, were absolutely intolerable, and invariably caused digestive disturbances. Quite recently I have had occasion to observe the excellent effects of a diet composed almost exclusively of buttermilk in some of the most severe and protracted cases of intestinal dyspepsia. The hint first came to me from the practice of Dr. Mezger, of Amsterdam, the celebrated advocate of massage for the relief and cure of various chronic maladies. He told a patient of my own that whenever he himself became the subject, as he occasionally did, of severe gastric catarrh, he took no medicine, but simply restricted himself wholly to buttermilk for a fortnight, and he was always cured. My own patient certainly derived the greatest possible advantage from this diet, and was able to accomplish far more work, intellectual and physical, than on any other system of feeding. Another case in which it has proved of great use and efficiency is one of locomotor ataxy, with severe gastric

crises. In this case the gastric crises have disappeared with this regimen.

There is another curious observation it has occurred to me to make in connection with the disturbing influence of tea on digestion. You will find that certain persons can at certain times take tea in moderation without its producing any disturbing effect on their digestive processes, while at other times its use leads to much distress and discomfort, causing annoying palpitation and an uneasy sensation, often amounting to actual pain about the upper part of the cardiac region, generally on the left side. Now you will find that this difference in their capability of tolerating tea is often dependent on some emotional disturbances of the nervous system; the instant there is any worry or anxiety or mental uneasiness tea will at once disagree with such persons, and when the emotional wave has passed by and a condition of nervous calm has been re-established, the use of tea can be resumed. It is often important to be able to recognize this disturbing influence of tea and coffee, especially on cardiac innervation, and particularly in the production of that peculiar precordial pain which I have described above, and to which I am not aware that attention has been previously called. A gentleman, a neighbor of mine, the subject of aortic regurgitant mischief, called one morning just after his breakfast, complaining of a most distressing palpitation. His pulse was beating 200 to the minute, and his heart was thumping distressingly against the chest wall. Having inquired into the particulars of the attack, I said to him, "You are poisoned by tea or coffee"; and then he told me that, contrary to his usual habit, he had taken a quantity of both strong tea and strong coffee at his breakfast. Once warned, he never did so again, and so avoided a return of the attack.

It has also occurred to me to make another practical observation with regard to the influence of different wines, especially on gouty persons. You will find that with such persons the wine which most rapidly and most freely stimulates the renal secretion is the wine which will agree best with them. With some persons it is champagne, with some it is claret and with some hock; but with all, the wine that fails to promote diuresis will almost invariably do them harm. I was staying one autumn with a friend at his chalet in Switzerland, when he paid a visit to an old wine-grower in the neighborhood for the purpose of buying some of his wine; the old man, speaking in commendation of some particular vintage, said, as the highest praise he could think of, and in words which sound coarser to us than they do to a French-speaking people:

*Vous buvez une bouteille, et vous pissiez une bouteille*, thus bringing the testimony of a long experience to the corroboration of the fact I have stated.

I have just mentioned the word "massage," and that suggests an allusion to another undoubtedly great gain to practical therapeutics arising purely from the clinical method of observation. I believe massage is destined in the future to play an important part in the treatment of chronic maladies. To Dr. S. Weir Mitchell, of Philadelphia, we are greatly indebted for informing the profession of the extraordinary value of this method of treatment in certain nervous maladies, and especially in cases of so-called neurasthenia. To Dr. Wm. Playfair we are also indebted for adopting and following up Dr. Weir Mitchell's suggestions, and with eminent success. Dr. Mezger, of Amsterdam, has acquired more than European celebrity by the very remarkable results which, in his hands, have followed this method of treatment. I shall hope in some future lectures to describe to you fully this mode of treating chronic maladies, and to indicate the cases to which it is most appropriate.

And here let me warn you against hastily and ignorantly hurling the word "quackery" at every mode of treatment which you may yourselves be indisposed to carry out, or with the *modus operandi* of which you may be unacquainted. In doing so we put ourselves in an entirely false position with the public, who, you must remember, are after all to a certain extent the best judges of what they want, and you lay yourselves open to the retort I once heard a clever lady make. "Why," said she, "am I to be told that every thing that does me any good is 'quackery,' and that the only thing that is not 'quackery' is taking nasty medicines, which do me no good?" This leads me to say a few words on the *personal* element in therapeutics, which we can not and should not ignore. The power of adding to the influence of our remedies the influence of personal sympathy and force of character should be cultivated to the utmost by every one who desires and aims at being a successful practitioner of medicine. Those who affect to despise or disregard such influences have mistaken their vocation, and although they may be men of science they are not physicians, for they have left out of their studies the most important of all subjects—the study of the human heart. You will remember, probably, the story that is told of Sydenham, who, when asked by a young physician what was the most useful book for him to read, said, "Read 'Don Quixote.'" "And after that?" said the young man. "Read 'Don Quixote' again." "And after that?"

"Read 'Don Quixote' a third time," was Sydenham's answer. I should like to mention to you a remarkable instance of the effects of personal influence that happened to myself. I was called, in the middle of the night, to the bedside of a gentleman who was just beginning to convalesce after an attack of typhoid fever, and his wife and his nurse, who were at his bedside, said they had sent for me because he found it impossible to sleep, and he was becoming irritable and distressed at his restless condition. I felt his pulse, and in a somewhat oracular tone directed the nurse to give him a tablespoonful of brandy with one of water; within two minutes, while we were standing by his bedside, his wife amazed me by whispering, "Look, he is asleep!" and he was, indeed, fast asleep! The next morning he greeted me with the words, "You must be a magician." He was amazed himself at what had happened.

For the successful study and profitable pursuit of clinical therapeutics there are three mental qualities which are essentially necessary; they are, (1) absolute openness of mind; (2) what is almost the same thing, absolute freedom from prejudice; and (3) insight. Probably no physician ever reached great eminence in his art without the latter; it is the most precious of all gifts, and one which we should early attempt to cultivate. It is the power of penetrating through phenomena and divining their causes and meaning; the power of at once distinguishing the real from the unreal, the semblance from the reality; the power of distinguishing deceptions of all kinds, conscious or unconscious. I found a short time ago, in one of my note-books, the following story, the source of which I have, however, forgotten: "An old Scotch minister was awakened out of his sleep to go to see a great lady in the neighborhood, who was thought to be dying, whose mind was in dreadful despair, and who wished to see him immediately. The old man, rubbing his eyes and pushing up his night-cap, said, 'And when were her leddyship's bowels opened?' and on finding, after some inquiry, that they were greatly in arrears, he said, 'I thoct sae. Rax me ower that pill-box on the chimney-piece, and gie my compliments to Ledy Margaret, and tell her to tak those twa pills, and I'll be ower by-and-by mysel.' They did as he bade them—they did their duty and the pills did theirs, and 'her leddyship' was relieved." This, gentlemen, was insight; this was truly clinical therapeutics.

In conclusion, the point I wish to insist upon is this: The clinical method in therapeutics is, from the very nature of the investigations



concerned, of necessity the ultimate and final appeal in all therapeutic questions. Whoever cares to think out this subject will see that this proposition is self-evident. To the clinical method all other methods are subservient and tributary. To extol the physiological or pharmacological method of investigation and to speak slightly of the clinical method is to forget or to overlook the foremost and essential element in every therapeutic problem. The clinical method may be complex, difficult, and in a sense evasive and disappointing. That we can not help; it is in the nature of therapeutic inquiries that they should be so. But I have instanced many most valuable and encouraging results obtained by this method; and I would ask most seriously and pointedly the following question: When have we as a profession seriously, and with something like a definite organization, attempted to *methodize* the clinical method of investigation in therapeutics. With the establishment of the collective investigation movement in connection with the British Medical Association, the organization and machinery needed for this purpose would seem to be at last afforded us; but the fascination of the pharmacological method is so great for some minds that it is at present difficult to obtain a hearing for the method which is far more within their means of operation, far more appropriate to the practical ends this movement seeks to accomplish, and far more likely to be productive of immediate and lasting gain to the practice of the healing art. And to you personally I would say, in necessary connection with this subject, that it is your duty to focus, as it were, all your acquired knowledge upon one object, to concentrate all your acquirements to one end. It should never be your chief object to be a great physiologist or anatomist; or to be well versed in morbid anatomy and histology; or to be brilliant as a manipulator of surgical instruments; or to possess great diagnostic skill. I repeat, neither of these things should be your chief object, nor followed as an end in itself; but if you intend to be *medical* men, you must regard all these as but means to one chief end, and that is "healing the sick." In the zeal and ardor for the attainment of what is called a "scientific reputation" this cardinal truth is occasionally lost sight of, and I rejoiced to see that so wise and so philosophic an observer and thinker as Mr. J. Hutchinson, in his remarkable address on the "Uses of Knowledge," thought it necessary to say: "First, unquestionably, and as a thing which admits of no excuse for its neglect, you are to acquire a matter-of-fact familiarity with the common diseases and accidents to which the

human frame is liable, and their means of remedy. Your first duty is to advise people for the best when they are ill, and from this duty there must be no shrinking whatever." In the multiplicity of subjects which the student of medicine has to study, there is a real danger that his attention may be turned aside and his likings fixed too exclusively on one or other of the scientific subjects of collateral interest and of minor importance, so far as his life-long calling is concerned; and there is, at least, an imagined superior dignity about purely scientific acquirements; acquirements that do not directly bear on the vulgar needs of suffering humanity which we must not allow to seduce us from our *real* calling. I invite you, then, to come voluntarily and examine with me the means of alleviation and cure which we possess in the treatment of those diseases which fall under the care of the physician. I do not propose to make any great demand upon your time; an hour once a fortnight, through the winter and summer sessions, is all, at present, I ask from you, because I wish to enter upon this subject with ample time for deliberation, selection, and preparation. I do not intend to run over hastily each year the whole range of practical therapeutics; that is what it will be my particular care to avoid. It is not my business, in any special way, to prepare you for examining boards, but to help you to prepare for the actual work of your lives. I propose, year by year, to take the treatment of some special maladies, or groups of maladies, and to endeavor to handle each subject fully and completely; and I shall, from time to time, turn aside to examine and discuss special modes of treatment, or the action and uses of special remedies. No one can, I imagine, pretend to doubt that there is a great need that a work of this kind should be undertaken, for your and my life-long work is the treatment of disease and the healing of the sick. Let us bring to that work all the acquirements that the truly marvelous progress of experimental physiology has furnished to us; all the intimate knowledge of disease which our recent pathological investigations have disclosed; all the skill in the recognition and diagnosis of morbid states which our new and improved methods of physical examination supply; all the coolness and insight of the well-trained and well-equipped mind; and last, but by no means least, that sympathy with the human soul under suffering which, although it may lack "scientific precision," is dearest of all things to the human heart, upon which it falls like the "gentle rain from heaven," and soothes, refreshes, strengthens, and heals.—*The Lancet.*

ON THE INFLUENCE OF AGE ON THE DOSAGE OF NUX VOMICA, WITH SOME REMARKS ON ITS THERAPEUTICS.—J. H. Musser, M. D., of Philadelphia, recently read before the Philadelphia County Medical Society a paper on this subject of such interest that we copy it entire.

It is believed that the following facts regarding nux vomica are not generally known or not fully appreciated by the profession, and that, as far as the writer knows, one of them is entirely new. I refer to the influence of age on the dosage of this drug. The only reference to this important matter that I am aware of is in the last edition of Wood's Therapeutics, where it is stated that young animals have been found to be less susceptible to the drug than old ones.

A shrewd medical man observed to the writer, some time ago, that he could never get much service from the nux vomica except in the aged. Upon endeavoring to find the reason for this it occurred to me that possibly, as with many drugs, the susceptibility to its influence increased with the age of the patient. Opportunity has been afforded me to test this surmise, and I can affirm that repeatedly in the out patient department of the University Hospital its truth has been demonstrated. It is with pleasure I can record that many of my students and my former assistants, Drs. Fussel, Mercur, Emery, Dock, Allyn, and others, can corroborate these statements.

The preparation of nux vomica used was the tincture, and most of the experiments were made with the solution of the Pharmacopeia of 1870. As is well known, it is about one third stronger than that of 1880.

The maximum dose at any age was not administered, but the usual dose commenced with. This was done, and should be done, to guard against dangers that may arise from idiosyncrasy or cumulative action. Beginning, therefore, with ten drops three times daily, it was the custom to increase it three or five drops every second day until some physiological effect was produced, as twitching of some group of voluntary muscles. As soon as this effect was produced the dose was reduced one third, and in a few days, especially if desirable to produce full effects, ascending doses were again administered. They could invariably be increased beyond the former limit.

Going over the notes of some fifty cases, I find that at from fifteen to forty years of age forty-five drops or more of the tincture was almost invariably well borne. After forty years it was the exception to be able to increase the dose over thirty-five drops without causing some disagreeable symptoms. In all my cases extreme susceptibility was not observed. Six

had apparently no influence on the size of the dose.

One of the patients, aged twenty-four, took two hundred drops three times daily with most decided benefit. To another, aged sixteen, one hundred and twenty-five drops were exhibited without experiencing any bad effects. On the other hand, a male, aged sixty, could take but twenty drops, and not one over fifty could get beyond thirty-five. Patients aged sixteen, twenty-four, twenty-eight, thirty-five, and forty took forty, fifty-five, thirty, forty, and forty-five drops respectively before any therapeutic benefit could be seen.

At first sight it would appear that the above were unusually large doses. When one remembers that there is about  $\frac{1}{200}$  of a grain of strychnine in five minims of the tincture of nux vomica, the dose seems not so great. My observations have taught me that with the usually prescribed dose we can get, in most cases, but little results beyond what arises from its local action as a bitter; moreover, what effects we may secure are transient unless we increase the dose. The system readily becomes accustomed to its stimulation.

It is well known that neurologists and ophthalmologists push this drug in a similar manner, but I do not know that ascending doses have been used at the hands of others in cases similar to the ones hereafter to be referred to.

Two effects of large doses of the drug were observed that, under certain circumstances, would be disadvantageous—the production of diarrhea and of frequent seminal emissions. Small doses of laudanum would readily control the former, although it is rare that the case would demand such very large doses. The latter symptom could not well be remedied.

*The Therapeutics of Nux Vomica.* Nux vomica is eminently of service, according to my experience, in dyspepsia of the atonic variety, with or without depression of spirits, hypochondriasis, headache, weight on the head, and other nervous phenomena. It is in these cases that increasing doses are of value. I believe this good effect to be due not alone to the local irritant effect of the drug, as suggested by Ringer, nor to its tonic influence on the muscle and blood-vessels, but to its systemic effect, whereby reflex excitability of the spinal and vaso-motor centers is increased. Digestion is eminently a reflex process. This is seen from the efforts of mastication, throughout the entire process, to that of defecation. Now, it seems to me that atonic dyspepsia and slow digestion, with the train of morbid symptoms that arise therefrom, are due primarily to torpid nerve centers. They do not respond to the



stimulus of food, and hence refuse to send the requisite amount of blood to the glands by virtue of their influence on the vessels, or to stimulate glandular secretion. In fact, this element of diminished reflex excitability may be present, and it seems rational to think so, in all forms of dyspepsia, whether from general debility, the excessive use of indigestible articles of diet, or of stimulants. In these cases it is requisite to get the full effect of the drug. Likewise, in the dyspeptic symptoms that belong to heart-disease, bronchitis, or cirrhosis of the liver, the good effects of *nux vomica* are no doubt on account of its tonic effect on the blood-vessels. In gastric catarrh, on the other hand, small doses of the drug should be used to secure its local irritant action. It seems to me the same theory, the increase of reflex excitability, may partially explain the good effect of this drug in constipation.

As a respiratory stimulant the action of this drug is well known. I once ordered it to a young girl in doses of twenty drops, and was surprised to find her father had had the bottle replenished twice for a cough. On the occasion of his third visit he confessed it was the best cough mixture he had ever had. Emphysema and chronic bronchitis were the cause of his cough. Last winter the *nux vomica* kept at work the entire season and enabled to walk long distances a man who for years previously would lose weeks and weeks each season on account of asthma and emphysema. His "wind" improved wonderfully, and his great boast was his ability to walk home with his fellow-workmen at their gait. I could readily repeat many instances of the value of this drug where respiratory stimulants are indicated.

In mental and physical depression due to prolonged excitement this drug is of value. One of my students took from six to eight hundred drops daily of the tincture, and thereby successfully tided himself over a period of great strain. In fact, he studied harder and kept later hours than at any other examination period, and with less detriment to his health. He is myopic and astigmatic, and this was the first time he came out of his studies without suffering from eye-strain. The doctor writes me that he has used the drug since in practice under similar circumstances. For instance, it helped along well a young society girl, who was unusually busy with engagements, until the rush was over. The uses of the drug are as dangerous, however, as the use of any stimulant, and should be given only on extraordinary occasions for the purpose indicated. Its use as above serves to show its power as a nerve-stimulant.

It has recently been the custom of students of medicine to take caffeine to keep them awake for study. My observation of the students who had taken one of these drugs was favorable to the use of *nux vomica*. The ones who took it came off with much better health and less nervousness than the caffeine-eaters.

Many patients complain of being more tired on rising in the morning than when retiring. This has disappeared frequently on a course of *nux vomica*. I have also the records of cases of spasm of the esophagus, of excessive flatulency, of nervous depression, characterized by fear, by ready excitability, by mental lethargy, irritability, etc., and of forms of hysteria—occurring late in life especially—which were improved by this drug.

There are, of course, other well-known uses for this valuable drug which time and space will not permit me to detail. In small and frequently repeated doses it has been recommended to be used, but I confess I have never had any good results from its use in this manner. Ringer recommends it in acute gastric catarrh, with "sick headache" and slight nausea, only in doses of one drop, in water, every five or ten minutes, until eight doses are taken. It may be a mere coincidence, but nevertheless in every instance of a similar character in which I used it, it caused vomiting without any relief.

The following are some of the conclusions which may be drawn from the above statements:

1. The effects of *nux vomica* are in inverse proportion to the age of the patient; the susceptibility increases with the age.
2. The usual doses of the tincture indicated in the text-books are inadequate for many practical purposes, and do not represent the usual dose of strychnine.
3. It is a powerful and rather transient stimulant.
4. The best therapeutical effects can be secured in many cases only by pushing the drug almost to the physiological dose.
5. The system soon becomes accustomed to its use, and the dose must be increased.
6. The good effects in dyspepsia are largely due to its power to heighten reflex excitability. *Therapeutic Gazette*.

ON THE USE OF A FIVE-PER-CENT SOLUTION OF BRUCINE.—Ralf W. Zeiss, M. D., of Philadelphia, writes to the *Therapeutic Gazette*:

1. I have twice applied the solution, by means of a tuft of cotton on a cotton-holder, to a painful *furuncle* of the external auditory canal. In both cases marked relief was noticed

in two to four minutes, which lasted for some hours, when the pain slowly returned as before. Skin in these cases not broken.

2. In cases of painful *suppurative otitis* of the middle ear (some five or six in all) the solution gave *some* relief in *all* cases; very *marked* relief from pain, lasting for a number of hours, in two cases. In these patients the solution was passed on the cotton tuft down to the fundus of the canal, and the raw and often bleeding surface carefully and thoroughly mopped.

3. I have used the brucine solution some scores of times in *sensitive conditions* of the auditory canal to render the use of instruments painless. No record was kept of these, but in about one half the cases the patients volunteered the statement, "It don't hurt as much now," while in the other half no results of any importance were obtained, sensitiveness being in no way lessened.

4. Brucine, in my hands, has proved most useful in lessening or entirely abolishing the pain and burning caused by *applications* of iodine, nitrate of silver, sulphate of copper, and the like to the mucous membrane of the throat and nasal passages. I have repeatedly used it in these cases, perhaps nearly fifty times, and in almost every case relief was noticed, and in the majority of these cases pain and irritation were at once overcome.

5. In one or two cases of *burns* the solution has proved valueless.

6. Painted along the line of incision before opening a shallow abscess, it did no good whatever, the patient suffering as much as usual.

7. Used on the external surface of the body, the five-per-cent solution has proved of no value whatever in my hands.

Speaking generally, I do not consider the brucine salt equal in its local effects to the muriate of cocaine. Though more lasting, it is much less reliable, nor does it seem to be so readily absorbed.

In some two or three instances, after liberal applications of brucine to the nasal cavities, patients have complained of having felt wildly "nervous" for some hours afterward, evidently from the strychnine-like effects of the drug. In no other instances were the slightest toxic effects noted, although as much as five minims of the solution have been repeatedly used in the middle ear and nasal fossæ.

THE TREATMENT OF ACUTE DIFFUSE NEPHRITIS IN CHILDREN.—William H. Porter, M. D., writes, in the Archives of Pediatrics:

The *treatment* naturally falls into three headings, the preventive, the management of the

acute invasion and that of the more chronic stage.

Under prevention, all that tends to ward off the development of an acute parenchymatous metamorphosis should be vigorously enforced. The skin and bowels should be kept acting freely, thus relieving the strain upon the kidneys. Cold applications to the skin should be avoided. Non-irritating diuretics should be freely administered and the saline diuretics avoided.

During the invasion, when there is renal congestion and threatened suppression of urine, dry cups applied to the loins and frequently repeated will be found of service, or wet cups, not repeated, are often very efficacious. Or hydrargyri chloridi miti, gr. ij, with opium, gr.  $\frac{1}{15}$ , may be given every two hours, followed by castor oil. This plan of treatment is especially indicated when the bowels are constipated. Jalap and calomel, five to ten grains each, will be found of service. Elaterium, however, in small, repeated doses, has been found the most efficacious remedy in uremic conditions, as it appears to remove from the system the uremic poisoning more rapidly and effectually than any other eliminating agent. It produces very free and copious watery discharge, which greatly relieves the strain upon the kidneys, keeps down the edema, renders the child quite comfortable, and is a great aid in bringing about a cure. Jaborandi, or its alkaloid, pilocarpine, may be used; if the latter, it is best employed hypodermically; but by some it is considered dangerous in this acute nephritis on account of the shock which it is supposed to give to the system. From observing its action in large doses and in quite a large number of cases, only one deduction could be drawn, and that was that it is not depressing to any noticeable degree, and is always followed by the most desirable results, both to the physician and to the patient. Recorded observations, however, are quite contradictory on this point, and this remedy should be carefully watched in its action.

Spiritus etheris nitrosi, digitalis and its preparations, may be used for their diuretic and diaphoretic properties; also large draughts of water, demulcent drinks, and some of the mineral waters. Hot-air baths at times may be used, and are often serviceable.

Digitalis and its preparations are the only safe remedies during this acute stage. It is a non-irritating diuretic, and acts principally by contracting the arterioles, and possibly by stimulating the heart and increasing the general blood-pressure; in this way we increase the pressure upon the glomeruli. It probably has less effect upon the renal arterioles than



upon the rest of the circulatory system, otherwise we should diminish instead of increase the flow of urine. Further investigation will probably show that it acts only when there is a venous congestion of the intertubular plexus of veins. Some have advanced the idea that this drug has a specific and unexplained action upon the kidney, especially upon the Malpighian tuft. This increased general blood-pressure and the condition of this intertubular plexus appears to explain the so-called specific effect.

The potassium salts here, as in acute parenchymatous metamorphosis of the kidney, are contra-indicated, as they depress the heart's action and relax the arterioles. Their action as diuretics is ascribed to their power to increase oxidation and tissue metamorphosis, and in this way force more work upon the renal epithelial cells. They are, therefore, injurious for three reasons:

1. They weaken the heart.
2. They relax the whole arterial system, and
3. They increase the effete material to be thrown off by the epithelial protoplasm.

Opiates are decidedly contra-indicated in uremic attacks in children, even if they are admissible in adults.

After the acuteness of the attack has passed off, and it tends to assume the asthenic or chronic form, the *tinctura ferri chloridi* in full doses will be found a most reliable remedy, increasing as it does the oxygenating power of the blood, thus improving nutrition, and from its non-irritating diuretic properties.

The food should be of the best, plain, easily digested, nutritious, non-irritating, and such as will yield the least amount of non-irritating effete material. A simple milk or skim-milk diet often proves most satisfactory.

During the convalescence great care should be exercised in keeping the bowels active. One free movement daily should be the rule. The skin should also be kept active by sponging and friction. All exposure to sudden changes in diet and excesses in diet should be scrupulously avoided.

By a strict observance of the above rules, the work to be performed by the kidney is reduced to the minimum, its nutrition increased to the maximum, and many cases caused to terminate in a complete recovery, which otherwise would run into a chronic form of renal disease and an untimely death, if they did not at once terminate in death.

**PALATABLE THERAPEUTICS.**—Franklin H. Martin, M. D., of Chicago, communicates an instructive paper on this subject, which he summarizes as follows:

The means by which the regular profession can administer and obtain all the effects of their remedies without offending the most delicate palate are under six heads:

1. Administration of the *alkaloids, neutral principles*, and other drugs of *small bulk*, in *gelatin- or sugar-coated granules*.

2. Administration of *solid extracts, crude drugs of small bulk*, and the various salts, in *pills of gelatin or sugar and gelatin capsules*.

3. Administration of tasteless tinctures and other tasteless liquids alone or mixed in water.

4. Administration of the *oils, oleo-resins, oleates*, and drugs soluble in oils, in *elastic capsules*.

5. Administration of acids well diluted in sweetened and properly-flavored water.

6. Administration by hypodermic injection, by suppositories, by enemata, and by inunction.

Thus we have, imperfect though it be, a system of palatable therapeutics. I am far from being *entirely* satisfied with it. I am convinced, however, that it is capable of being gradually developed to perfection. I believe it would be to the interest of our system, unsatisfactory as it at first might appear, if each of us would constitute himself a nucleus for a vigorous reform in this direction.

**PERMANGANATE OF POTASSIUM IN THE TREATMENT OF AMENORRHEA.**—Dr. Fordyce Barker writes, on the use of permanganate of potassium in amenorrhea, to the New York Medical Journal as follows:

I first prescribed the permanganate in September, 1881, to a lady, thirty-six years of age, who had resided in Europe for the previous nine years. Some two years before an obscure form of disease of the nervous system had followed a severe moral shock, and she was under the treatment of Dr. Brown-Séquard for several months. She finally became insane, and was in a *maison de santé* in Paris for ten months. She left this institution in March, before I saw her, rational, but morbid, irritable, and so suspicious as to make the lives of members of her family a burden, particularly for several days each month. Her general health was pretty good, but she had not menstruated for twenty months.

While I gave general directions as to her health in the use of laxatives, diet, open-air exercise, etc., I prescribed for the amenorrhea two grains of the permanganate of potassium three times a day. In four days menstruation came on, and lasted three days. This was followed by such an improvement in her condition, physical and moral, that I ceased my attendance. Seven weeks after I was again

called, and found her very nearly in the same state as at my first visit. She had not menstruated the previous month. The use of the permanganate was repeated, with the same result. This treatment was resumed the three subsequent months. Since then this lady has been physically well and morally happy, making her family also happy.

This success led to a further trial of this agent, and since that time I have used it in comparatively a large number of cases. I say comparatively, because I think no man can say that he has treated really a large number of cases of amenorrhea.

In order more clearly to illustrate my views, I will divide the cases which I have treated with this remedy into three groups, mentioning them in the order of their frequency:

*First.* Young ladies between the ages of fourteen and nineteen, who come from the country "to finish their education." Homesickness, entire change of their habits of life and associations, overtax of their brain-power from their own or their teachers' ambition to accomplish more in a given time than they ought to attempt, not infrequently lead to an arrest of menstruation. I see at least ten or fifteen such patients every winter.

*Second.* Ladies, both young and married, who suffer severely from seasickness, that have left some European port within a few days of the menstrual period. With such, amenorrhea, of longer or shorter duration, is almost sure to follow. I am consulted by at least eight or ten such every year.

*Third.* Ladies between thirty and forty, generally married, some of whom have borne children, who rapidly begin to gain flesh, grow stout, while at the same time menstruation decreases in both duration and quantity, until at last it is only a mere pretense. This is generally attended with annoying nerve disturbances, pelvic weight, sometimes hemorrhoids, and often mental depression from the apprehension of growing old prematurely.

Now, it requires some moral courage on my part for me to boldly avow that never, where in either of these classes of cases I have prescribed the permanganate of potassium, have I known it to fail.

But this assertion requires explanation. The patients of this kind for whom I have prescribed have, with but two exceptions, not been those met with in my family practice or that of Dr. A. A. Smith, but have come to me for the special treatment of amenorrhea, many of them from out of the city, and from other parts of the country.

In all prescriptions for the permanganate, I write to the apothecary, "Return the prescrip-

tion," and direct the patients to continue the use of the medicine, if necessary, for at least three months, and especially urge them to report to me, either personally or by letter, if the end is not accomplished. Many such have reported that all was right; many others from out of town I have not heard from, and perhaps I am wrong in believing that the treatment was successful. I must add that with this specific treatment, I endeavored not to neglect any other measures necessary to keep up a healthy and regular action of other functions.

I will add, in regard to the third class in my group, that every patient was a resident of this city. I presume that every medical man who has been long in practice has met with some such. In all these I have known the result from personal interviews—that there has been a satisfactory return of menstruation—although in two cases the use of the remedy was continued for five months. In all there has been entire relief of the cerebral and pelvic, and in some of the thoracic, nerve disturbances, cardiac and pulmonary. One patient was quite cured of a periodical asthma from which she had suffered monthly for three years.

Of course, I never prescribe this agent in cases where the amenorrhea is due to some grave constitutional disease, nor do I rely on it for the relief of sudden suppression, due to cold, moral shock, or an acute disease. In this class I think the pulsatilla, opiates, and local agents, such as fomentations and large hot rectal enemas, are generally successful.

In my early experience I found great difficulty in getting the permanganate put up by apothecaries in such a way that patients could take it without great repugnance, and it often produced severe gastric pain from its rapid decomposition. Mr. Angelo for a time put it up for me in a peculiar capsule, which did better than any thing else, so far as the taste was concerned, and the pain was prevented by swallowing immediately a half-tumblerful of water, not cold. But latterly I have found two-grain tablets do quite as well, if the same quantity of water is swallowed at once. Fraser & Co. have recently prepared it in grain pills, but I have not yet had the opportunity of trying them.

That all may judge how much weight should be attached to my clinical experience, I will add that I find by the stubs of my office prescription-book that I have prescribed the permanganate of potassium forty-three times since November 17, 1881, which exactly represents the number of cases of amenorrhea, of the groups mentioned before, as in this time I can not recall an instance where I have made a domicile visit for this disease.



**TREATMENT OF CHRONIC GONORRHEA.**—Dr. Caspar's essay on the subject, appearing in the *Berliner Klinische Wochen.*, December, 1885, contains some instructive suggestions, which have been translated by the *Therapeutic Gazette*:

The most important matter is to decide whether the gonorrhea is an anterior or a posterior one, which can be readily done by noting the behavior of a fluid injected into the urethra by means of a catheter. If the fluid flows out from the sides of the catheter, we know that the point of the catheter rests before the musculus compressor; if the fluid is neither ejected from the sides nor from the mouth of the catheter, we can be assured that the point of the catheter rests in the posterior portion of the urethra. But if the fluid returns directly by the mouth of the catheter, we know that its point rests in the bladder. This recognition is, of course, of the highest practical importance. We draw, hence, the following conclusions: Every thing that collects in front of the musculus compressor returns by the urethral orifice; every thing that collects in the posterior urethra flows in the bladder, on account of the inferiority of the internal sphincter muscle regarding the musculus compressor. This will suffice to determine the differential diagnosis between an anterior and posterior gonorrhea. If the lips of the urethral orifice are glued together, or a few drops are noted in front of it, or if the clothing shows pus-spots, we can be reasonably certain that the affection is situated in front of the bulb. If these conditions are absent the correct diagnosis is less easy. Often the patients complain of a certain prickling or burning sensation on a certain circumscribed region of the urethra, which of course is then to be regarded as the seat of the gonorrhea. At other times we succeed by examining the urethra with the button-sound and marking the sensitive spot. If a frequent desire to urinate should be found to exist, we can conclude that we deal with a posterior gonorrhea. If alongside of this desire to urinate frequently pus-drops appear on the meatus, or its lips are glued together, or pus-spots are found on the clothing, we probably have an anterior and posterior gonorrhea combined, although the absence of the stated desire does not justify the assumption that there is no posterior gonorrhea existing in a given case. In the acute posterior gonorrhea we find invariably the desire to urinate frequently, while in the chronic form this symptom is often absent. The endoscope occasions necessarily so much pain that its employment is not advisable.

The following method of arriving at the proper diagnosis is preferable: The patient,

after having not urinated for five or six hours, is asked to urinate into two glasses. If the first portion of the urine has a flocculent appearance, while the second remains clear, we have to deal with an anterior gonorrhea; if, however, both portions are turbid, we have a posterior gonorrhea. These symptoms, however, have a diagnostic value only in cases with a considerable secretion. In these cases we are, besides, certain to find the drop on the orifice, the gluing together of the lips of the meatus, and the pus-spots on the clothing, if the gonorrhea be an anterior one. Likewise would a considerable secretion in the posterior urethra, by flowing into the bladder and rendering all the urine turbid, make itself distinctly known. If, however, the secretion is so small that it could not reach the meatus nor the bladder respectively, we would have the following results:

1. In both cases we would find no traces of the catarrh on the urethral orifice.

2. In both cases the first portion of the urine would be flocculent, as the secretions are rolled up, as it were, by the first portion of the urine, and driven out of the urethra, no matter in which section of the urethra these secretions are situated.

3. In both cases the second portion of the urine will be clear.

In most cases, however, the mentioned method suffices to arrive at the proper diagnosis.

The diagnosis between a cystitis and a posterior gonorrhea is easy enough. In both affections both portions of the urine are turbid, but in posterior gonorrhea the first portion is necessarily more turbid than the second one, while in cystitis just the reverse condition takes place. This latter fact is brought about by the pus settling according to the law of gravitation in the deepest portion of the bladder, and being ejected only by the last portion of the urine.

Basing on the above views, Ultzmann constructed his well-known instruments, which are usually employed with great success.

If, however, a stricture has been forming or is about to form, the named instruments will be found to be insufficient.

It is well known that the gonorrheal inflammation in contra-distinction of a urethritis does not limit itself to the mucous membrane of the urethra, but enters the submucous tissues, the corpora cavernosa, and muscles. The product of this inflammation is a cellular infiltration of the affected parts, which leads to cicatricial tissue and forms a stricture; at the same time epithelial cells are being constantly formed on the mucous membrane, the death and exfo-

liation of which furnish the material for the secretion of the chronic gonorrhea. The glands and lacune Morgagni, and even Littre's glands, participate in the morbid process. Dittel regards the characteristic gonorrheal threads and the goutte militaire as the product of the catarrh of Littre's glands and of the sinus Morgagni. We thus gain the conviction that even in absence of an actually existing stricture the entire gonorrheal process must be regarded as the forming stage of a stricture, or, as Otis calls it, a stricture of a wide caliber. At the same time we can now understand that astringent and antigonococcic medicines can not cure a gonorrhea.

A radical cure must combine means to eliminate the cellular infiltration and to heal the catarrh. Hence the so-called progressive sound-treatment proved successful in many cases, and Unna's method, to employ bougies invested with a soluble medical coating, initiated a new and thoroughly satisfactory era for the treatment of gonorrhea. The modification of Unna's bougies, introduced by Dr. Caspar, of Berlin, will be certain to prove a great improvement, and ought to receive a careful trial with us. Caspar constructed a sound of German silver having numerous canals on its body. The sound is slightly conical, and twenty-five cc. long. It usually has about six of the stated canals, which are of a depth of one and a half mm., and flatten off toward their anterior portion, and are wholly absent at a distance of five cc. from the point of entrance. (The instrument is manufactured by W. Tasch, Berlin, Schlossfreiheit.) These sounds are invested with an ointment-mass, which in a melted condition is poured into the canals, where it soon grows solid.

As an ointment-mass the following recommends itself: Coca, 100 parts; cer. flav., 2-5 parts; argent. nitr., 1 part; bal. peruv., 2 parts.

The *modus operandi* is as follows: Two teaspoonfuls of this mass are placed in an evaporating vessel having a mouth, and warmed over a flame slowly and carefully. The vessel ought not to attain a degree of warmth which prevents it from being touched by the hand. After the mass has melted, the canals are filled with it and allowed to solidify. The instrument must be thoroughly round and smooth. The anterior smooth part is to be anointed with vaseline in order to allow of a painless and easy entrance into the urethra. The instrument guarantees that the medicine reaches the exact locality on which it is needed. The sound passes beyond the stricture, and the ointment melts at the temperature of the urethra in course of a few minutes, and can thoroughly medicate the affected portion.

Ten to twenty applications are, according to Caspar's statement, usually sufficient to cure even an obstinate case of chronic gonorrhea. Thirty of the most rebellious gonorrheal affections were cured by him permanently, although fourteen of them had lasted over six months, and six over one year.

TREATMENT OF VARICOSE VEINS.—J. M. Buzzel, M. D., gives the following description of his method of treating varix of the leg:

If there are unhealthy *ulcers* upon the affected limb, I endeavor to improve their condition so as to show a healthy state of granulation. I then wash the limb with some antiseptic mixture, latterly the carbolic solution, and apply over the ulcer a diachylon plaster. The next step of the operation is, by the aid of the right thumb and forefinger of an assistant, and of my left, to pinch up the integument directly over the saphenous vein upon the inside of the knee, where it is easily found, and passing a bistoury through the two folds of integument, with the back of the bistoury toward the vein, cutting from within outward, I make an incision about three quarters of an inch in length, which will bring the vein plainly into view. I then pass a ligature beneath the vein, taking care not to include the nerve that accompanies the vein, but do not tie the vein in this stage of the proceedings. I then raise the foot as high as convenient, and commence the application of a bandage, which I apply closely upon the limb from the toes up to the knee, forcing the return of the blood in the veins as much as possible, with the hands in advance of the bandage. When the bandage has reached the knee, I tie the vein, not so tight as to divide its coats, but simply to arrest the upward movement of the blood in the vein, leaving one branch of the ligature out, and the wound is dressed with plaster. I then keep the foot and leg raised as high as comfortable to the patient, and keep the whole limb wet with cold water with the carbolic acid solution, with the occasional use of the tincture of arnica or lobelia, and paying particular attention to the state of the wound, which to the feel is somewhat tender and slightly inflamed. After the ligature becomes loosened, I cut one branch and remove it, as there is no longer any need of it.

In every case I have had the patient has been comfortable throughout his confinement, having no fever, swelling or pain. I have given internally, after a few days, aconite, seidlitz powders, etc., to prevent inflammation, fever, etc.

The author states that he has practiced this method for the past forty-eight years.



**ANTIPIRYN AND CALOMEL COMPARED IN PNEUMONIA.**—The St. Petersburg Weekly Clinical Gazette publishes some observations which have been made by Dr. Posadski, under the direction of Prof. S. P. Botkin, on the comparative results of the antipyrin and calomel treatments in croupous pneumonia. He thus treated a group of twenty-five cases with antipyrin alone, giving from half a gram to two grams (seven and a half to thirty grains) for a dose, and one to eight grams (fifteen grains to two drams) per diem. A second group of twenty-three cases, as similar as possible to those of the first group, was treated with calomel in doses of one eighth of a grain four times a day. The average age of the patients in the first group was twenty-seven years and a half, and that of those in the second twenty-five years and a half. Those treated with antipyrin retained their full consciousness, but in the course of two or three days failed greatly in strength, the heart's action becoming exceedingly weak. They suffered from cough, and with difficulty expectorated a small quantity of slightly-tinged sputum. After the first few doses there was a fall in the temperature, but not of a permanent character; sometimes, indeed, there was no fall at all, and when there was, notwithstanding the continuance of the drug, a rise followed. The crisis took place with a fall of temperature on the average on the seventh day of the disease, the mean number of days of fever being 8.1, but the local physical signs lasted 13.5 days. Complications occurred in nearly all the cases, sometimes being of a serious nature, collapse even being noted. In the urine there was nearly always albumen in considerable quantity, also antipyrin. The fall in weight averaged 20.34 zolotniks (about twenty-seven ounces), which was less than the mean fall of the patients treated with calomel, but the latter recovered their weight more rapidly during convalescence. When the doses of antipyrin were frequent, vomiting was often induced, and in two cases an antipyrin rash made its appearance. Those treated with calomel frequently presented a typhoid condition, and in some cases there was delirium. They were not much distressed by cough, the sputum was expectorated easily and in considerable quantity, and they did not suffer from sweats. The temperature rose high. The mean duration of the fever before the critical fall was 7.1 days, which was generally accompanied by drenching perspiration. The local physical signs lasted on the average nine days (against 13.5 in the other group). There was rarely albumen in the urine, and when it existed there were only traces. Complications were infrequent. The general conclusion ar-

rived at was that antipyrin, in spite of its power of reducing fever, has no beneficial effect on the course or result of the disease.—*The Lancet.*

**ANTIPIRYN IN PHTHISIS AT DAVOS.**—Dr. Hoedmaker, a Dutch physician, practicing at Davos Platz, has made a number of observations on the effect of antipyrin on phthical patients, from which he has come to the conclusion that patients not treated with antipyrin are more comfortable than those who are taking it, though these latter have less fever. He has found salicylic acid most valuable in phthisis, especially when combined with arsenic. *Ibid.*

**AGARICIN IN THE NIGHT SWEATS OF PHTHISIS.**—The action of agaracin in arresting or modifying the sweats of phthisis was known to De Haen as early as 1767. It has since been employed by various observers for this purpose—Barbut, Andral, Trousseau, and Peter in France; Seifert, Proebsting, Pribram, Piering, and Senator in Germany; and Wolfenden, Murrell, and Young in Great Britain—with more or less success. A series of observations has recently been published by Dr. Vitali Miller, of St. Petersburg, on seventeen cases of phthisis in which night sweats were a prominent feature. In the majority of cases doses of from one twelfth to one grain (a Russian grain is equal to .996 of an English grain) produced a decided diminution in the sweats, in some cases arresting them entirely. Generally there were no concomitant unpleasant symptoms; but in a few instances some disturbance of the primæ viæ was set up, tending to justify the dictum of the old physicians, "*Cutis laxa, alvus sicca; cutis sicca, alvus laxa.*" There were, however, cases in which even two-grain doses failed to produce any impression on the perspiration. Of the seventeen cases observed, a more or less decided diminution of the sweats was produced in twelve, while in the remaining five little or no effect could be detected. In one of these five two-grain doses produced absolutely no effect. In another, although the first two doses produced arrest of the sweating, the succeeding five doses, which were larger, were followed by no diminution. In another case, in which agaricin was given for ten nights, complete arrest occurred twice and diminution three times, but on the remaining five nights no effect at all was observed. In another case, where the drug was given for four nights, there was arrest one night, an increase the next night, and very profuse sweats on the subsequent two nights. In another case there was only a slight diminution produced. With regard to the twelve cases in

which more satisfactory results were obtained, the following figures give the number of nights in which sweating, in each case in regular order, was diminished—6, 2, 0, 4, 5, 4, 6, 3, 1, 1, 3, 3. The nights in which the sweats were arrested were—0, 2, 4, 3, 5, 2, 4, 7, 3, 4, 3, 5; and those in which there was no diminution—4, 0, 3, 2, 3, 0, 1, 2, 3, 2, 1, 0.—*Ibid.*

**TREATMENT OF ANGINA PECTORIS.**—M. Huchard discusses this question in the *Union Medical*. After rejecting all medicines that narrow blood-vessels or otherwise increase blood-pressure, he alludes to nitrite of amyl, morphine, and glonoin as palliatives, but asserts that they are of no permanent benefit. Treatment by iodine, however, is really curative if continued for from fifteen to eighteen months in daily doses of fifteen to forty-five grains. He also recommends ignipuncture and blisters over the precordial region, and regulation of the diet and mode of life, including a partial or exclusive milk diet, forbidding all exciting and alcoholic substances, as well as tobacco. In advanced atheroma a cure is not to be expected, but amelioration is frequently possible.

**MANAGEMENT OF MEASLES.**—The following recommendations for the proper management of measles come from the Health Board of Boston:

When a case of measles occurs put the patient in a room apart from the other inmates of the house, and allow no person to enter such room except the nurse and physician. Have the sick-room properly warmed, well aired, and relieved of all unnecessary furniture and other articles which can not be cleaned without injury. All clothing removed from the patient or the bed should at once be placed in boiling water, or in a tub of disinfecting fluid—three pounds of sulphate of zinc and one and a half pounds of common salt to each ten gallons of water. Water closets and privies in the house should be disinfected frequently with a solution of copperas—two pounds to a gallon of water. Every kind of filth in or about the house should be removed and disinfectants freely used. Children in the family should not attend school or mingle with other children until the patient has wholly recovered and all infected articles have been disinfected. On the recovery or death of the patient, the most thorough disinfection should follow. The room and all articles in it should be at once subjected to the fumes of sulphur, as follows: Close the room tightly and burn two pounds of sulphur to each thousand cubic feet of space. After four or six hours open the room and ex-

pose it to free currents of air. Any thing that may be boiled without injury, may be so treated. The walls and ceiling should be dry rubbed or lime washed, and the floor should be washed with some disinfecting liquid. When death occurs, the body should be immediately placed in a tight coffin, with disinfectants, and the coffin tightly and finally closed. No public funeral should take place at the house where the patient has died, until the coffin has been tightly sealed and the most thorough disinfection has taken place. Nurses ought to be particularly careful to remove all infection from themselves and their clothing before leaving the house.

**NEW, EASY, RAPID, AND PAINLESS METHOD OF REDUCTION OF DISLOCATIONS OF THE SHOULDER, WITHOUT AN ANESTHETIC.**—Neil Macleod, M. D., writing from Shanghai to the *British Medical Journal*, after stating that he has succeeded in two cases in reducing dislocations of the shoulder without pain and without anesthesia, describes the method as follows:

Let the patient lie down on his back on the floor or ground, with the dislocated arm outstretched at right angles to the trunk, and also on the floor. Having told the patient to lie quite still and make no effort, let the surgeon, placing the approximate heel in the axilla, make traction gently and steadily at right angles to the line of the trunk; and, as there may be no jerk or evident intimation of the return of the head of the bone to its place, let him ascertain its position, if necessary, abducting the limb to make sure; if reduction have not taken place, let him renew and increase the force of traction, and repeat the examination until he has succeeded or failed, in which latter case nothing has been done to interfere with the application of other methods.

It is possible that, in many cases, the heel in the axilla may be unnecessary; but it will serve to steady the scapula, and affords a better counter-extending force than the weight of the patient's body, and thus leaves him free to lie still and make no effort as if to aid.

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#### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes in the Stations and Duties of Officers of the United States Marine Hospital Service for the two weeks ended February 20, 1886:

*H. W. Austin*, Surgeon, to proceed to Richford, Vermont, on special duty. February 8, 1886. *F. M. Urquhart*, Past Assistant Surgeon, to proceed to Richmond, Virginia, for temporary duty. February 16, 1886.



# The American Practitioner and News

"NEC TENUI PENNĀ."

Vol. I. SATURDAY, MARCH 6, 1886. No. 5.

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

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## THE HEALTH OF DR. DAVIS.

It having been reported that the distinguished editor of the Journal of the American Association, Dr. N. S. Davis, was seriously ill, we addressed him a letter of friendly inquiry. The return mail brought the gratifying intelligence that he had entirely regained his health, and was again at his post. Dr. Davis is now seventy years old, and though a man of vigorous constitution, any serious sickness with him naturally excites uneasiness in the minds of his friends. He was never more needed by the profession in America than at the present time, and we trust that he may be spared yet many years to instruct and adorn the calling in which he has so successfully labored during more than a half a century. He concludes the letter referred to with a line which affords an insight into the true character of the man: "If the good Lord has more useful work for me to do, I shall endeavor to do it." Trustful, ready, determined to the last.

The attack was cerebral, attended by temporary loss of consciousness and slight paralysis of one side. These alarming symptoms passed, however, and left no trace of their presence.

## THE TREATMENT OF CARBUNCLE.

Dr. L. D. Bulkley stated, in a paper read last spring before the American Medical Association, that he had met with much success in the treatment of carbuncle, in all grades of severity, by mild unguents spread on thick, soft felt cloth, applied daily to the sore, and the administration of sulphide of calcium internally, conjoined to proper diet. Dr. Bulkley condemned incisions and other surgical procedures, and asserted that the former, by severing blood-vessels, added to the danger of septic poison.

A short time ago, in a discussion on carbuncle had in the Medical Society in Philadelphia, it was claimed that the best treatment of carbuncle consisted in scraping out the entire diseased mass, under chloroform and antiseptics, and dressing the parts afterward by the strictest antiseptic means. This claim was approved by some of the most experienced surgeons in that city of surgeons. In the November number of Daniel's Texas Medical Journal, Dr. C. H. Wilkerson, of Galveston, relates his experience in the treatment of carbuncles with injections of carbolic acid. He selects a few prominent sinuses and injects into them, by means of the hypodermic syringe, from five to ten drops of pure carbolic acid. He endeavors to throw the fluid in the direction of the red and painful indurations about the periphery, and is careful to wipe up all excess of acid with blotting paper. He states that "carbolic acid in this class of cases acts by converting an unhealthy into a healthy inflammation. All erysipelatous tendency is checked instantaneously, wherever the acid touches, while the stimulus it affords to the capillaries promotes absorption on the one hand and healthy granulation on the other. Great sloughs of necrotic connective tissue are thrown off, and the carbuncle is soon converted into a rapidly healing, simple ulcer. Furthermore, carbolic acid acts as a local anesthetic in these cases, and did it do no other good than this in these most painful affections, we would be amply justified in its employment for this purpose alone." He gives it as his opinion that surgical means in the treatment

of this class of furuncles are cruel and less efficient than milder measures.

Dr. Wilkerson states that he has been using carbolic injections during the past six or eight years, and thinks the method is original with himself. This we will not deny. But Dr. J. C. Nott, of New York, advocated applications of carbolic acid in carbuncle as early as 1871, and reported (New York Medical Journal, January, 1871) a case carried to a singularly successful issue by the free use of this means.

Dr. Nott, in the case referred to, first incised the carbuncle and then stuffed it with cotton saturated with pure carbolic acid. He also painted the whole surface of the hardened mass with the acid. He reports that after the first few minutes the patient was free from pain and never complained of any afterward; and adds "that three other small carbuncles which commenced an inch or two from the large one were all aborted by the same means." "I certainly," he continues, "never witnessed a more prompt and decided effect from a remedy. There was, I think, something more than a mere *caustic* effect from the acid in this case. This was the only real abortion of a carbuncle I ever saw. There was, I think, clearly some specific action."

Dr. Wilkerson's method of employing the acid differs from that originally proposed by Dr. Nott, but we have reason to know that Dr. Nott himself soon came to adopt injections into the diseased tissues in preference to the stuffing he had first suggested. We ourselves, acting on the hint contained in Dr. Nott's paper, at once begun to treat ordinary furuncles by putting upon their apices a drop of the acid; those of larger growth by injecting the acid freely into their substance. And from that time to this we have used no other local applications in this affection, and know of no treatment which secures such immunity from pain, and is in every way so satisfactory. Injected into the sinuses carbolic acid has often seemed at once to arrest the disintegration of tissue and fetch about healthy action. Used sufficiently early, it has sometimes appeared to abort the mischief. Applied in unguent or solution, particularly the former, it makes the

most convenient, comforting, and healing of dressings, and carries the ulcer to a speedy cure.

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### TRYPSIN.

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We have recently called attention, both in *Translations* and *Selections*, to the fibrin digesting principle of pancreatic juice, trypsin, which just now is being advanced as a solvent for diphtheritic membrane.

Many years back, a valued correspondent of the American Practitioner, Dr. Brown, of Cloverport, Kentucky, suggested that pepsine applied liberally to diphtheritic membrane would dissolve it; and subsequently reported cases in which this effect seemed clearly to have followed such use of the agent. Trypsin, it appears, undoubtedly possesses such solvent power, and promises, therefore, to be of exceeding value in the treatment of diphtheria.

It is said to act (like all pancreatic ferments) independently of any special condition of acidity or alkalinity of media, though it is most effective in a slightly alkaline solution. It is non-irritating and wholly incapable of injuring the healthy tissue or non-fibrous tissue. It is applied in spray or by brush, and should be used frequently, several times within an hour. The only drawback to its being at once put on extensive trial is its cost, eight dollars an ounce. Nevertheless, we hope soon to be able to chronicle its behavior when applied in true diphtheria. The pharmacists who have introduced it to notice in this disease are Fairchild Brothers & Foster, New York, to whom inquiries may be addressed.

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### CHRONIC GONORRHEA.

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Under the head of *Selections* will be found a translation of an article by Dr. Caspar, of Berlin, on the diagnosis and treatment of chronic gonorrhea. To determine whether a urethral discharge comes from the anterior or posterior portion of the canal has appeared to us in the large majority of cases quite an easy matter, since we learned, many years back, to collect the urine in two glasses, that in the



first representing the washings of the urethra, that in the second containing the washings of the bladder.

The modification of Unna's bougies recently made by Dr. Caspar certainly seems to be an improvement on any previous method of introducing medicines to the exact seat of disease. But there are many cases where the discharge may be altogether arrested by means much more to the taste of the sufferer than topical applications. For many years we have had much success in treating posterior gonorrhea by giving pure Venice turpentine in gradually increasing doses, pushed to the point of producing either its full physiological or therapeutic effects. During its administration the urine should be examined daily, the clearing up of this fluid being the index of the working of the drug.

The liberal use of Bethesda water as a daily drink we have found of great help in the cure. Occasionally prolonged irrigations of the urethra with hot water by means of a fountain syringe have proved useful. Tonics—all that that word implies—are demanded in most cases of this affection. Quinine in large doses and without other means has sometimes effected a cure. A generous diet, including wine, has been sufficient in certain individuals who had been treated overmuch by drugs. Travel and sea-bathing have relieved others. The simple stimulus of the methodical use of steel instruments is occasionally useful. No doubt Caspar's invention will prove serviceable in a certain class of cases which resist the constitutional and local means we have enumerated.

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### Notes and Queries.

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DR. J. MILNER FOTHERGILL, for ten years past the London correspondent of the Philadelphia Medical Times, will no longer enliven the pages of that sterling monthly with his grace and instructive letters. Other and, as he thinks, more important duties demand his entire time. Dr. Fothergill filled some years ago the same position on the American Practitioner. He is perhaps as well and as favorably known in the United States as any medical man in

London, and his writings, whether epistolary or didactic, have long been eagerly read on this side the Atlantic. We shall miss his letters, but console ourselves with the thought that, denying himself the ephemera, he will soon gain time to provide us with another one of his charmingly instructive books.

THE POPULAR SCIENCE MONTHLY FOR MARCH, 1886.—The opening article in The Popular Science Monthly for March, "Biological Teaching in Colleges," by Professor W. G. Farlow, of Harvard University, is a sharp criticism of the failure of the colleges and the preparatory schools before them to give any adequate training to the observing powers on which, by the modern view, all true instruction ought to rest. In a "Thinking Machine," Professor Grant Allen makes a caustic exposition of the insufficiency of the ultra-materialistic way of accounting for mental phenomena, which has come into fashion among some philosophers. In "Health and Sex in Higher Education," Dr. John Dewey, of Michigan University, presents the results of the first real and properly directed effort that has been made to ascertain, from the facts, the average influence of college study upon large numbers of young women who have been engaged in it. "Proem to Genesis" is Mr. Gladstone's reply to Professor Huxley's "Interpreters of Genesis and Interpreters of Nature," which appeared in the February number of the Monthly. Dr. Charles C. Abbott, in a very pleasant and readable paper, discusses the value of the "Animal Weather-Lore" on which country people relied more before the Signal-Service reports were started than they do now. Professor Edward S. Morse furnishes an illustrated article on "Japanese House-Building"; Dr. Samuel A. Fisk presents the advantages of "Colorado as a Winter Sanitarium"; Dr. Heinrich Mayr discusses the "Durability of Resinous Woods," in the light of his own experiments; Dr. Grace Peckham considers the condition of "Infancy in the City," which is bad enough from the point of view of the chances of life; Mr. N. H. Egleston speaks a word in favor of the general institution and observance of "Arbor Day." Mr. Lansing's

instructive paper on "Discrimination in Railway Rates," and Chauncey Smith's interesting article on "The Influence of Inventions upon Civilization" are concluded. A portrait and biographical sketch are given of Sir John Bennet Lawes, the Founder and Manager of the famous Agricultural Experiment Station, at Rothamstead, England. The editor at his "Table" has some very plain talk on a recent case of "literary piracy." New York: D. Appleton & Company. Fifty cents a number; Five dollars a year.

WHAT MR. GLADSTONE THINKS OF EVOLUTION.—And now one word on the subject of evolution. I can not follow Mr. Huxley in his minute acquaintance with Indian sages, and I am not aware that evolution has a place in the greater number of the schools of Greek philosophy. Nor can I comprehend the rapidity with which persons of authority have come to treat the Darwinian hypothesis as having reached the final stage of demonstration. To the eye of a looker-on their pace and method seem rather too much like a steeple-chase; but this may very well be due to their want of appropriate knowledge and habits of thought. For myself, in my loose and uninformed way of looking at evolution, I feel only too much biased in its favor by what I conceive to be its relation to the great argument of design.

Not that I share the horror with which some men of science appear to contemplate a multitude of what they term "sudden" acts of creation. All things considered, a singular expression; but one, I suppose, meaning the act which produces, in the region of nature, something not related by an unbroken succession of measured and equable stages to what has gone before it. But what has equality or brevity of stage to do with the question how far the act is creative? I fail to see, or indeed am somewhat disposed to deny, that the short stage is less creative than the long, the single than the manifold, the equable than the jointed or graduated stage. Evolution is, to me, series with development. And like series in mathematics, whether arithmetical or geometrical, it establishes in things an unbroken progression; it places each thing (if only it stand the test of

ability to live) in a distinct relation to every other thing, and makes each a witness to all that have preceded it, a prophecy of all that are to follow it. It gives to the argument of design, now called the teleological argument, at once a wider expansion, and an augmented tenacity and solidity of tissue.—*From "Reply to Professor Huxley," by W. E. Gladstone, in the Popular Science Monthly for March.*

THE WATER-COMPRESS.—Among the therapeutic measures in vogue in Germany there is none which attracts the attention of the American physicians so eminently as the water-compress. It is no fable that the "compress," as it is briefly called, is prescribed for every affection of the throat and lungs; for a clinical experience of nearly three months, in the Carité and other hospitals, convinced your correspondent that it is the first thing ordered in nearly every ailment of the respiratory tract. A piece of linen, being of the size of a napkin if intended for the throat, or of the size of a towel if intended for the lungs, is dipped into cold—not lukewarm—water, applied to the desired locality, and retained *in situ* by means of a woollen shawl or oil-silk, and renewed every half-hour. A poultice is never exhibited for these affections. The compress, as may be expected, has also become the routine treatment in every household, and is quite familiar to every mother and nurse. Your correspondent has taken especial pains in tracing the therapeutic results of this procedure—which, of course, is often accompanied by medicinal treatment—and feels highly gratified with the results observed. The value of this hydropathic procedure consists in the frequent renewals and prolonged application—extending often over two to three days—of a medium which not only abstracts the surplus of heat in the part, and by its secondary physiological action dilates the vessels of the integument, and thus relieves the engorged internal parts, but which also has an undeniable invigorating influence on the nervous system. It seems superfluous to add that strict individualization is, as in all hydropathic procedures, an indispensable requisite in the application of the cold compress.—*Therapeutic Gazette.*



IN the children's department at the University Hospital of Berlin there is a collection of some three hundred nursing-bottles of various sizes and shapes, all provided with a long rubber tube, which incloses a piece of litmus-paper colored red. No commentary is needed. It is quite clear that the presence of lactic acid in the tube suffices to explain many obscure disorders of the alimentary tract for which the physicians are often at a loss to find a satisfactory explanation. Your correspondent has repeatedly witnessed that mothers returned to the Polyclinic and testified to the rapid recovery of their children after withdrawal of the patent nursing-bottles. In one instance the tube was found to be made of lead, and to have given rise to serious constitutional symptoms in addition to the gastric irritation. In view of these facts the attending physicians of the Polyclinic make it an invariable rule to inquire as to the nature of the nursing-bottle in every child presented for treatment on account of digestive disorders.—*Ibid.*

**MEDICAL TEACHING IN GERMANY.**—There is an essential difference in the method of teaching the practice of medicine between Germany and America. All the lectures on practice of medicine are delivered in the hospital amphitheaters alongside of the patient, who serves as the illustration of the subject of the discourse. One student is called up by the professor to act as "practicant," to interrogate the patient, to diagnose the case, and to suggest the appropriate treatment. After that the professor delivers his lecture with especial reference to the peculiarities of the case present. It is evident that the impression produced by these practical and demonstrative lectures is far greater than that of mere didactic teaching, such as forms still the main source of instruction for many American students.

That learning and humanity do not necessarily go hand in hand has been very clearly shown by the practice and decisions of the military school at Spandau (near Berlin). To ascertain the penetrating power of a certain new shot, living horses, which were previously chloroformed, were fired upon. It is hard to recall, of all inhuman and brutal acts on record

in the world's history, an act more revolting and disgraceful than this practice ordered by the Secretary of War of a nation claiming to be the most educated of all.

When Dr. Foerster, president of the Berlin Society for the Prevention of Cruelty to Animals petitioned the Secretary of War to inhibit this inhuman practice on the most noble and useful of animals, the wise and just secretary ordered Dr. Foerster to be indicted for gravely insulting the authorities of the military college. In spite of Dr. Foerster's plea that he was led to his petition by mere motives of humanity, he was sentenced to pay a fine of one hundred marks, which sum was afterward reduced to thirty-five marks.—*Ibid.*

**TAPE-WORM REMEDY.**—In the Medical Brief, for January, a physician claims to have treated a tape-worm as follows:

I resolved to try my luck for the tape-worm; gave him a cathartic pill to move his bowels gently, and gave him nothing to eat, excepting a little beef tea, for eighteen hours. Had his wife get some pumpkin seed and prepare two or three ounces of the kernels; had them steeped in one half pint of water for two or three hours, then strained through a cloth, and add one half pint of sweet milk. After his fast of eighteen hours had expired, gave him the one pint mixture all at one dose; in two hours followed it up with a seidlitz powder.

The National Druggist makes the following neat cut at the construction of the foregoing paragraph:

We have often used the same remedies successfully, but we give the pill to the patient, instead of to the tape-worm, and instead of having the tape-worm's wife make the infusion of pumpkin seed, we had a druggist make an emulsion, using decoction of pomegranate as an adjuvant, which we ordered the patient to take.

**THE DECLINE OF IRIDECTOMY.**—"We note," says the Medical Press, "that M. Panas, of Paris, in advocating a new ophthalmic antiseptic, boasts that he has been able to do away with Von Graefe's method of cataract extraction (linear incision with iridectomy) and revert to the older flap operation, reserving the iridectomy for exceptional cases. . . .

Ophthalmologists have recovered from the iris-snipping craze, are convalescing from the jequirity fever, and are down in the cocaine epidemic. Shall we not look back on the literature of the iridectomy mania and profit by the proof since given, that nine tenths of what was then written in praise of iridectomy was nonsense—that most of the statistics of cures were cooked and utterly unreliable, and that we retain at the present day nothing gained from the ophthalmological perfect cure except its occasional use as a forlorn hope?"

LUSTGARTEN'S SYPHILIS BACILLI.—In a lecture on bacteriology, held in the Hygienic Institute on the 9th of December, Professor Koch denied that Lustgarten's syphilis bacilli could in the present state of affairs be regarded as fully diagnostic and pathognomic, as the microbes detected in the smegma of the prepuce showed the same appearance and behavior as to coloration and general chemical tests. It is fair to add, however, Koch said, that Dutrelepont had recently endeavored to show that by a complicated coloration process the smegma-bacilli presented a definite difference of behavior from that of the syphilitic parasites detected in various parenchymatous tissues. But as long as Dutrelepont's claims lack a firm substantiation, Lustgarten's bacilli can, according to Koch's views, not yet be invested with an absolute diagnostic character. In the course of the same lecture Koch also referred to the singular and still unexplained identity of the bacilli of tuberculosis and leprosy.

THE EXACT NAME FOR COCAINE.—Cocaine, ecgonine, and isotropine are derived from ethyl-tetra-hydro-pyridine, just as tropine is derived from methyl-tetra-hydro-pyridine. Isotropine is the methol-ethyl-tetra-hydro pyridine; ecgonine is the carbonic acid of methol-ethyl-tetra-hydro-pyridine; and cocaine, a di-ether of the former, is *methylic benzo-methol-ethyl-tetra-hydro-pyridine carbonate*.

Isn't it time to call a halt in this chemical nomenclature business?

SALICYLIC SUET.—In the German army salicylic suet is now used universally for foot-sores,

sores from riding, etc., and is found much more satisfactory than the salicylic powder which was formerly employed. The salicylic suet is composed of two parts of pure salicylic acid and ninety-three parts of the best mutton suet.

TOOTHACHE CURE IN 1665.—In an old copy of a London Pharmacopeia, the owner, Robertus Ashton, wrote the following charm:

"Peter stood att the gate of Jerusalem, and Jesus passed by, and Peter said unto Jesus, lord, my tooth akes, and Jesus said unto Peter, arise and follow me, and I will give the medicine for toothake; so they that noue either say or read these shall never be troubled with tooth again."

TO CORRESPONDENTS.—We should be glad if correspondents, instead of sending brief notes commending the action of certain drugs, would favor us with a systematic report of cases treated by this or that medicine, particularly if it happens to be a new candidate for public favor.

SUPPOSITORY FOR HEMORRHOIDS.—Martin, of Paris, uses the following in hemorrhoids:

Antipyrin..... 38 grains.

Cocoa butter.....150 grains.

Make five suppositories: two or three in twenty-four hours.—*Revue de Thérapeutique*.

NEW ANATOMICAL POINTS.—From a morning paper we learn that a Georgia colonel was "shot in the ticket office;" the other day a man was fatally shot "through his door;" and not long ago another received a fatal wound "in his window."

MR. ERNEST HART stood for a seat in Parliament and was defeated, whereby Parliament loses an intelligent and broad-minded member, and the British Medical Journal retains the services of an accomplished and most able editor.

HOLMES says that charlatanism hobbles on two crutches, "the tattle of women and the certificates of clergymen."

PROFESSOR DOREMUS reports a second case of fatal poisoning from the local use of cocaine muriate. And, as the use of this drug becomes more general, such cases will surely increase.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. I.  
NEW SERIES.]

LOUISVILLE, KY., MARCH 20, 1886.

No. 6.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### ESTHETICS OF MEDICINE.

The Doctorate Address in the Medical Department  
of the University of Louisville, 1886.

BY H. A. COTTELL, M. D.

*Professor of Medical Chemistry and Microscopy in the University.*

The life of the physician, that of the soldier during the hard campaign excepted, is the most trying of human callings.

He is the servant of servants, and the only laborer whose hours of work and of rest are not laid down upon the circle of the dial. If he be young, he must await the tedious coming of business with chastened patience and hungry solicitude. If he be old, and have failed to garner a goodly harvest of things material, he must spend his days of failing strength in bitter contest with want and famine; and with all the odds against him, since the profession to which he has devoted his life will have so consumed him in mind and body as to leave him scarcely a resource that may be utilized in practice, craft, or trade for further support.

If he be of middle age, he must work with tireless energy, and carry a cheerful heart, a clear head, and a steady hand under the weight of grave responsibilities. Like Hannibal, he must "allow no toil to fatigue him bodily, or depress his spirits. Heat and cold he must bear alike; his rule as to food and drink must be set by natural appetite, not pleasure. His times of sleeping and waking must not depend on its being day or night; such hours as

remain after his work is finished he may give to repose."

If he be married, his family must suffer neglect; if he forswear the happiness of domestic life, there is great danger that the public will forswear him; if he essay to keep abreast with the progress of his profession by reading and study, he must con his books at precarious intervals, with eye to the clock and ear to the bell, or neglect appointments and lose caste with his *clientele*; if he fail to read and study, he must soon fall behind in the race for honor and emolument; if he be endowed with uncommon talent or genius, and seek fame in the line of original research, he will find this rôle incompatible with the demands of a successful practice, and must either relinquish his cherished schemes, or follow them under the ban of poverty, if he be not counted crack-brained and visionary. If he have a taste for the fine arts, and acquire skill in letters, music, or painting, he must keep his achievements here a sacred secret, since, if known as an amateur in art, he will soon be counted an amateur in medicine to his lasting professional hurt. If he bring business principles into his practice, charging fees commensurate with the worth of his work, and collecting them promptly, he will be esteemed hard and grasping. If he make small bills, and bide with patience the time of tardy payers, his service, like his fee, will be rated low, and, again falling sick, the ungrateful patient will ignore him for some professional neighbor more worldly-wise than he. Like Ulysses of old, he must steer the frail bark of his destiny adown the narrow strait that flows twixt Scylla and Charybdis, famine on the one hand and consuming toil on the other!

I have set in shadow the way of the life which you have chosen, and to which I now

welcome you; but only as the painter lays in somber tints the ground-work of his picture. If my design miscarry not, the canvas will soon show brighter colors, with views of hill and valley, lake and river, field and forest, rill and fountain, and a flood of sunlight over all.

It is clear that when viewed superficially as a laborer at his work, the physician does seem to lead a hard, unenviable life, and certain that any other calling of equal or approximate dignity gives promise of greater attainment in what the world calls success and happiness than is possible in medicine. But it is of easy demonstration that to him who holds medicine as a sacred calling and obeys her high behests with an eye single to her beauty, and a mind to meditate her deeper lessons, she reveals unfailing sources of true wealth and happiness.

Having espoused medicine, the student soon discovers within his legitimate province treasures of knowledge, science, and art, which no human effort or capacity may exhaust or appropriate. The first essay is perhaps discouraging and seemingly without promise. The study of the human frame is a wearisome task. Dry bones are an abomination to the tyro in anatomy; but as he comes to know more of the subject, his interest grows apace. He notes the perfect fitness of each bone for its peculiar office, in size, structure and form; its graceful curves for the breaking of shock, and the deep-laid devices by which it is given strength without clumsiness and amplitude without undue weight. Here are areas for muscular attachment, so disposed that muscle may aid or antagonize muscle in exact measure, pointing to precision, grace, and perfect equilibrium.

These, and far more than these, are weighed with an eye to their sublime significance, until the skeleton entire stands before his admiring gaze, like some stately ruin, wherein every foundation stone, every column, arch, and architrave bears testimony to beauty and use in the Maker's mind.

He sees channels cut through bone or laid in flesh for artery, vein, nerve, and lymph vessel, and contemplates the beautiful adaptation of the heart, the lungs, and the digestive organs, each to its appropriate end; and then,

that all may be nourished and directed in their appointed work, he sees intricate but perfect systems of vessels and nerves bringing every part of the organism into vital communication with the centers of force and nutrition. Looking deeper, he perceives that these many organs, however variant in form and function, are all composed of one simple anatomical element, the cell; and that of the countless myriads of these cells which make up the body as a whole, each is endowed with life and set to the performance of its own predestined office. And musing on this matchless mechanism and its marvelous adaptation to its grand purpose, interest mounts to enthusiasm, while the words of the Psalmist, "I am fearfully and wonderfully made," come to his mind with all the force and beauty of their divine significance.

Pursuing his investigation further, physiology bids him contemplate the functions of the economy, and wonder is lost in bewildering delight. Pervading all, and governing each organ, each cell, is that subtle essence, that mystery of mysteries, life. It flows into matter, seemingly inert, and lo, all is motion! Atom and molecule own new affinities and wake to higher work; each tiny cell springs into being at the touch divine, and like a new created world enters upon its ordered cycle of growth, maturity, and decay; each finished organ obeys the magic mandate and asserts its pre-ordained function; each system owns its heaven appointed hest, and all in rhythmic order, each for itself and yet for all, make up the harmony of the perfect whole—as many instruments together in the orchestra of varying *timbre*, range, and power, each sweetly answering its player's touch, through the appointed score and to the measure of the leader's beat, sound out the phrases of some noble symphony.

Now he contemplates the brain (the organ of the mind) and its inexplicable phenomena. How regal are its functions, receptive, conservative, creative! attentive to every appeal of its own little world, but alive to the wonders of the great world as well; open to the perception of its ineffable beauty and busy with the solution of its intricate problems; the meeting place of earth and heaven, the debatable ground whereon none may set the line



which shows where the functions of matter end and the offices of spirit begin. And as he meditates the wondrous theme, to him how apt, how true, and how truly inspired are the apostle's words: "Ye are the temple of the living God."

Or, turning to the senses whereby the man takes cognizance of the surrounding universe, let the student consider the organs of sight and hearing, those exquisite mechanisms through which impressions of color, form, and sound, are made upon the brain, which, shaped and blended in the artist's soul, who knows the secret of their deeper harmonies, are bodied forth in poetry, sculpture, painting, and music. It has been said, with truth and poetry, of things wonderful and beautiful in nature—man, beast, bird, insect, flower, and crystal—that they are the thoughts of God; but none the less truly so are poems, statues, pictures, songs, and symphonies, thoughts of the Omniscient One in sublime expression through the medium of him who stands erect in his Maker's own image.

Chemistry ministers to the esthetic sense in every test, and the microscope opens to his view a world of dainty beauties; while both alike suggest to the student conceits for the fancy and themes for exalted thought.

The first admonishes him ever of the reign of law, and that matter obeys the inflexible mandates of a power impersonal and cold, from the infinitely great to the infinitely small, from world to atom, from the starry systems of space to the molecules of the water-drop. The light, soft, white precipitates, and color changes in the test-tube or on the tile, suggest the fleecy skirts of the summer clouds, or the feathery fall of the winter's snow, or bring to mind that trick of Nature's thaumaturgy which decks the trees with green in spring-time, the flowers with rainbow hues in summer, and leaf and fruit with gorgeous dyes in the mellow autumn.

One must wade through a sea of fallen leaves in the wood, after the heavy frosts of autumn, to form any conception of their vast numbers as they grew upon the trees; and when the student reflects that from the time of its putting forth till its maturity, each leaf is a little phy-

sio-chemical laboratory wherein life and light are working out countless subtle processes, whose end is to serve the creature needs of man and adorn his world with beauty, he may take comfort in the thought that though our first parents were driven forth from Eden to labor for their bread, the seeds of the trees and the plants of Paradise must have been wafted abroad over the earth by the winds in blessing, and that still "the Sovereign Planter frames all things to man's delightful use."

If time hang heavy on his hands, the young physician may now and then find solace in the charming revelations of the spectroscope. In our day decorative art, in the making of books, stationery, and cards for the exchange of friendly greetings, has reached a stage of high development, if not perfection. This fact bears graceful testimony to the rapidly-growing culture and taste of our people, and shows how naturally things promotive of happiness associate themselves with things beautiful. It is fit that our poems, the gems of thought, should have exquisite setting in design and color at the artist's hand, and that the flowers should adorn with heaven-born tints our messages of love; but with what a sense of the divine appointment of wisdom and beauty does the chemist read the pencilings of light, the handwriting of God, upon the spectroscopic page. Here are unfolded not a few of the deep-laid secrets of nature in things near and far; here are the signatures of the elements of earth and air; here are the hieroglyphics of the stars; here planet and sun, in our own magnificent system, and fixed star and nebula, from out the infinite depths of space, declare the nature and state of their elements, and "repeat the story of their birth," while light, the messenger by which this revelation comes, makes known the mystery of color, and tells us how the rose and lily are arrayed; how the "iris changes on the burnished dove;" how "morn, with rosy hand, unbars the gates of light;" and how the sinking sun doth set the rainbow in the passing shower, or, setting, paint the fleecy clouds with red and purple and gold and all the soft dissolving tints that twilight owns.

A popular esthetic writer has prophesied the coming of a new art, wherein light, in color,

shall be made by harmony, rhythm, and modulation to stir the emotions through the eye, as does sound in music through the ear. If the "insubstantial pageant" of this dream shall ever pass before our wondering eyes, it will be under the wave of the magic wand of chemistry.

How kingly is the estate of the astronomer, as he scans through the telescope the shining orbs of the infinite abyss, and hears, as they move in rhythmic order round the central soul, the far-off music of the spheres! With what a perception of the divine harmony of things, and the majesty of the Creator, does he contemplate star after star and system after system, as they, revolving, sweep their mighty curves at the order of eternal destiny, till he is lost in the infinitely great!

We may well envy him his supreme delight; but the microscope, now an instrument essential to the physician's calling, unfolds to his view a universe no less marvelous and beautiful. Here he may pass from low to lower forms of the Creator's handiwork until lost in the infinitely small. Here are the same evidences of wisdom in the adaptation of means to ends, the same nicety of adjustment in little life to the conditions of its environment as that which insures the survival of the fittest in the fauna and flora of the greater world, with a perfection of finish which ministers unceasingly to the sense of order and the love of beauty.

In the great world there are blended with, or offsetting the fair features of nature, things rude and unsightly; in this little world every thing is beautiful. From the faultless facet and mathematically-correct angle of the tiniest crystal to the elaborate and exquisitely wrought designs in the diatom; from the beaded microbe of zymotic disease to the luxuriant forest of mold-fungi; from the dainty striations of muscular fiber to the extravagant decorations of the insect, there is nothing that does not show the touch of an infinite artist delighted with his work.

Although not exact or shapely in all her proportions, medicine may be said to hold among her sister sciences princely rank. She levies tribute from each and all that it may be melted anew in her crucible, stamped with her image and superscription, and distributed for

the common good. In acquiring his education the physician necessarily gains some knowledge of collateral branches of science. Geology is one of these, and botany comes closer home. To those of you especially whose choice shall be a country life, these charming studies will afford abundant opportunity for healthful diversion and culture.

Carlyle has well said that "we see in any line of investigation no more than what we bring the eye to see." It is impossible that you should have passed through the scientific training essential to your calling without having acquired a fund of knowledge, not strictly medical, which with culture and a little technical study will enable you to read in the book of nature lessons of life and death too deep for the conning of the un instructed swain, while all your finer senses wake to the beautiful and joy with ravishment. Like Shakespeare you may find sermons in stones; with Wordsworth your inward eye may perceive the deeper truths of nature, while your heart is "dancing with the daffodils;" like Burns you may eloquently discourse the problem of life with the mountain daisy; like Bryant you may learn the lesson of immortality while gazing into the mild blue eye of autumn's latest, loveliest flower, the fringed gentian. Nor should you fail to add to your capacity for happiness and usefulness by converse with the poets, and hearing when opportunity offers, if you may not study, the works of the great masters in music. From the dear society of these sweet singers you will make the daily rounds of duty with your soul vibrating to the rhythm of pure thought and your heart attuned to moving melody, a better doctor and a better man.

How the tedium of the physician's long ride may be lightened, or his weary watch by the bed of suffering shortened by delightful trains of thought and fancy, inspired through some noble verse or melting melody, called into memory by some passing scene or incident. If he ride by day, a panorama of delightful landscape goes circling past him, while he alone seems fixed and motionless. The sky shapes figures to his fancy in the sailing clouds, or refreshes his vision with the soft light of its azure depths. The rippling laughter of the stream



greet him at every bridge and ford, the birds sing carols from meadow, bush, and brake, the winds make music in every wood and field, while in all and through all he may hear, if he will only listen, an anthem of praise to God and good will to men. If, robbed of natural rest, he go forth by night at the call of some suffering one, the moon unveils her lovely face and, throwing over hill, dale, meadow, and stream her magic light, sets to his vision scenes more beautiful and forms more fair than ever met the poet's eye in realms of elf or fairy. Or, if she shine not, the stars will shower their myriad twinkling beams upon him, and gently woo his thoughts from earth to heaven. He may feel, like Job, the sweet influence of the Pleiades, or muse like Homer on the Bear

Who wheels on high his circling course,  
With watchful eye upon Orion fixed,  
And takes no part in the ocean's baths.

Or, if the season fit, the earth may hold his thought with charms no less enticing. He sees "the glow-worm golden in a dell of dew," and myriad fire-flies twinkling in the meadow grass—a moon in miniature, a mimic constellation on the earth—and as he asks, with Milton,

What if earth be but the shadow of Heaven, and  
things therein,  
Each to the other like more than on Earth is  
thought,

the scene becomes religion and the earth holy ground; for not alone upon the inspired page, but through all nature God reveals himself to man.

But anon the whippoorwill from out the deep recesses of the grove sings her sad song; the mocking-bird awakes the solemn echoes of the glen; the night wind, like some unhappy ghost escaped her prison-house, wails in his ear with mournful cadence and the spirit of melancholy steals in upon his musings. The incessant whirl of insects in the trees strikes discord with the moaning wind, and brings to mind the weary round of duty, the noisy contentions, the groans of our sin-cursed, suffering race, whose common heritage of disease and death calls him

to a life of irksome toil and harrowing experiences. And now black clouds come trooping o'er his head, the stars are in eclipse, the tempest howls about his ears, and the pitiless rain beats in upon him, making him miserable in body and mind. But he remembers that his is a mission of mercy, and the inner spirit whispers courage as he pursues his dark and difficult way.

The appointed place is reached, the sufferer relieved, and as he reads gratitude in the eye, or hears it from the lips, and meditates upon the sweet beneficence of his chosen calling, he finds himself already well upon the way of reconciliation with fate.

The storm has passed, and, turning homeward, he beholds in the east the roseate hues of promised day. The sky grows brighter and the clouds put on their many-tinted robes of light; more radiantly beautiful the changing colors grow with every flying moment, till the sun springs from his couch of burnished gold and "flames in the forehead of the morning sky." Courage is restored, peace pervades his spirit, and happiness returns. The smile of morning is all the sweeter by contrast with the frown of night, and, bending himself to duty with a keener sense of its sacred requirements and privileges, he lays the lesson to his heart.

But it may be suggested that the legitimate demands of medicine must be the doctor's first and chief concern, and that he who does his duty by his patients and himself will find the way in which I have ordered his walk to happiness a by and forbidden path. 'Tis true that the long and weary rides of the physician may be fitly lightened and shortened by meditation upon the great themes of pathology and therapeutics; but "man shall not live by bread alone," and he who, failing to perceive the relativity of all knowledge, shall restrict his musings solely to things of the shop, will face the great problems of medicine and surgery without that mental grasp which is essential to their proper solution, if he do not in time dismiss them altogether from his mind. His diagnosis will too often be made by guess, and his therapeutics follow the rut of blind routine. Having failed to learn the true lesson of life in the inspired pages of Nature's book, he will read the great works in medicine (if he read at all) to little

purpose, while his ministrations to the sick will fail of that inspiring sympathy which wins the patient's trusting confidence—a powerful adjunct to his prescriptions and an earnest of future calls.

The most successful contributors to medical science and its classic authors are and have ever been men who have rounded out their mental proportions by general knowledge and large culture.

But while I have laid the foundation of your success in culture, and the ten thousand sources of happiness which it opens to your view in the contemplation of the known in medicine, nature, and art, I would not have you unmindful of the beauty and worth of hypothesis and theory. By this I do not mean that you shall hold truce with those wild vagaries which too often pass muster under these names; but that you shall now and then give exercise to that imperial faculty, the reason, in the careful following of some healthful sequence of thought, from its simple beginnings in familiar fact, onward and upward to the utmost border of the known, and knowing where you stand have courage to take another step. It may not be your privilege, like the great author of the *Philosophy of Clothes*, to “plant new standards, or found new habitable colonies, in the immeasurable circumambient realm of nothingness and night,” but the exercise will give health and vigor to the mind and invest the familiar facts of science with new features of beauty.

Theory and hypothesis have done quite as much for the advancement of science as the observation and annotation of facts. They are the chief foundation stones in the building of all our grand generalizations.

I trust that I have, in some measure, made good my promise to replace with brighter colors the dark outlines of my sketch of the doctor's life, and to throw upon the picture a flood of Heaven's own sunlight. But while the sketch was none too dark for the contemplation of him who would enter the profession with motives of sordid gain, the picture which I leave with you sets forth in no adequate manner the wealth of beauty that shall be revealed to him who espouses medicine with

heart and head accorded to the work, and aspirations worthy of his noble calling.

When Ulysses landed upon the *Ææan* isle, he sent a band of his followers to the fair halls of Circe of the braided tresses. The artful goddess threw open her shining doors, welcomed them warmly, and feasted them royally, but soon bringing them under the spell of her enchantments, transformed them into swine, drove them into the styes and made fast the door. If, under my view, the fair goddess, whose domain you have just entered, may seem to have dubbed you beasts for her service or diversion, take heart, for Circe in good time unbarred the door, and called forth the hapless prisoners; when, lo! under her magic touch each swine became a man again, but now more youthful and comely in outward seeming and stronger than before; and feasting them for many days with flesh and honey-hearted wine, she sent them with blessings upon their way.

In coming into the realm of medicine, you may at first fancy that you have been put under the spell of a cruel enchantress, who dooms you to tasks irksome and grievous, if she does not transform you into beasts; but ere long you shall see, if you serve her faithfully, that her service, though trying, grows lighter in the doing, while, under the guiding of her magic hand, the moral, intellectual, and spiritual man in you is ever renewing his youth, acquiring beauty, and gaining substantial strength.

## Reviews and Bibliography.

**Text-Book of Ophthalmoscopy.** By EDWARD G. LORING, M. D. Part I: The Normal Eye; Determination of Refraction; Diseases of the Media; Physiological Optics, and Theory of Ophthalmoscope. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1886.

Since the announcement that this work was in preparation we have awaited its appearance with high expectations. In this we own no disappointment; the book is a valuable addition to the literature of ophthalmology.

The work discusses in order the steps to be taken by the beginner in the use of the ophthalmoscope. Introducing the subject, the author



says: "Very little, I had almost said nothing, can be learned of the technical working of the ophthalmoscope from a book. The necessary skill must be acquired in the presence of the subject, and with the instrument in hand." The direct and indirect methods of using the ophthalmoscope are fully described. The anatomy and ophthalmoscopic appearances of the fundus of the normal eye are given in a comprehensive manner. In concluding this description Dr. Loring makes the following very significant remark: "Five sixths of the art of ophthalmoscopy are contained in a knowledge of the normal eye; the rest is a series of representations which can be read almost at sight." To us the most beautiful, and at the same time most scientific part of the art of ophthalmoscopy is "the ability to determine the optical condition of the eye independently of its visual power, or the statements of the person examined." Many who are themselves unable to determine refraction with the ophthalmoscope assert that the method is of minor importance, but it is a fact of easy demonstration in skillful hands that the instrument adds in great measure to such information as is furnished by atropia and glasses. Its most important use is in the case of children and persons of riper age who are unable to read. In astigmatism the exact determination of the error in this way is difficult, and at times impossible. The author could have profitably devoted more space than the work accords to keratotomy, or the shadow test. In England, and in certain places on the continent (especially Landolt's clinic), this measure is extensively used, and in New York it seems to be growing in popularity with the leading ophthalmologists. It is, however, of secondary importance when compared with the direct ophthalmoscopic method. In an appendix is given an account of the elements of physiological optics and a description of the ophthalmoscope. The instrument which bears the author's name is the best yet devised, being simple in construction and easy of manipulation. The appendix contains much material that might well have found place in the introductory chapters, since much of it must be studied before the optical working of the eye or the use of the ophthal-

moscope can be understood. The lithographic plates and illustrations are elegant, and the press-work above criticism. The work can not fail to interest the general practitioner, while to the specialist it is invaluable. J. M. R.

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**The Diagnosis and Treatment of Diseases of the Ear.** By OREN D. POMEROY, M. D., Surgeon to the Manhattan Eye and Ear Hospital, etc. With one hundred illustrations. Second edition, revised with additions. New York: D. Appleton & Co. 1886.

The first edition of this work appeared in 1883. A call for a second edition in less than three years bears testimony to its popularity with students of aural literature. The additions to the second edition consist principally of case reports, which, although serving to illustrate the text, add but few novel features to the literature of the subject, since most of them have already been published in the medical journals. The author has striven in this revision with fair success to correct the inaccuracies of the first edition, but in doing so has overlooked some glaring errors, *e. g.*, pages 74 and 365 are out of numerical order, while page 246 contains a disconnected paragraph.

The author takes no extreme grounds with regard to any subject, but states clinical facts clearly, drawing from them conclusions of great practical worth. His method is nowhere more noticeable than in the chapter on the treatment of chronic suppuration. Dr. Pomeroy has long been known as a strong advocate of the use of the nitrate of silver in this affection, but accords to the boric acid and other methods of dry treatment a full share of merit. His advocacy of the faucial eustachian catheter, devised by himself in lieu of the Politzer bag, or eustachian catheter, is known to many, but his instrument has not demonstrated its superiority over the devices above named in the hands of the profession at large. The explanation of this is to be found in the fact that Dr. Pomeroy is very dextrous in manipulating his catheter, and succeeds in many cases where others would fail. The illustrations and the general make-up of the work show decided improvement over these features in the former edition. J. M. R.

**A Hand-Book on the Diseases of the Nervous System.** By JAMES ROSS, M. D., F. R. C. P., LL. D., Senior Physician to the Manchester Royal Infirmary, etc. One hundred and eighty-four illustrations. 8vo, pp. 726. Cloth, \$4.50; leather, \$5.50. Philadelphia: Lea Brothers & Co. 1886.

In the multitude of books that issue from the medical press, it is truly gratifying to meet with one characterized by originality and possessed of real worth. Such a one we have in Dr. Ross's *Diseases of the Nervous System*. The author approaches the subject from the stand-point of evolution, after the method employed by Maudesley, but with his materials better in hand, and with the advantage of dealing with questions that have reached a state of greater maturity.

Dr. Ross begins with the lowest form of life in which the nervous are differentiated from the other tissues—the hydra. In this organism each nerve-cell may be extended into a process which receives its stimulus through its external end. In the next higher form, beroë, the nervous system consists of an external and internal cell connected by a fiber. From this lowly manifestation, the development of the nervous system is traced upward until we reach the complex form exhibited in man.

After an exhaustive presentation of the descriptive and topographical anatomy of the brain and nerves, the author treats the functions of the encephalo-spinal system with reference to the hypothesis of Herbert Spencer, "that the cerebellum is an organ of doubly compound co-ordination in space, while the cerebrum is an organ of doubly compound co-ordination in time." This hypothesis has been adopted and most learnedly elaborated by Dr. Hughlings Jackson, and Dr. Ross thinks all recent researches have tended to confirm it. Stated less abstractly, it is this: If an animal had a cerebellum, but no cerebrum, either in form or function, it would co-ordinate its muscles and remain fixed in equilibrium. The tendency of the cerebrum is to overthrow this equilibrium, and necessitate constantly new co-ordinations. The cerebellum controls tonic contractions; the cerebrum has the power to inhibit its action and determine and regulate clonic contractions. "The degree of develop-

ment," says our author, "to which an animal has attained may indeed be measured by its power of effecting multitudinous changes of attitude, and were it only possessed of the power to maintain one unvarying attitude, its degree of organization would not require to be more complicated than that of a vegetable." It would seem, then, that the high estimate men instinctively place upon grace of movement and personal bearing, not to mention the appreciation of agility, is an unconscious recognition of facts directly in the line of the highest evolution.

The special part of the book is full and abreast with the most advanced teaching. Altogether it is a work of profound thought and learning, and one that evidences the master.

D. T. S.

**Essentials of the Physical Diagnosis of Thoracic Diseases.** By E. DARWIN HUDSON, JR., A. M., M. D. 12mo, pp. 63. New York: Styles & Cash. 1885.

At this date, after physical diagnosis has received the close attention of so many skilled and able men, there is little reason to think that any radical change could be made without disadvantage to the art. This most especially applies to auscultation, which for proper study requires a high order of discrimination in sounds. Dr. Hudson has therefore very properly devoted his efforts to selecting from the best authors what has seemed to him best adapted to use in teaching classes at the New York Polyclinic. The work is in convenient form and well brought out.

D. T. S.

**Local Anesthesia in General Medicine and Surgery;** being the practical application of the author's recent discoveries. By J. LEONARD CORNING, M. D. 12mo, pp. 103. New York: D. Appleton & Co. 1886.

Dr. Corning, in this brochure, presents a selection from the vast array of facts relating to the local anesthetic effects of cocaine, with which the journals have recently been teeming. The main object of the work seems to be to put in a more noticeable and permanent form the discovery of a plan by the author to incarcerate the parts subjected to the anesthetic effects of the drug.

D. T. S.



**Materia Medica and Therapeutics, for Physicians and Students.** By John B. Biddle, M. D. Tenth edition, revised and enlarged, with special reference to therapeutics and to the physiological action of medicines. By Clement Biddle, M. D., U. S. N., and Henry Morris, M. D. With numerous illustrations. 8vo, pp. 524. Cloth. Philadelphia: P. Blakiston, Son & Co. 1886.

**How We Treat Wounds To-day.** A treatise on the subject of antiseptic surgery which can be understood by beginners. By Robert J. Morris, M. D., late House Surgeon to Bellevue Hospital New York, etc. 16mo, pp. vi and 162. Cloth. Price, \$1.00. New York and London: G. P. Putnam's Sons. 1886.

**The Methods of Bacteriological Investigation.** By Dr. Ferdinand Hueppe, Docent in Hygiene and Bacteriology in the Clinical Laboratory of R. Fresenius, at Weisbaden. Translated by Hermann M. Biggs, M. D., Instructor in the Carnegie Laboratory, etc. Illustrated by thirty-one wood-cuts. 8vo, pp. 218. Cloth. New York: D. Appleton & Co. 1886.

**Drainage for Health; or Easy Lessons in Sanitary Science.** By Joseph Wilson, M. D. Second edition, with important additions. 8vo, pp. 74. Price, \$1.00. Philadelphia: P. Blakiston, Son & Co. 1886.

## Foreign Correspondence.

### LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Dr. Quain delivered an eloquent, luminous, and instructive address to the students of the Army Medical School, at Netley, at the end of their training. Reviewing the achievements of medical science in connection with the recent campaigns of the British army in the Soudan, Dr. Quain pointed out that "absolute perfection" had been attained in the treatment of sick soldiers during the first Suakin expedition, commencing on February 15th and terminating on April 6, 1884, when, out of an average strength of 4,018 men, there were 314 cases of sickness, and the mortality was *nil*. The Egyptian experiences of our troops, previous and subsequent to the episode in question, afforded results of a highly gratifying character, if somewhat less surprising than the above. These were one and all the outcome of the re-

forms introduced into our army medical system shortly after the conclusion of the Crimean war, and persisted in with untiring zeal throughout the past quarter of a century. Thus it is demonstrated by the official returns, of which Dr. Quain availed himself in his interesting deliverance, that the average strength of the British force in Egypt, from July 17th to October 9, 1882, was 13,013, while the admissions into hospital numbered 7,590, but the death total, including ninety-three killed in action, only amounted to 172, giving a ratio of 7.15 per 1,000. Nearly 10,000 officers and men took part in the Suakin expedition of last spring, May 1st to May 14, 1885, and of 2,047 cases of sickness occurring in that force only 17 proved fatal, a mortality rate of 1.71 per 1,000. A comparison between these statistics and those yielded by the medical reports laid before the Royal Commission, held a little less than thirty years ago, a commission to which the Netley Military Hospital and Army Medical School owe their being, will pregnantly illustrate within the memory of middle-aged men the extent of the progress effected in the successful treatment of all manner of diseases. During the Crimean war nearly half of our total field force was stricken down by sickness of one kind or another, and the moiety of that half succumbed. Exclusive of those killed in action over 18,000 Englishmen perished in the course of that melancholy campaign, and it may be safely assumed by the light of Dr. Quain's lucid statement, that at least three fourths of these precious lives were unnecessarily sacrificed to professional inability and official inaptitude. In the words of the able practitioner who gave away the prizes at Netley, "To have reduced the death-rate due to sickness of an army from fifty per cent to *nil* is a triumph which can not too strongly be dwelt upon." Speaking of the last campaign, Sir Charles Wilson remarked that the doctors behaved splendidly, nothing could have been better. They had been up three nights and through two fights, and now they were working again on the fourth night, until every wounded man had been attended to; this was referring to the desert march from Korti to Metemneh.

At the fourth meeting of the present session

of the Statistical Society, a paper was read on "Suicides in England and Wales in Relation to Age, Sex, Season, and Occupation," by Dr. W. Ogle. The deaths registered in the twenty-six years, 1858-83, in England and Wales as due to suicide were 42,630 and in the proportion of seventy-two annually per million persons living. The suicide-rate increases rapidly with age until after middle life, but in the more advanced age periods again diminishes. The maximum rate is in the 55-65 years' period, when it reaches 251 per million persons living. At all age periods, with one exception, the male rate is far higher than the female, and the difference between them increases with age. The one exceptional period is the 15-20 years' period, when the female rate is slightly higher. Taking all ages together, out of equal numbers living and in the same age distribution, the male suicides are to the female suicides as 267 to 100. The occupations in which the suicide-rates are lowest are those which imply rough manual labor, carried on mostly out of doors and by men who are comparatively uneducated. The occupations with the highest suicide-rates are those which are sedentary and carried on by highly-educated men, as the learned professions, and also such as notoriously lead to intemperance, as those of innkeepers, publicans, soldiers, butchers, butlers, and commercial travelers. Between the two extremes are farmers, shopkeepers, and town artisans. As regards farmers, their suicides are nearly double in the ten years, 1870-80, when agricultural distress was more acute. The amount of suicides varies with the seasons, forming a regular annual curve, of which the minimum is in December and the maximum in June. The commonest method of suicide is hanging, then follows in order, drowning, cut, or stab, poison, gunshot. Women, however, select drowning before hanging, and poison before cut or stab. Women also differ from men in the selection of poisons, men choosing painless and sure preparations, while women take any poison that is at hand, indifferently. The choice of method is also affected by age, the young showing a comparative preference for drowning, poison, and gunshot; and by occupation, men using preferably the instruments

of their crafts; and by reason, drowning being avoided in the cold months. At the conclusion of the reading of the paper a discussion followed. Dr. Longshaff argued that education had a distinct tendency to increase the suicide-rate. Mr. R. Giffen said it appeared to him a very remarkable fact that there was an increase of suicide in the summer months, and he should have liked more information on that head. Dr. R. Lawson, Inspector General of Hospitals, explained the extraordinary death-rate from suicide by soldiers in the army by the circumstance that the army was a refuge for those to whom all other resources had failed.

It is announced that Dr. Martin has invented an apparatus with which it will be possible to enable the blind to see. The mechanism, which is of platinum, can, it is said, be affixed without pain, so as to excite in the optic nerve the sensation of light and the power of vision. The result of the experiments being carried on with the new invention, so as to practically test its merits, is awaited with the deepest interest.

Professor Humphrey, at a meeting of the Cambridge Medical Society, showed a case of nervous dilatation of veins of the forehead. A large vessel could be detected running from two swellings on the parietal region, and there was also a depression of the bone which could be distinctly felt. There was marked pulsation in the veins, and they became notably distended and painful when the head was held down or after exertion. Such a condition might have been produced by a connection being established between the dilated veins of a subcutaneous nevus and the subperiosteal veins, the subjacent bone being worn away by the constant pressure.

In cases of collapse occurring in typhoid fever, one drop of one-per-cent solution of nitro-glycerine in one ounce of brandy is recommended.

LONDON, February, 1886.

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THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK held its forty-fifth annual commencement on March 6th, and graduated a class of 173.



## Translations.

**MALARIAL INFECTION.**—Marchiafava and Celli report as the result of recent investigations:

1. In the blood of those recently affected with malaria, organisms are found within the blood disks, consisting of homogeneous protoplasm and having very lively ameboid movements. They may be distinctly stained. These plasmodia are found only in such persons as are affected with malaria.

2. Within the plasmodia pigment is often found, which comes from the hemoglobin of the blood corpuscles, and is connected with the melanemia found in many malarial subjects.

3. The plasmodia probably multiply by division.

4. Malarial infection may be produced in man by intravenous injection. In the blood of those so inoculated the plasmodia are found increasing or decreasing in exact proportion to the increase or decrease of the malarial disease.—*Wien. Med. Wochenschrift*.

**TREATMENT OF COMPOUND FRACTURES.**—Von Maas, of Munich, employs the following treatment in compound fractures, performing all the bandaging under the spray:

1. The skin surrounding the wound is, to a considerable distance, disinfected.

2. The wound is repeatedly doused with a solution of acetate of aluminum, carbolic acid, two to three parts in the hundred, or corrosive sublimate, one part to the thousand, by which means any detached particles of bone or severed pieces of tissue are washed away. Pieces of bone projecting from the wound are resected if they can not be replaced.

3. The wound is covered with protective silk, and when the bones have been adjusted under this the whole is covered with corrosive sublimate gauze. Usually several folds of compress are laid over the wound, and the limb enveloped with the gauze, which is rolled up in the form of a bandage of eight folds, and at distances of six or seven inches is bound down by means of a roller compress.

This gauze binding is inclosed in a layer of

sublimate wadding, and immediately over it is placed a wrapper of cambric or gauze moistened in a carbolic-acid solution. Fractures which show little tendency to dislocation, and those in which the skin is badly crushed, are placed on suitable, well-upholstered pillows, to which they are made fast with gauze binding. In fractures with a tendency to displacement, a gypsum bandage is placed over the antiseptic dressing. Fractures of the thigh are treated by Volkman's extension binding. The gauze prepared with corrosive sublimate, common salt, and glycerine, is, by virtue of the two last-named constituents, sufficiently hygroscopic to absorb and neutralize the secretions of the wound without drainage. The temporary dressing is thereby made permanent. This dressing secures results similar to that of Lister, but it is simpler, more easy of application, and does not need to be so frequently changed.—*Wien. Med. Wochenschrift*.

**PARALDEHYDE AS AN ANTIDOTE TO STRYCHNINE.**—The result of former investigations, proving that paraldehyde reduces in a marked degree the activity of the spinal cord as a reflex center, has led Dr. Bokai to infer that this drug might do service as an antidote to strychnine. The inference was confirmed by by some experiments on frogs, rabbits, and dogs. Certain of these animals were given a less than fatal dose of paraldehyde, and at the same time a positively fatal dose of strychnine. None of the animals died, although some of them received ten times the dose of strychnine usually considered fatal.

In the frogs, reflex activity did not return during narcosis; but the rabbits and dogs, which are more sensitive to the action of strychnine, showed irritability in a more exalted degree. Knocking or shaking the table on which they were placed would cause them to fall into tetanus; but no convulsions occurred spontaneously, and the spasms were much milder than those which commonly follow simple strychnine intoxication. After some hours the irritability disappeared and the animals were again fresh and lively. If poisonous doses of paraldehyde were given, the strychnine did not prevent the fatal action of this drug. The antagonism, as

in the case of strychnine and chloral hydrate, seems to be one-sided.

In nineteen cases of strychnine poisoning in men, collected by Hausmann, the effects were felt in fifteen minutes after the drug was taken; the hypnotic action of paraldehyde is apparent in about five or six minutes, so that several minutes remain, after a poisonous dose of strychnine has been taken, for procuring and giving paraldehyde. Paraldehyde is probably of about the same value as chloral and chloroform, but safer, in that it does not tend to paralyze the heart.

**TRIGEMINOUS COUGH.**—Dr. von Wiele, of Berlin, describes a form of cough that, without engendering visible disease of the larynx, trachea, or lungs, attacks persons who have been subjected to changes of cold and warm air, or exposed to sharp odors.

1. The trigeminous variety presents by far the most interesting pathological entity yet observed among diseases of which cough is a symptom.

2. It is a nasal reflex neurosis, and the pathological metamorphosis of the act of sneezing.

3. This neurosis may exist with or without anatomical changes in the nasal cavities.

4. The greatest exaltation of this state is presented by *asthma neurosum*.

5. The irritation leading to the explosion of the cough may proceed from any branch of the sphenopalatine ganglion, except the ethmoid nerve.

6. The best method of treatment is by electrization of the nasal nerves by means of a weak induction current. In light cases nasal vapor-douches and iodide of potassium internally are usually effective. Iodide of potassium as snuff is also useful.

**DIAGNOSIS OF INJURED ARTERIES.**—Von Wahl, with reference to this question, lays down the following rules:

1. In all cases where, in consequence of injuries in the neighborhood of the larger arterial trunks, an intermitting sound, isochronous with the pulse, is heard at the seat of the injury, and in which the artery shows a diminished maximum of expansion beyond the

injury, the diagnosis of partial separation of the artery can be made with confidence.

2. The artery, in these cases, is to be immediately ligated at the place of the injury, otherwise hemorrhage or the development of traumatic aneurism will almost certainly ensue.—*Sammlung Klin. Vorträge.*)

**MIGRAINE TREATED BY MASSAGE.**—Mezger and Vretlind (Swiss physicians) find in the great majority of cases of migraine and facial neuralgia indurated masses, resulting from inflammatory processes in the muscular tissue of the scalp and the muscles and tendons of the neck and face.

The myosites, almost without exception, resolve under massage properly applied, with relief of the migraine and neuralgia. These facts the observers hold to be conclusive proof that the infiltrations are not accidental accompaniments, or sequelæ, but the actual cause of the neuroses.

The neuroses manifest themselves in the larger nerve stems in consequence of the direct contact of these with the diseased spots, or in the smaller twigs by reflex influence. In searching for these indurated masses, the physician should grasp the muscles with the fingers and raise them from the hard tissues which lie beneath them.—*Wien. Med. Wochenschrift.*

**SIGHT FOR THE BLIND.**—The Academy of Sciences is at present engaged in testing a new and highly important discovery by Dr. Emil Martin, Fellow of the Medical Faculty of Marseilles, which is no less than restoration of sight to the blind by mechanical means. Dr. Martin's device is apparatus of platinum so arranged as to take the place of the normal media through which light is brought into the *camera obscura* of the eye. As the painless application of the apparatus, in a neat surgical way, has already been accomplished, it is believed that a favorable outcome may be reasonably predicted for the invention.—*Berlin Med. Zentral-Zeit.*

**TREATMENT OF FRACTURES — PERMANENT EXTENSION.**—Von Bardenheuer. The results of the treatment of fractures by extension



are better than those obtained by the gypsum treatment. This form of extension differs from all other methods in that the extending force is permanent.

Under the gypsum dressing a displacement of fragments, escaping observation, may occur; under extension the fracture can be examined daily. In cases of defective adaptation of the fragments, there is thrown out a large mass of callus which is prejudicial to the desired result. Further, the duration of treatment is reduced by extension to one half, or even one third of the time otherwise required.—(*Allg. Med. Central-Zeitung.*)

### Abstracts and Selections.

SO-CALLED LEAD-NEURITIS.—I think, if lead-poisoning were capable of producing a special form of inflammation of the optic nerve and retina, we might reasonably expect to meet with cases of this kind in the out-patient department of our ophthalmic hospitals. We are here surrounded by numerous lead factories, and we not unfrequently see cases in which the effects of lead are manifest in the optic disks and papillæ of patients as a secondary, but never as a primary or independent condition. We are never applied to by patients suffering from slight symptoms of lead-poisoning who exhibit neuritis and neuro-retinitis which we could call of a specific kind. Ten or twelve years ago I passed in review a large number of the hands, both male and female, engaged at the largest lead works here, and, although many exhibited the blue line significant of saturnine poisoning, I found no case of neuritis or neuro-retinitis. Latterly I have repeated this experiment upon a large number of female hands (who are most prone to suffer), and in no case could I discover either neuritis or neuro-retinitis.

But, if lead-poisoning is incapable of producing a specific neuro-retinitis, it frequently brings about conditions in which neuritis is common. The renal affection is, of course, well known; and, no doubt, in many of the cases this is the cause of the neuro-retinitis, although the albuminuria may not be a permanent condition. Another condition, however, and one to which all ophthalmic surgeons would attribute considerable importance, is the suppression of the catamenia. Dr. Oliver, in his lecture, says nothing upon this question. Yet, as far as my experience goes, this is one of

the first and most important symptoms of lead-poisoning in females, and it is one in which, quite independent of any specific action of lead, neuro-retinitis and papillitis are not uncommonly developed. Cases of papillitis, in females suffering from suppression and great irregularities of the menses, are coming much more frequently before our notice. The third condition, which, to my mind, plays the most important part in the development of papillitis in cases of lead-poisoning, and to which most of these cases are, to my mind due, is the tendency to sudden effusion into the ventricles of the brain and subarachnoid space in case of lead-poisoning.

I have seen not a few cases in which the ophthalmoscopic symptoms were only developed contemporaneously with the cerebral disturbances, and I believe they are but the mechanical expression of increased intracranial pressure. I have, on more than one occasion, seen patients who were suffering from acute symptoms of lead-poisoning, whose disks I had examined in the morning and found normal, the same evening become the victims of the most acute cerebral symptoms. Violent epileptiform convulsions, dilated pupils, blindness, exhibit a well-marked "Stauungs-papilla," or choked disk. I have known these patients pass into a semi-comatose condition, and remain so for several days, and then gradually recover, with impaired mental faculties and different degrees of blindness.

The pathology of these cases, as far as vision is concerned, I believe to be entirely due to mechanical causes; and the amount of impairment of sight is exactly in proportion to the duration of the intraocular pressure and the amount of secondary neuritis which the strangulation of the disk may bring about. The extremely short time in which, in these cases, a normal disk may be observed to pass into a condition of the most intense congestive edema, to my mind, excludes the idea of a specific neuritis, and is a convincing argument in favor of Mang's theory of the production of optic neuritis by distension of the intravaginal sheath space.

I think, then, that most of the so-called cases of lead-neuritis may be accounted for upon other grounds than the specific action of lead; and that, at all events, before this cause is admitted, other more common causes must be excluded.—*C. S. Jeaffreson, F. R. C. S., British Medical Journal.*

ON THE TREATMENT OF ANEURISM WITH IODIDE OF POTASSIUM.—Dr. Burney Yeo, in a paper on Clinical Therapeutics, says that "one of the most remarkable gains in the therapeutics

of disease in recent years has been the employment of large doses of iodide of potassium in the treatment of internal aneurisms." With Dr. Yeo's permission, I wish to substitute "sufficient" for "large." Large doses are not necessary, and are sometimes injurious—at least if by large we mean doses over twenty grains. Nowadays, I believe, we have a perfectly trustworthy means of ascertaining when we are administering a dose which is sufficient. As soon as it was found to be probable that the iodide of potassium owed its curative virtues in aneurism to its power of lowering the blood-tension, it also became evident that failures which were generally accompanied by an unduly quickened cardiac action were most likely dependent on too great a lowering of the blood-pressure; because this would not only account for the excited action of the heart, which had an unfavorable influence on the aneurism, but would also permit the blood to flow away too rapidly to provide for the due nutrition of the tissues. But the cure of an aneurism depends upon the hypertrophy of its coats, which can not be effected without a certain amount of blood-pressure, neither can it occur if the blood pressure remain at the normal, for all experience teaches us that the effect is then one of gradual though slow dilatation, with pressure corrosion of all the surrounding tissues. Hit the happy mean, and the effect is that the arterial coats behave like a hollow muscle, which hypertrophies when opposed to obstacles with which it is unable successfully to cope. To hit this happy mean, and ascertain the proper dose, the patient is put to bed without any other treatment, and his pulse-rate ascertained night and morning for a few days. So soon as his average pulse-rate in recumbency is ascertained, he is put upon ten-grain doses of iodide of potassium every eight hours. If the pulse-rate remains unchanged the dose is increased to fifteen grains every eight hours, and every week an increase of five grains each dose is made till the pulse-rate begins to rise. In this way it has been ascertained that fifteen grains to a dose is seldom able to be exceeded, while it has often happened that ten grains has been found to be the most advantageous quantity. It is quite easy thus to find out what is a sufficient dose, and this has more than one advantage. With too small a dose we can do no good; with too large a one we do harm; we certainly delay the cure, and we may prevent it altogether. With a proper dose three months is generally sufficient to establish a marked improvement, instead of six months, the usual time before accurate doses were resorted to. Now, also, we may say that the amount of relief obtainable from treatment in aneurism is largely due to the period when

the case comes under observation. If it is diagnosed early, before there is much destruction of the arterial coats and surrounding structures, the cure is often practically complete. If the case is not seen till far advanced, then relief is all we can aspire to, but the relief to symptoms is often very great and remarkable, and it increases year by year.—*Dr. George W. Balfour, in London Lancet.*

**TREATMENT OF VARICOCELE BY EXCISION.** The various methods adopted for the cure of varicocele go far to prove that, as yet, no one means is so thoroughly satisfactory as to leave nothing to be desired. Of the various measures I have myself adopted, I have found none to equal, in completeness and safety, the complete excision of the bundle of enlarged veins. After any radical operation for varicocele, there must of necessity be a greatly disturbed circulation in the scrotum, and a liability to hydrocele or slight orchitis, and this I have found occasionally even in subcutaneous ligation of the veins; but, as will be seen by the following cases, which have occurred in my practice during the last year, orchitis supervened only once, and then in a syphilitic subject, who had had specific orchitis a short time before being treated for varicocele.

The train of nervous symptoms frequently accompanying varicocele is often so severe as to demand treatment; and, when some tangible cause is found, such as a varicose condition of the pampiniform plexus, producing congestion and neuralgia and ultimately atrophy of the testis, it is the surgeon's duty to give relief, especially when it can be done without danger. The operation of excision is performed as follows:

The skin of the scrotum, having been shaved and well washed, is enveloped in a carbolic dressing, which is left on for twelve or twenty-four hours preceding operation.

After the patient has been anesthetized, and every antiseptic precaution adopted, the cord of the affected side is caught between the left finger and thumb over the site of the varicocele; the vas deferens, which is easily felt, is allowed to slip backward, leaving the enlarged veins within the grasp.

A vertical incision of three-quarters of an inch is now made through skin and fascia, quite down to the veins, which immediately bulge through the wound and are caught between the finger and thumb of the right hand; the finger-nail then serves to break through a film of fascia which separates the veins from the vas deferens. A double No. 2 catgut ligature is passed round the bundle of veins, and the two ligatures thus placed *in situ* are tied



about an inch or more apart, the intermediate varicocele being completely cut away.

No bleeding occurs, as a rule, and the wound is so small, and falls so well together, that sutures are scarcely required. A small catgut drain may be left in, but this is not absolutely necessary. The wound is covered with carbolyzed gauze, and over this is placed a good pad of salicylic silk or wool. In some cases, the dressings are not removed for a week, when the wound is completely healed; but, when a drainage-tube has been left in, it should be removed on the second day.—*A. W. M. Robson, F. R. C. S., British Medical Journal.*

[The author reports ten cases of varicocele successfully treated by this method.]

**INTERMITTENT ALBUMINURIA.**—The patients were young persons, aged respectively twenty-five, twenty-two, and eighteen. The general symptoms, which were very analogous in each case, were nervous depression, a feeling of languor, occasional headache, derangement of the digestion, constipation, and susceptibility to cold. The quantity of urine passed was generally below the normal, the specific gravity varying from 1.020 to 1.030, and of a deep yellow color. The amount of albumen varied according to the time of day the urine was passed. It was greatest between 12 and 6 o'clock, and diminished toward bedtime. In the early morning there was generally only a trace, or it was absent altogether. In two of the cases the albumen used to disappear completely for a few days and then reappear. Microscopic examination exhibited large quantities of oxalate-of-lime crystals along with uric acid. There were no casts. The increase or subsidence of the albumen was found to be in direct ratio to the excess or diminution of the oxalates in the urine examined. I have observed that in the cases reported by Dr. Pavy oxalate-of-lime crystals were invariably found in the urine, but no reference was made as to any probable connection between the existence of these crystals and the albuminuria.

I consider the albuminuria in these and other such cases to be due to the irritation of the kidney structure by the sharp crystals of oxalate of lime which are deposited in the tubes. Evidence in support of this conclusion is further afforded by the fact that the treatment, which was directed to prevent the formation and favor the removal of these crystals, succeeded in completely curing the albuminuria. Other causes may doubtless account for temporary albuminuria, such as vascular weakness and atony of the nerves, or congestion of the kidneys, concurrently with neighboring organs, from a chill, etc. Numbers of people, too, have oxalates as

a temporary occurrence, without albuminuria; but when the habit becomes fixed, I think it will be found that it is frequently the cause of this intermittent albuminuria, and may even be the precursor or predisposing cause of Bright's disease. The significance of such a symptom should therefore not be underrated, and should receive the most watchful care and treatment. In such cases the dilute nitro-hydrochloric acid in small doses, by its action on the liver preventing the formation of and breaking up the crystals of oxalate of lime, and the use of the weak, alkaline earths, such as lithia, and the Contrexéville waters, are singularly curative.—*Dr. W. M. Collins, in British Medical Journal.*

[Careful microscopic examination of the urine in cases of this character, not uncommonly shows a few muco-hyaline casts; and there is reason to believe that, if this condition be suffered to continue, chronic tubular nephritis will be engendered.—*Ed.*]

**HEPATIC PHELEBOTOMY.**—Dr. George Harley, in the London Medical Press, February 24, 1886, takes a new departure in the treatment of hepatitis. From his detailed account of the procedure and report of a case successfully treated by means of it, we take the following:

It is usually accepted as a proverb that "fools rush in where angels fear to tread." But like most other wise sayings, this one, too, has its antithesis. For the equally wise saying that "knowledge inspires confidence" stands in exact anti-position to it. Though not a surgeon, or making any pretense to be one, I think I may with something like justice opine that ten years' practice as an experimental physiologist taught me many things that no surgeon would be likely to learn in the field of human practice. And one of these was that a certain amount of blood can be directly withdrawn from the livers of dogs, not only without danger to life, but without any apparent inconvenience to the animal; and further, that on opening the abdomens of the animals within a few days afterward it is scarcely possible to detect the seat of the hepatic punctures; and that even when they are detected, there is no inflammation around them. Nothing but a small red spot is in general visible on the capsule of the liver. This observation I first made at the time I was working at the artificial production of diabetes in animals by the injection of stimulants into the portal vein. And although during years afterward I had often thought of the possibility of performing with advantage hepatic phlebotomy on the human subject, I never had the courage to propose it until I saw how many poor patients

succumbed to acute hepatitis, where it appeared to me the direct withdrawal of blood from the liver might possibly have arrested the progress of the case, and saved the life of the sufferer. Accordingly I gradually began, in suitable cases, to propose the performance of the operation.

Along with Dr. Dunbar Walker I saw a married lady, aged 38, who might be said to be of intemperate habits. A month before our consultation she was attacked with hepatitis, and when Dr. Walker was first called in he found the liver already greatly enlarged and indurated. The legs were edematous, and the abdomen contained a large quantity of fluid. The abdomen was tapped and aperients given. These remedies were persevered in for a fortnight without diminution in the size of the liver or any permanent improvement in the general symptoms taking place. Hope of saving her by the ordinary routine of orthodox practice I had none, consequently I urged emphatically the propriety of giving the patient the chance of a forlorn hope by hepatic phlebotomy. It was declined by both the patient and her husband; on reflection, however, after the utter hopelessness of the case had been forcibly put before them, their mutual assent to the operation was obtained, and on the 4th of October, 1883, was performed for the first time, as far as I am aware, the operation of hepatic phlebotomy.

The patient being rendered insensible with the A. C. E. mixture, I pierced the liver from right to left with an eight-inch long trocar of the diameter of a No. 3 catheter. The normal liver being at least ten inches broad in an adult woman, and it being greatly enlarged in this case, I knew I was perfectly safe, and so ran the trocar up to its very hilt, in the hope that during its penetration it would wound some vessel of sufficient caliber to yield a free stream of blood. All now had to be left to the chapter of accidents as regards the risk of the point of the instrument lodging in the interior of a blood vessel and allowing the entrance of air.

It being impossible to overlook this important risk, I had previously gone carefully over hepatic literature in order to discover if there was any example on record where such an untoward accident had occurred, either during the exploration of the liver or in the tapping of abscesses, or hydatids of the organ with trocars. I found none. But I came on a case reported in the eleventh volume of the Clinical Society's Transactions, p. 230, under the title "A Case of Sudden Death Following the Operation of Tapping a Hydatid Cyst of the Liver," and I believe erroneously given as an example of death from the entrance of hydatid fluid into

the trunk of the portal vein. My opinion is, that the death of the patient was due to the entrance of air into the hepatic vein. For even had air entered the portal vein, I can not see how it could possibly have arrived at the patient's heart after traversing the minute capillaries of the glandular structure of the liver, which it would be forced to do, in the form of air-bubbles sufficiently large to prove fatal to life. In the case of the hepatic vein, on the other hand, it would be quite different, as between its trunk and the heart there is no intervening net-work of fine capillaries to subdivide the air globules. However, I knew there was no necessity of my running this risk. All I had to do to prevent the entrance of air was to direct the point of the instrument while penetrating the organ in a line between the center and the upper convex border of the liver, in which position there are exceedingly few, if any, large vessels at all. The danger to the patient in thus performing the operation I considered but trifling when compared to the advantages I was sanguine enough to anticipate would follow upon the free extraction of blood from her inflamed liver. Looking forward, then, with confidence to the result, I pushed the instrument home to its hilt, then I began slowly and deliberately, with a rotatory movement, to withdraw it, in the hope that sufficient blood would ooze from the wounded vessels into the channel left by the receding trocar to reward my efforts. Scarcely had an inch of the trocar been withdrawn when blood flowed from its orifice abundantly. The blood was allowed to flow until twenty ounces had come away. From that day the liver became gradually reduced in size. With the aid of tapping and the administration of the resin of copaiba, the ascites and general anasarca disappeared, and by the beginning of December the patient was able to walk out.

The operation was performed on the 4th October, at which time the patient was considered to be in a hopeless state, yet, within two months from that date, she was able to walk out, and on the 20th of December she walked from Notting Hill to my house, a distance of nearly three miles; she said that she felt perfectly well, being only a little weak and stiff from the walk. I offer no comments upon the subject; but confidently leave the case as it stands to the consideration of the advanced school of thinkers among my medical brethren. Feeling certain that, although this is but one case, and as everything must have a beginning, and all know that a single positive result is more valuable in deciding a question than a thousand negative ones, they will not fail to give it the attention it merits.



**PREVENTION OF LACERATION OF THE PERINEUM IN PRIMIPARÆ.** — Algernon Temple, M. D., Professor of Obstetrics and Gynecology, Trinity Medical School at Toronto, Canada, writes to the British Medical Journal:

For many years I have been greatly disappointed with the means recommended for prevention of laceration of the perineum; and, after most careful study of the subject, I came to the conclusion that the only method of any value was to prevent extension of the head from occurring, and to compel it to be born in a state of forced flexion.

In primiparæ, the vulval orifice is small and resisting, and the occiput in its descent does not reach the pubic arch (as it does in multiparæ) before extension commences; as a result of this extension, the long occipito-frontal diameter, which measures about four inches and a half, is obliged to traverse the perineum, to be followed by the fronto-mental, which measures about three inches and a half, making in all part of a circle about eight or nine inches in length. This naturally stretches the perineum and vulval orifice to its utmost capacity, and it is during this time that rupture is apt to occur.

To guard against this overdistension in cases where I fear laceration, after the head has reached the floor of the pelvis, and just previously to extension, I have been in the habit of applying the short forceps, and then, by carrying the handles backward, I flex the chin on the chest, while, at the same time, gentle traction is made downward and backward. In this way, I deliver the occiput first, keeping the chin close to the chest; this brings the cervico-bregmatic diameter, which is but three inches and a half, through the vaginal orifice. This plan saves the perineum one inch or more of distension. I have had the best results from this practice, and have taught it to my class of students for the past three years.

The practice, as taught by Dr. Gaussen, I think somewhat difficult to carry out with the fingers, though he desires to obtain the same end as I here advocate. With the forceps, it is easy and safe.

I think this subject one of great importance, and worthy of a trial by any who may have any doubt as to its efficiency. In fact, I may say I am doubtful of the propriety of carrying the handles of the forceps forward, as taught in the text-books, in any case.

**DR. DUJARDIN-BEAUMETZ ON HYPNOTICS.** Chloral appears to act on the heart, and, as has been affirmed by Gubler, it is a heart-poison in large doses. In all febrile diseases of a congestive form, chloral is far superior to opium

for the production of sleep; as in typhoid pneumonia and alcoholic delirium. On the contrary, this remedy is contra-indicated in cardiac affections, especially in troubles of the aortic orifice; here opium is much better. Chloral is a most useful remedy in certain forms of intoxication, especially in poisoning by strychnine, in delirium tremens, and uremic convulsions, but in these it is still inferior to paraldehyde.

The sleep produced by paraldehyde is analogous to that produced by chloral. It is usually calm, but in some instances the sleep is preceded by excitement. It is eliminated almost entirely by the lungs, but when large doses are given some portion escapes in the sweat.

One of the most interesting facts regarding the action of paraldehyde is its antagonism to strychnine. Ether, chloral, chloroform, have similar powers in this respect. They all act, as does paraldehyde, on the cells of the nervous matter. We know that strychnine also stimulates the cells of the cerebro-spinal axis. It consequently happens that when the nerve elements are acted on by one agent they will not receive an impression from another, and thus in a strictly physiological and scientific manner can be explained the antagonisms of these several remedies and strychnine.

Compared with chloral, paraldehyde has these advantages:

It is less irritant, and better supported by the stomach. It is not a heart-poison. It is a more efficient antidote to strychnine. But it has less analgesic action, and less power to relieve pain than chloral, and hence when insomnia is caused by pain the latter is preferable, and morphine is still more efficient. In nervous insomnia, in that due to the abuse of alcoholic drinks, paraldehyde is much superior to chloral. Especially is paraldehyde most useful in the different forms of mental disorder. They have also shown that it is a valuable hypnotic in certain cases of insomnia with the excitement occurring in the course of some cerebral affections, in the convulsive neuroses, and especially in epileptic crises, and in the multifiform manifestations of hysteria. Dr. Dujardin-Beaumetz has also treated many cases of morphiomania by paraldehyde, giving forty-five to sixty minims a day. It does not appear to lose its effect by repetition, since the same results have been obtained through months of treatment.

Mr. G. F. Hodgson has had experience with paraldehyde which supplements the observations of Dr. Dujardin-Beaumetz. Mr. Hodgson finds it to be a hypnotic of great value, in that it produces sleep like the natural state, promptly and without any unpleasant after

effects. He regards it as the most appropriate hypnotic in the insomnia of gout, in mania, hypochondriasis, delirium tremens, migraine, and in the wakefulness of ordinary diseases. His prescription is as follows:

R Paraldehyde..... ʒj;  
 Spiritus chloroformi..... ℥xv;  
 Pulv. tragacanth, comp..... ʒj;  
 Syrup aurantii..... ʒiv;  
 Aquam..... ad ʒ iij. M.

This dose is sufficient in the milder cases, but must be repeated in the more severe.—*American Journal Medical Sciences.*

**DERMATITIS FEROX.**—The disease to which I have ventured to give the name of dermatitis ferox is, in its more developed form, so exceeding rare that as yet no one to whom the drawing of a case, taken at the St. John's Hospital for diseases of the skin, has been shown has recognized the affection.

The outbreak seems in every instance to take the form of one or more scattered patches on the face, hands, or upper part of the chest, and sometimes on all three together. The patches, at first only reddish, speedily become of a vivid red, and then red mixed with brown, the cuticle turning dry and crumpled, and then peeling off, to be replaced by another layer, which in its turn shares the same fate. Now and then a small part of a patch may ulcerate, but this is an extremely rare complication, and usually the morbid state disappears by the gradual declension of the redness and slow reproduction of unhealthy cuticle, which is also little by little replaced by a more normal covering. There is usually no discharge, nothing in the shape of a scurf or crust. The patches, as a rule, form very slowly, and it is only after a time, and when they have become rather extensively developed, that the health begins to suffer; but in other cases a difference in the process may be noticed in so far that the eruption takes place rather quickly, and that the health fails within a few days after its appearance. Sometimes, when the disease attacks the side of the face in the male, firm crusts will form, so that at the end of a week the case looks like one of rather advanced erythematous sycosis. Such crusts may crack, and under the lens small spots can be seen, which look as if thick serum were exuding from them, but in the early stages at least there is no weeping, as in eczema. The site of each crust is surrounded by a red inflamed ring, much broader than is seen round a sycosis patch, which is also infinitely slower in forming. In every case which has yet come under my care the affection of the skin has shown itself first,

and the constitutional disturbance later, sometimes much later.

The patches are in general quite isolated, and at first not very large, the predominating shape, if any thing with such an irregular outline can be said to have a shape at all, being a ragged oval. Usually they are, as stated, of a lake color, and this seems to betoken a milder phase; in two cases, where the hue might very fitly have been compared to carmine, the constitutional disturbance was out of all proportion to the extent of skin affected. After a time, and particularly when they are seated on the face, two or more patches gradually fuse, and take on a dark, angry hue, which gives the part the look of having been burnt with fire. Now and then they assume a papular form, and then resemble flattened, aggregated lichen spots; these appear to be overlaid by a cuticle not unlike the horny covering of lichen. On other patches the cuticle, after taking on a brown crumpled look, is cast off, as in the rising stage of eczema. In a third set of patches the scarf skin may be fairly adherent.

The constitutional symptoms point to much and often grave disturbance of the health. General uneasiness, a feeling of being unwell, sometimes of the system having taken the alarm, loss of appetite, nausea, headache, inability to walk straight, and prostration, are perhaps the most prominent and frequent among the many signs which arrest the attention of the practitioner.

It will thus be seen that, while the affection in some features resembles acrodynia and erysipelas, it is yet distinct from both. It runs a much slower course than either, and in it the constitutional symptoms come on much later. The phlyctenæ, pustules, edema, and perspirations of the former are wanting. When it attacks the face it is accompanied by none of the swelling and closing of the eyelids which so distinctly mark erysipelas. It is sometimes attended, too, by the formation of huge bullæ at a distance from the chief site of active disease. Though, perhaps, in this complaint the skin is just as much poisoned by the air as it is by the aniline and arsenic dyes in a case of glove or sock poisoning, yet we do not find the sudden swelling, heat, tenderness, and subsequent discharge of serum seen in the latter affection. On the contrary, every one of these symptoms may be absent; indeed, redness and exfoliation are usually the sole local signs. But while I never saw much internal disturbance, and particularly internal disturbance culminating in delirium, from the aniline-dye affection, I have met with both under a very pronounced form in this kind of dermatitis. And no form of poisoning of the skin which I have either



read of or seen, or any variety of erysipelas known to myself, is ever followed, as dermatitis ferox sometimes is, by a raised, fused, red, papular eruption. For all such reasons the latter seems to me a distinct individual complaint.—*Mr. J. L. Milton, Edinburgh Medical Journal.*

**SALICYLATE OF LITHIA IN RHEUMATISM.**—In a paper read before the Academy of Medicine, of Paris, on December 8, 1885, M. Vulpian gave the results of a number of experiments with salicylate of lithia, which he had found to be of great service in the treatment of all the forms of rheumatism. He said it was a mistake to suppose that the salts of lithia possessed any remarkable toxic properties; they were no more so than the corresponding salts of other bases, and the salicylate could be given in nearly as large doses as the salicylate of soda. In cases of acute rheumatism, joint pains, sometimes of very severe character, often persist for a long time after the swelling of the articulations has subsided. Salicylate of soda as well as tincture of colchicum have but little effect in quieting these pains, but salicylate of lithia, M. Vulpian said, causes their rapid disappearance. The drug acts especially well in those cases in which the fibrous tissues are affected. In the subacute and chronic forms also salicylate of lithia acts more promptly than the sodium salt. The drug should be given in doses aggregating one dram per diem, but when more than seventy-five grains a day are given, toxic symptoms are apt to be produced. It causes headache and deafness, but never the whistling and ringing sounds in the ears which cause such extreme annoyance to the patient. Sometimes also, though rarely, intestinal colic and diarrhea result. But all these unpleasant symptoms disappear quickly after the discontinuance of the remedy.—*Medical Record.*

**MORE ABOUT "STARVING FEVERS."**—Apropos of Professor Yandell's paper in the American Practitioner, and some recent editorial notes in the Popular Science News concerning the same, and the safest course in typhoid fever, I would offer a few words:

The old maxim, "Stuff a cold and starve a fever," even as popularly (mis) understood, evidently never contemplated "stuffing a fever," and to that extent, therefore, in the writer's opinion, is sound. But as originally propounded, the maxim was the embodiment of the highest wisdom. "If you stuff a cold, you will have to starve a fever," was what the wise man really said; and the same thing was meant when, for convenience' sake, it was short-

ened. "Stuff a cold, starve a fever," was still (on the tongue of one who understood it) a warning against feeding when the symptoms popularly called "cold" were observed. The fact is, as it seems to me, the term "cold" is a misnomer; the "sickness" being rather the first stage of fever by means of which the organism seeks to clear itself of offending matters, and being, so to say, engrossed in this particular work, no energies are left for digestion and assimilation, and therefore abstinence from food is the greatest aid we can render. For twenty-four to forty-eight hours, at the onset of the disease, and for a much longer period if originally of a more serious type, or when, through unphysiological feeding or other causes, the disorder has deepened, there may be actually no office for food, except to feed the fever as petroleum would a fire. The real limit for fasting, in any or all cases, should be the disappearance of feverishness, and in any case total freedom from delirium. The fact that Professor Yandell survived the treatment—that of having food forced upon him during his delirium, as well as in his lucid intervals—is evidence, to my mind, that he was one of those "too tough to kill," rather than that this practice, universal as it is, indeed, does not inevitably tend to fatality. The one universal dictum with me is, stop eating, appetite or no appetite, until convalescence is well established. While this treatment will not raise the dead, nor cure the moribund, it will always tend to the restoration of the patient in any curable case.—*A Boston Physician.*

**A PORTUGUESE METHOD OF TREATING RINGWORM.**—Ringworm of the most obstinate character, according to Dr. Særlis, writing in the *Medicina Contemporanea* of Lisbon, can be cured in ten days by cutting the hair from the affected spot, pouring turpentine on it, letting it run over the whole head, and rubbing well with the finger. After this has caused a smarting sensation for from three to five minutes, it is washed off with carbolated soap. Hot water is then used for washing the whole head, and the affected spots touched with dilute tincture of iodine or with a two-per-cent solution of iodine and turpentine. This process is to be repeated once or twice a day.—*London Lancet.*

**A READY MEANS OF PRESERVING THE FLUIDITY OF BLOOD.**—A student in Professor Stricker's laboratory, Herr Ernest Freund, has, it seems, suggested a most simple and convenient method of preserving blood in the fluid state. His plan consists in coating the interior of a glass vessel with pure oil. Into this receptacle blood freshly drawn is poured, and a layer of

oil is then run over the surface exposed to the air. In this way, we are assured, fresh blood may be kept from coagulating for days if necessary. It is difficult to see how so simple an experiment, if once satisfactorily demonstrated, should afterward be discredited by repetition. We may therefore hope that this apparently trivial application of a physical law will be a real gain to practice as well as research. In particular it should obviously facilitate the operation of transfusion, though it will not entirely replace that still more ready means of treatment, salt solution. It need hardly be said that this mode of preventing coagulation is new rather in its easy and general application than as illustrating a principle for the first time discovered. Professor Ludwig made use of the same idea in estimating the velocity of the blood-current.—*London Lancet*.

**VIBURNUM PRUNIFOLIUM IN ABORTION.**—January, 1885, I have had the opportunity of testing the use of *viburnum prunifolium*, so much vaunted in America, in several cases of threatened miscarriage, and I can entirely indorse the good opinion there formed of it. Nothing, probably, in midwifery is more disappointing than the ordinary routine treatment of miscarriage by opium or Indian hemp on the one hand, or ergot on the other. For these drugs as often act in the way contrary to the prescriber's intention as in accordance with it. How often has a dose of Battley's solution, administered to arrest uterine action, and give rest and ease from pain, been followed by immediate and severe expulsive pains, while the attempt to empty the uterus by a dose of ergot has resulted in a perfect calm, and a disappearance of symptoms.

It is a comfort thus to have some hope of success in dealing with such a condition as miscarriage; and although I have so far only the notes of six cases, of which five were successful, yet, these five being consecutive, and the effect exactly following the administration of the remedy, I have no hesitation in my own mind in giving the credit to the *viburnum*.—*Dr. W. M. Campbell, British Medical Journal*.

**PRURITUS VULVA.**—Martineau (*Annales Médico-Chirurgicales*) notes that this arises sometimes in the course of affections unconnected with the vulva, at others during the evolution of a disorder or lesion of this part. In the first class are intestinal worms, the oxyuris in particular; these wander at night over the neighborhood of the anus and genital organs. They should always be looked for there and then, especially in children, where there is an absence of any direct cause. *Tinea tonsurans*

and the *pediculus pubis* are other causes. Affections of the bladder, vegetations, and polypi of the urethra may lead to it. Glycosuria, also, either temporary in wet nurses, as in those who take much sugar, or permanent, as in diabetes. In the second category may be ranged pruritus, consecutive to various primary or secondary inflammations of the vulva, which may be simply local, or proceed from a general diathetic or constitutional cause, as tuberculosis, eczema, herpes, psoriasis, lichen, epithelioma. Vulvar pruritus may be purely nervous, and then appears without any manifest lesion of the mucous membrane or skin; at times it may be associated with urticaria. The diabetic form is best treated with the effervescent citrate of lithia, with the addition of a little arseniate of soda. Locally, during the acute stage, lotions of bromide of potassium or of chloral are recommended, and in the chronic phases a weak solution of corrosive sublimate and alcohol.—*Edinburgh Medical Journal*.

**LACTATION AND MEDICAMENTS** (Fehling, *Bull. de Therap.*, 30th August, 1885).—If two grams (half a dram) of salicylate of soda are administered, this substance is readily found in the urine of the new-born. The passage is especially marked when the drug has been absorbed two hours before the nursing. Iodide of potassium acts like the salicylate of soda. Iodoform, even when used in very small quantity, passes into the milk. A simple sprinkling of this drug upon the vulva is sufficient to secure its appearance in the mammary secretion. It was not so with corrosive sublimate, of which it was possible to discover in the milk only very small quantities—so small that it was impossible to estimate them. The narcotics are without effect upon the nursing. *The strongest doses of opium or of chloral administered to the nurses have not produced any special physiological effect upon the nursing.* Atropine tested upon animals produced dilatation of the pupil in the nursing only when the maximum therapeutic dose was exceeded.—*Ibid.*

**MENTHOL AS A SUBSTITUTE FOR COCAINE.**—Dr. Albert Rosenberg, of Berlin, has found in menthol, in ethereal or alcoholic solution (twenty to thirty per cent), a useful substitute for the expensive cocaine, in cases where local anesthesia of mucous membrane—*e.g.*, of nose, pharynx, and larynx—is required. The effect of menthol is not so lasting as that of cocaine; but it appears to have somewhat of a cumulative action; for when repeated, even after a long interval, the latter application produced a longer period of anesthesia than the earlier.



**BEEF PREPARATIONS AS NUTRIENTS.**—Dr. Thomas J. Mays, of Philadelphia, recently read a paper before the College of Physicians of Philadelphia, in which he said, concerning the influence of the beef extracts on the frog's heart:

1. That they are absorbed and assimilated.  
2. That they contain material which has the power of inducing muscular contraction—a power which has heretofore been shown experimentally to exist only in the higher animal albumens or proteids.

3. That, hence, whatever else they may be, they are nutrients in the full implication of that term.

After it was thus demonstrated that these beef preparations contained definite nutritive properties, it was deemed desirable to ascertain the value of each, and means to this end were instituted by comparing their effects with those of a two-per-cent solution of dried bullock's blood alternately on the frog's heart in the following manner: In the first place the heart, after being washed out, was filled with the two-per-cent blood solution and then allowed to beat until its pulsations were reduced to a minimum, or until the whole nutritive supply of the blood solution was consumed; after which it was washed out again and filled with a solution of the beef preparation to be tested, and allowed to beat with it until its pulsations were again reduced to a minimum. A large number of comparative tests were made of each of the above-named beef preparations in this way, and products were obtained which indicate the mean percentage of the number of pulse-beats given by each preparation, that of blood being taken as 100. These figures are probably not absolutely true, but they give an approximate idea of the nutritive worth of these extracts when compared with that of a two-per-cent blood solution, which is capable of producing a normal cardiac contraction.

Mean Percentage of  
Number of Pulse-beats.

Liebig's Extract of Beef.....	58
Johnston's Fluid Beef.....	59
Valentine's Meat Juice.....	60
Cibil's Extract of Beef.....	61
Sarco-peptones (Parke, Davis & Co.)....	62
Beef Peptonoids (Reed & Carnrick)....	74
Milk.....	100
Two-per-cent solution of dried bullock's blood .....	100

**CARBOLIC ACID IN INDIGESTION.**—Mr. J. F. Dixon writes to the British Medical Journal:

Some time ago I gave carbolie acid in indigestion associated with tenderness of the stomach, acidity, and flatulence. In most instances

the result was very striking; cases which had proved very intractable yielding immediately to its influence. I used two minims to the ounce of water, usually with the addition of five grains of carbonate of sodium, and twenty-five minims of aromatic spirit of ammonia. I have also found it very useful in the dyspepsia of tea-bibber.

Mr. Edward Berdoo writes to the British Medical Journal:

I have lately treated several cases of indigestion with carbolie acid, and found it most useful in that form of dyspepsia known as fermentative, accompanied by constant sour risings and eructations of gas, with pain after meals, and discomfort, even after drinking milk or cocoa. My attention was first directed to it by Dr. Fenwick, who gave the glycerine of carbolie acid (one part of crystallized carbolie acid to four parts of glycerine). The dose is from five to ten minims in mint-water, or other convenient vehicle. As it mixes well, I think it a more elegant and safe form than a solution of the acid in water only. Where there is much pain of the stomach after food, I have found it useful to add five or six minims of the liquor opii sedativus to each dose; and, when there is want of tone in the seat of indigestion and bad appetite, five to ten minims of the tincture of nux vomica will often be found serviceable. I have found these remedies also very valuable in the above combination in cases of pyrosis, where, I think, the sedative influence of the carbolie acid on the mucous membrane is far more useful than the bismuth one usually gives in such cases. It is an interesting subject of inquiry whether the carbolie acid acts by arresting fermentative changes in the stomach, or by its well-known anesthetic influence on mucous membranes. I have long given one-grain pills of this remedy in cases of vomiting from various causes, and have rarely found it fail to arrest it. In some of these cases there was no fermentative condition of the contents of the stomach; some of them were cases of reflex vomiting; yet all were, with few exceptions, greatly benefited.

**TO ARREST NASAL HEMORRHAGE.**—We take the following practical suggestion of Prof. John Chiene, from the Edinburgh Medical Journal:

In persistent hemorrhage from the nasal cavity, plugging the posterior nares should not be done until an attempt has been made to check the hemorrhage by firmly grasping the nose with the finger and thumb, so as completely to prevent any air from passing through the cavity in the act of breathing. This simple means, if persistently tried, will in many cases

arrest the bleeding. The hemorrhage persists because the clot which forms at the rupture in the blood-vessel is displaced by the air being drawn forcibly through the cavity in the attempt of the patient to clear the nostrils. If this air is prevented from passing through the cavity, the clot consolidates in position and the hemorrhage is checked.

**VARICELLA AND ITS DIAGNOSIS.**—Henry Ashby, M. D., of Manchester, England, writes, in the Archives of Pediatrics, an exhaustive paper on the diagnosis of varicella, which concludes as follows:

#### DIAGNOSIS.

VARICELLA.	VARILOID, OR MODIFIED SMALLPOX.
<i>Incubation.</i> —Thirteen to sixteen days.	Twelve days.
<i>Prenonitory Fever.</i> —A few hours.	Two to three days.
<i>Prenonitory Symptoms.</i> —Mostly nil.	May include pain in back, headache, vomiting, delirium, drowsiness, convulsions, and fever.
<i>Rash.</i> —Red spots, in a few hours becoming vesicular, drying up in three or four days, leaving crusts; come out in crops on four or five successive days on scalp, body, limbs, face, and mucous membranes. Vesicles mostly monolocular.	Red, shot-like papules appearing first on soft palate and face and wrists; during next twenty-four or forty-eight hours over body and limbs; papules become vesicular after two or three days, and pustules by eighth day of disease, or more frequently dry up, leaving scabs.
<i>Temperature.</i> — Intermittent in character.	Sudden rise, reaches height when the rash is fully out, followed by a speedy fall. Secondary fever slight in modified cases.

The diagnosis may be easy, or, on the other hand, may be beset with difficulties. Care must always be taken not to lay too much stress on any one symptom, but the diagnosis must be made by a careful consideration of all the facts. Above all, do not jump at a conclusion, and remember that more mistakes are made through carelessness than from want of knowledge. How long does the infection last? No case should be allowed to mix with his fellows till the scabs have separated and the skin beneath it quite smooth. This is probably accomplished within three or four weeks from the commencement of the fever. In one case which I admitted to the hospital, suffering from psoriasis which had succeeded the eruption of chicken-pox, and where some unhealed ulcers were present, though the child had had chicken-pox some five weeks before, was the means of the child in the next bed, and one or two more in the ward, contracting chicken-pox.

Regarding treatment there is not much to be said, a saline, as citrate of potash, may be given during the febrile stage, though probably most cases will get on as well without it as with it. A light fluid diet, and an ointment containing some tarry or carbolic compound to

apply to the scabbing vesicles, will be all that will probably be called for. Of course you will isolate your patient, who is necessarily kept in bed, until his skin is clear and the ulcers healed.

**BENZOATE OF COCAINE.**—Señor Alfredo Bignon, in a paper read before the Lima Academy of Medicine, and published in *La Cronica Medica*, strongly recommends the employment of the benzoate of cocaine in preference to the hydrochlorate (the salt most commonly used), and to the salicylate and borate, with which he has also made experiments. He finds that the benzoate is extremely soluble, easily crystallizable, and retains the characteristic odor of cocaine itself. The antiseptic qualities of benzoic acid also are an additional advantage. Among other experiments, the anesthetic effects of a twenty-per-cent solution of the benzoate were compared with those of a similar solution of the hydrochlorate in a case of epithelioma of the tongue, with the result that the effect of the former salt persisted for a much longer time than that of the latter.—*London Lancet*.

**HYDROCHLORATE OF COCAINE IN THE VOMITING OF PREGNANCY.**—Weiss, of Prague, has used this remedy successfully in a case of vomiting in pregnancy which had resisted all previous attempts at relief. The patient was weak and anemic, of a nervous disposition, and had suffered in three previous pregnancies from persistent vomiting; in the present pregnancy her condition was serious. Weiss prescribed:

R Hydrochlorate of cocaine.....gr. ij;  
Alcohol, enough to dissolve.  
Water .....℥v.  
S: One teaspoonful every half hour.

After the sixth dose three tablespoonfuls of milk were well borne; after the eighth, a cup of broth with egg, without vomiting. After the sixteenth dose the patient ate with relish chicken broth, slices of white chicken meat, and drank a glass of wine, without vomiting. The drug was then withdrawn for a time, owing to an increased frequency of pulse and respiration; but hourly doses were subsequently given, with the result of entirely checking the vomiting and enabling the patient to regain her former strength.—*Edinburgh Medical Journal*.

**TURPENTINE APPLICATIONS IN SCARLET FEVER.**—A very efficient local application to the throat, both in scarlet fever and diphtheria, is oil of turpentine, as may be indicated. No healthier application was ever applied to a mucous surface. It may be given internally.



# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. I. SATURDAY, MARCH 20, 1886. No. 6

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H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

Books for review, and all communications relating to the columns of the journal, should be addressed to the Editors of THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

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## THE DEATH OF Dr. AUSTIN FLINT, Sr.

As we go to press the distressing intelligence reaches us that Prof. Austin Flint died, at his home in New York City, on Saturday, March 13th. The death of this eminent man would have been at any time a public calamity, but coming, as it does, when his presence, his voice, his pen, and his wisdom were peculiarly needed by the profession, it constitutes an irreparable loss.

Dr. Flint spent some of the best years of his life in Louisville, where, as a colleague of Gross and the elder Yandell, he added to the renown of the University, in which he taught the theory and practice of medicine. He came here from Buffalo, New York. He went from here to New York City. He made friends wherever he dwelt. He won the respect of men wherever medicine is read. He wrote and taught medicine with a breadth of wisdom which has not been surpassed. He practiced it with an eye single to the good of the sick and the credit of the art. His private life was sweet. His public life was sound. His entire life was rounded by good deeds. He died at the age of seventy-four.

## THE MEDICAL CONGRESS AND AMERICAN MEDICAL ASSOCIATION.

When the committee appointed by the American Medical Association, in 1884, to invite the International Medical Congress to meet in the United States in 1887, reported in 1885, at New Orleans, what it had done, the Association refused to indorse its action, and at once appointed a new committee. This committee was empowered to make such arrangements as it thought most likely to secure the success of the Congress and reconcile the very serious differences which had been created by the action of the committee of 1884. It set about its work zealously and pushed it to early completion. Among its other acts it selected a number of good men and appointed them a Committee on Organization. Recognizing the surpassing difficulties of the task assigned them, these gentlemen demanded, before accepting office, that their powers should be plenary and their acts final. This demand was acceded to. The new committee, having no other business, adjourned to report its work to the Association, when this meets in St. Louis in May next.

The committee, which it created, and whose services it secured only on the extraordinary conditions named, has, we are told, applied itself with becoming diligence and evident intelligence to its arduous and very delicate work, and we have the assurance of the official organ of the Association that enough has already been done to make the next meeting of the Congress both large and representative. Whether this be true or not, whether the machinery set in motion by the new committee has already accomplished this, or whether, if not now done, it is capable of being so operated as to accomplish it in the future, one thing seems to us certain—the Association has nothing further to do with the business. The new committee pledged the Association to accept the work of the Committee on Organization. It gave the latter full power to create or destroy, to do or undo, according to what it believed would inure most to the interests of the Congress. It promised that its acts should neither be altered, nor revised, nor in-

terfered with in any manner whatever. It is true that such a pledge was an unusual one to give, and such a promise an unusual one to make, but both were incorporated in the bond executed by the legal representatives and accredited agents of the Association, and nothing remains for that body, when it meets in St. Louis, but to ratify the contract. This it is in honor clearly bound to do. It has absolutely no choice in the matter. "For good or for evil" can not be made an issue. Neither Mr. Randall nor Mr. Dorsheimer can be appealed to, nor parliamentary rulings be quoted here. The case is too plain. *The Association CAN NOT REPUDIATE, but must ACCEPT the work of its commissioners.* THE CONGRESS HAS BEEN ORGANIZED. Its work has been recast. Its officers have been appointed, and, we are told, are industriously engaged in preparing for the duties assigned them.

They express themselves through all their accredited organs as fully able and wholly determined to make the Congress of 1887 worthy of the country and of the beneficent purposes for which it assembles.

Such as hold other and different opinions, such as have declined to accept place under the new administration, are directed to hold their mouths and—wait. And wait they surely will. It is their only rôle. They have no other alternative. They did not keep step to the music of the revolution, and are not in the procession. Their work was rejected, and they were given their *congé* at New Orleans. The Association appointed in their stead men whom it was believed more correctly understood the sentiments and would more thoroughly execute the wishes of the profession as represented in that organization. The destinies of the next Congress rest in the hands of these new officers.

And yet neither they nor their allies of the press seem to be at ease. Indeed, if we are to judge by the utterances of the latter, there is not only anxiety in their camp, but much genuine alarm. They fill the air with assurances of success, but invariably couple them with pleas for peace. They promise that the meeting of the Congress shall be both large and representative; but in the same breath

foretell dreadful things to happen in St. Louis, and exhort the faithful to come to the rescue, and declare that not only the fortunes of the Congress, but the life of the Association itself, hang on what shall be done in May. Cyclones, with the rebel yell thrown in, are predicted unless every delegate carries to the Association peace in his heart and an olive branch in his hand. Why is all this? Who is going to start the cyclone? At what point in the performances will the yell be brought in? The Congress is organized. Who shall attempt to disorganize it? Will there be any one at St. Louis who does not wish the Congress well? We were an appointee of the original committee, and declined for reasons to take office under the new, but shall this in any wise affect our desire to see the Congress composed of truly representative men from both sides of the Atlantic? It may strike us at times that assurances are uncommon cheap parts of speech, but shall this prevent our wishing that those given by the Association Journal shall all be made good? The least informed of us must be aware that no difficulty will be experienced in making the Washington meeting large, for the profession of the United States alone would do that.

The work of making it representative is another and far more difficult undertaking, for this hinges solely upon the reputation of its delegates; upon who they are, upon what they have done. A regiment of raw recruits would not count so much as a company of veterans. A Congress might number but a hundred members, and yet be representative of all that was best in medicine. A Congress numbering a thousand members might not be representative of so much. Both are possibilities. In all forecasts of the Congress it should be remembered that size alone implies neither dignity nor success.

For our part we look for none of the dire calamities which the organs of the new committee foretell are to occur at St. Louis. We anticipate no war. The questions which might have led to war have been removed from the jurisdiction of the Association. They can not now be subjected to the arbitrament of the sword. Yet we are not of those who believe



that peace is the only desirable thing in this world. We were traveling once with Gen. Grant. Our route lay through a territory which had been much scarred by the war. A companion who had borne no part in the struggle, pointed to the charred remains of what were once beautiful homes, and said, "General, war is a dreadful thing." "Yes," replied General Grant, "but there are dreadfuller things than war."

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### "HARD TIMES AND DOCTORS."

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Our able cotemporary, the Indiana Medical Journal, states that there is one doctor to each three hundred and fifty inhabitants in Indiana, and adds, that if he be not in error, this is the average the country over. He then asks us "to be kind enough to tell just what the proportion should be of doctors to inhabitants in order that the public may be made perfectly happy?" We hasten to refer him to the public itself for answer. Our cotemporary asserts that the "demand" for doctors "surely does not come from the public," which leads us, by his permission, to ask from whence then does it come? "If I am not the countess, then who am I?" If the public doesn't demand them, who does? If it doesn't want them, why is it continually urging the raw material forward to the factories to be made up into doctors?

But we will not vex our kindly cotemporary with knotty questions. We will cheerfully obey his injunction to "cease this silly talk about there not being too many doctors, and qualify the statement as he directs us to do, by saying "there are not too many *well educated doctors*;" for that indeed is a truthful saying.

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"The country doctors," continues our appreciative cotemporary of Indianapolis, "like the rest of us, have improved with the times; they study and trust nature; they conquer by submission and patience. With the whole profession, they are also better read, are more enlightened and have better appliances than fifty years ago, and of all physicians they excel in charity."

"Gideon Gray, in Scott's story of the 'Sur-

geon's Daughter,' is a faithful type of this sturdy, warm-hearted, useful class of men, under whose rough clothes and blunt exterior you find professional skill and enthusiasm, intelligence, humanity, courage and science. They deserve well of the people, and live in their heart of hearts.

"The picture drawn of the country doctor by Mr. McMaster, in the first volume of his history of the United States has point here. It is the old-time story of the good doctor who triumphs over an adverse environment, and becomes with the growing years one of the staunch pillars of his community:

"His apprenticeship ended, the half-educated youth returns to his native place, to assume the practice, and to follow in the footsteps of his father. There, as years went by, he grew in popularity and wealth. His genial face, his engaging manners, his hearty laugh, the twinkle with which he inquires of the blacksmith when the next boy was expected, the sincerity with which he asked after the health of the carpenter's daughter, the interest he took in the family of the poorest laborer, the good-nature with which he stopped to chat with the farm-hands about the prospects of the corn crop and the turnip crop, made him the favorite for miles around. When he rode he knew the names and personal history of the occupants of every house he passed. The farmer lads pulled off their hats and the girls dropped courtesies to him. Sunshine and rain, daylight and darkness were alike to him. He was present at every birth; he attended every burial; he sat with the minister at every death-bed, and put his name with the lawyer to every will.

"Like Abou Ben-Adhem, may his tribe increase, and continue to grow in the greatness and charity of the medical profession."

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### THE CONVEYANCE OF CHOLERA.

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British physicians, and especially those who have had experience with the disease in India, seem to be united in the belief that cholera does not spread through the instrumentality of human intercourse. To use the expression of one eminent authority, they regard cholera as "earth-born and air-borne." When we take into consideration, however, the multitude of facts showing the movement of cholera along

lines of travel, it is scarcely possible to doubt that human agency has something to do with the matter of its spreading. That cholera springs from some kind of a germ no one doubts, and it is also a settled fact that the germ may multiply outside of the human organism, and possibly there only. Under the latter view the germs must be in the soil, air, water, or fomites, all of which can be transported, and, of course, the germs with them. Are we to suppose then, that as soon as human hands engage in the transportation of these substances, the germs at once perish? It may be admitted that they do perish, whether conveyed by human or other agency, provided atmospheric or telluric conditions do not favor their development in new locations; but grant a favorable state of surroundings, and there is no good reason to believe that cholera germs may not be conveyed into new territory by human agencies, to multiply there and set up the disease.

It is doubtless true, that there are many instances wherein the most active human agencies, and apparently the most favorable for spreading the disease, fail to influence the result in the least; and in many other cases the spread of the germs by the air assumes such proportions that the cessation of human intercourse gives no check to its spread, and thus cordons, where land is continuous, may be rendered useless; but that the germs are carried across intervening oceans in any such way is a notion little less than preposterous.

In respect of dissemination, there is something curious in the resemblances in behavior of the germs of cholera and the locust or migratory grasshopper. Grasshoppers, every ten or twelve years, will suddenly attain a degree of vitality that enables them to multiply many thousand fold more than in other years, and to travel over thousands of miles of territory. Their routes are chosen and maintained in spite of all opposition. If the winds begin to blow in a direction opposed to that in which they are moving, they will immediately light and wait for favoring winds. Yet their routes seem to be chosen with a blindness as absolute as that exhibited by the cholera germs, for the former are as apt to travel into the desert or

into the sea, to perish by the million, as in the direction of green pastures.

Under these questions there yet remain hidden many recondite principles; but whoever would, in the light of known facts, pretend that cholera may not be spread by human agency should devote his talents to some of the questions which are to be decided rather by circumstances and interest than by facts and reason.

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## Notes and Queries.

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THE AMERICAN MEDICAL ASSOCIATION.—The organization of the next meeting of the American Medical Association, to be held in St. Louis, Mo., on May 4th, 5th, 6th, and 7th, is announced as follows:

Practice of Medicine, Materia Medica, and Physiology: Dr. J. T. Whittaker, Cincinnati, O., Chairman; Dr. B. L. Coleman, Lexington, Ky., Secretary.

Obstetrics and Diseases of Women and Children: Dr. S. C. Gordon, Portland, Me., Chairman; Dr. J. F. Y. Paine, Galveston, Texas, Secretary.

Surgery and Anatomy: Dr. Nicholas Senn, Milwaukee, Wis., Chairman; Dr. H. H. Mudd, St. Louis, Mo., Secretary.

State Medicine: Dr. John H. Rauch, Springfield, Ill., Chairman; Dr. F. E. Daniel, Austin, Texas, Secretary.

Ophthalmology, Otology, Laryngology: Dr. Eugene Smith, Detroit, Mich., Chairman; Dr. J. F. Fulton, St. Paul, Minn., Secretary.

Diseases of Children: Dr. W. D. Haggard, Nashville, Tenn., Chairman; Dr. W. B. Lawrence, Batesville, Ark., Secretary.

Aural and Dental Surgery: Dr. John S. Marshall, Chicago, Ill., Chairman; Dr. A. E. Baldwin, Chicago, Ill., Secretary.

"A member desiring to read a paper before a Section should forward the paper, or its *title and length* (not to exceed twenty minutes in reading), to the chairman of the Committee of Arrangements at least one month before the meeting."—*By-Laws*.

Committee of Arrangements: Dr. Legrand Atwood, St. Louis, Mo., Chairman.

The railroads already announce reduced rates



of fare to St. Louis for all delegates to the American Medical Association. The arrangements which are being made by the profession in St. Louis for the entertainment of delegates are extensive and very hospitable.

**ALUMNI ASSOCIATION.**—A meeting of the Alumni Association of the University of Louisville was held in the college building on the evening of March 2d.

After the reading and approval of the minutes of the previous meeting, officers for the ensuing year were elected as follows:

President, P. G. Trunnell, M. D., class of 1871; Vice-Presidents, W. T. Leachman, M. D., class of 1857, A. Neat, M. D., class of 1855, George Pope, M. D., class of 1883, Ewing Marshall, M. D., class of 1884, A. V. Griswold, M. D., class of 1886; Secretary and Treasurer, D. L. Washburne, M. D., class of 1883.

In view of the fact that next year will be the fiftieth anniversary of the University, special committees were appointed to arrange for a celebration which shall be worthy of the occasion.

The next meeting will be held in Louisville on the evening preceding the commencement exercises of the college.

**GASPAR GRISWOLD, M.D., M. R. C. S.**—This popular and accomplished young physician died in New York City, of peritonitis, on Thursday, the 4th instant. He was born in New York in 1857, and was graduated from Columbia College in 1876. He received his medical degree from Bellevue Hospital Medical College in 1878. He spent the summer of 1883 in London, where he won the degree of M. R. C. S. For several years he has been demonstrator of anatomy in Bellevue Hospital Medical College, and a member of the editorial staff of the New York Medical Journal.

He was a tireless student and an acute and original thinker. His contributions to medical science were remarkable for one of his years, and gave promise of a brilliant and useful career.

**AN ASSOCIATION OF PHYSICIANS AND PATHOLOGISTS** has recently been organized for the

benefit of those members of the profession who are specialists in general medicine and pathology. The membership of this Association is limited to one hundred. It is proposed to hold its annual meetings in the month of June, in the city of Washington. A committee, consisting of Drs. Francis Minot, of Boston; W. H. Draper, of New York City; Wm. Pepper, of Philadelphia; R. P. Howard, of Montreal; A. Loomis, of New York City; W. H. Welch, of Baltimore; F. Delafield, of New York City, and Jas. Tyson, of Philadelphia, has been appointed to notify those gentlemen who were selected as original members of the Association. The Association bids fair to be one of the most useful of the National special organizations working in the interest of scientific progress.—*Maryland Medical Journal.*

**UNIVERSITY OF LOUISVILLE.**—The commencement exercises of the Medical Department of the University of Louisville were held in Macauley's Theater, on the afternoon of Tuesday, March 2d. A prayer was offered by the Rev. T. T. Eaton, D. D., and the list of graduates was read by the Dean, Professor J. M. Bodine, as follows:

Adkins, R. B., Tenn.	Kellis, S. D., Miss.
Barber, J. P., Ky.	Lagle, L., Ind.
Boyd, J. R., Ky.	Longino, S. B., Tex.
Black, R. H., Ky.	Leaveall, B. F., Miss.
Booker, J. J., Ky.	Le Coq, A. A., N. Y.
Ball, J. L., Tex.	Mott, J. W., Tenn.
Bradley, J. I., Tenn.	Meriwether, F. T., Ky.
Cullop, S., Ind.	Madry, A. H., Tenn.
Clarke, W. S., Ky.	Marshburn, W. V., Tex.
Clarke, C. F., Ohio.	Milliken, W. B., Ky.
Curd, W., Ky.	Murray, J. W., Ky.
Carpenter, E. L., Ky.	Miller, W. B., Ala.
Davenport, H. L., Ky.	Mitchell, J. J., Ind.
Dougherty, T. S., Ky.	Moore, S. O., Tex.
Dial, H. C., Tex.	McKnight, W. B., Tex.
DuPuy, A. D., Tex.	Neely, W. H., Tenn.
Davis, W. L., Ga.	Oldham, J. P., Ky.
Duncan, J. J., Ala.	Owings, T. B., Ind.
Duncan, R. F., Ky.	Osterlony, W. G., Ky.
Ellis, P. V., Ky.	Payton, D. C., Ind.
Elliott, A. B., Ky.	Pearce, E. L., Ky.
Freeman, A. B., Ky.	Roquemore, A. J., Tex.
French, Mullen E., Ire.	Russell, T. E., Ky.
Foss, S. S., Ky.	Roberts, C. D., Tex.
Fuller, E. L., Ky.	Richart, G. A., Ky.
Farber, G. W., N. Y.	Ruby, F. W., Ky.
Gosnell, T. E., Ky.	Southard, J. D., Ark.

Griswold, A. V., Ky.	Snyder, J. F., Mo.
Gilbert, E. E., Ky.	Steely, R. B., Tenn.
Hampton, D. A., N. C.	Sanderson, J. N., Tex.
Hord, W. H., Ky.	Shepherd, J. E., N. C.
Hoskins, J. M., Ky.	Smith, C. B., Ky.
Haydon, R. H., Ky.	Somervell, W. T., Tenn.
Hudson, N. S., Ills.	Turner, J. W., Ky.
Horn, J. H., Tex.	Turner, R. A., S. C.
Jones, R., Ala.	Vaughan, W. M., Tex.
Johnson, W. A., Ga.	Wrather, J. R., Ky.
Johnson, G. A., Tex.	Williamson, W. T., Ky.
King, G. T., Tex.	Worsham, B. M., Tex.
King, S., Ark.	Wesley, J., Ky.

Yandell, J. M., Ark.

The Hon. J. S. Pirtle, President of the Board of Trustees, conferred the degrees and presented the diplomas and prizes with fitting remarks. At the conclusion of this exercise, Judge Pirtle took leave of the young doctors in a graceful and well-timed address.

*The Roll of Honor.* Each of the following named gentlemen was accorded a place upon the "Roll of Honor," and presented with a certificate in testimony of his having won the distinction of high class standing after a rigid examination in all departments of the college curriculum:

J. P. Barber,	B. M. Worsham,
T. E. Gosnell,	J. P. Oldham,
J. H. Horn,	W. T. Somervell,
A. V. Griswold,	S. B. Longino,
A. D. Du Puy,	Luther Lagle.

*Prizes.* The Faculty's prize, the Yandell gold medal, for the highest class standing, was duplicated and awarded to John P. Barber and Thos. E. Gosnell, each of these gentlemen having scored the same figure in the special examination ordered for the contestants. The second prize, a gold medal, was won by John H. Horn, and the third, also a gold medal, by Alexander V. Griswold.

*Under-Graduate's Contest.* To C. F. C. Hancock was awarded the first prize, a pocket case of instruments, offered by Arthur Peter & Co., druggists, of Louisville; to John L. Dodge was awarded the second prize, a copy of Gross's Surgery, offered by John P. Morton & Co., publishers; and to D. C. Morton, the third, a pocket case of instruments, offered by Adolph Fischer, of Louisville.

The class valedictory was delivered by Rob-

ert H. Haydon, M. D., of Kentucky, and the faculty valedictory by Prof. H. A. Cottell.

W. T. Owen, M. D., class of 1849, delivered the alumni address. The speaker passed in rapid review the leading events of the history of the University, and presented his hearers with felicitous sketches of the characters of the great men who, in past generations, taught in her halls, to the renown of the school and the substantial good of medicine.

**KENTUCKY STATE MEDICAL SOCIETY.**—The thirty-first annual session will be held at Winchester, June 23, 24, and 25, 1886. The attention of members is invited to this meeting. This early announcement of the session is made in order that members contemplating the preparation of papers may begin doing so now. Voluntary papers are particularly solicited. The programme will be issued promptly on June 1st. Members are respectfully urged to notify the secretary at once of papers in preparation, giving title. The Committee of Arrangements is actively engaged and will spare no effort to make the meeting successful scientifically and pleasant socially. Steele Bailey, M. D., Permanent Secretary.

**A MISTAKE.**—In our issue of March 6th, the price of trypsin, the valuable digestive ferment recently introduced to the profession by Fairchild, Brothers & Foster, of New York, was by mistake quoted at eight dollars per ounce. Four dollars per ounce is the manufacturer's price, and in view of the fact that trypsin acts with energy in small quantities, its cost need be no hindrance to its immediate and extensive use by the profession at large.

**THE PUSTULOUS ECZEMA** appearing on the head, face, and eyelids, which so often leads to irreparable injury to the conjunctiva and cornea, is treated by Burkhardt, in the Berlin Charité, in the following manner: After a careful softening of the part, and dissolving of the crusts, the part is brushed with a three-per-cent solution of nitrate of silver. This application is made at first daily, later only every second day, until healing sets in. Im-



mediately after cauterization the application of the following ointment materially assists the healing process: Flor. zinci, two parts; olei d., one part; vasel., ten parts.

Burkhardt's treatment has proved a success in a very large number of cases.

A papilloma of the upper surface of the tongue, of the size of a three-cent piece, appearing in a young child, was treated by Dr. Schwecten, in the Charité, by the solid silver stick and immediate application of a saturated chloride-of-sodium solution. This simple procedure was so successful that the tumor disappeared wholly in about a week's time.

**MEDICAL SOCIETY OF THE STATE OF TENNESSEE.**—The fifty-third annual meeting of this society will be held in Memphis, commencing Tuesday, April 6, 1886. Volunteer papers will be expected from the members. Dr. J. D. Saunders, of Memphis, is chairman of the Committee of Arrangements, and all communications in regard to the meeting should be addressed to him. Members who can not attend the meeting can retain their membership and receive a copy of the transactions by forwarding \$1.00 to the treasurer. President, Jos. L. Maddin, M. D., Nashville; Vice-presidents, S. T. Hardison, M. D., Lewisburg, J. E. Black, M. D., Memphis, G. W. Drake, M. D., Chattanooga; Treasurer, Deering J. Roberts, M. D., Nashville; Secretary, C. C. Hite, M. D., East Tennessee Hospital for Insane, near Knoxville.

**FRENCH SURGICAL CONGRESS.**—The second session of the French Surgical Congress will be held in Paris from the 18th to the 24th of October, in the present year. The opening meeting will take place in the large theater of the Ecole de Médecine.

**SYPHILIS IGNORANS.**—Dr. H. Blanc, of Cannes, France, reports, in the British Medical Journal, two cases in which the patients, a man and a woman, aged respectively fifty and sixty-six years, developed gummous tumors without previous ascertainable history of either primary or secondary syphilis. The man was the father of several children (the youngest a babe), all

living and in perfect health. The woman was the mother of a son, aged forty, who had never shown a symptom of syphilis. Under mercury, iodoform, and iodide of potassium, both cases were cured.

**HOW TO TREAT WORMS.**—Dr. A. H. Boys (British Medical Journal) believes that "worm fever" is more often fatal than is commonly thought. He confesses to having recently lost one or two cases so affected, and reports one (not fatal), a girl of thirteen years, who passed in one day, after treatment by santonin, twenty round worms by mouth and thirty by rectum, worms continuing to escape daily for a week longer. Noting that in some cases the worms fail to come away, even after four or five doses of santonin have been taken, he recommends the following as an unfailing treatment:

Prepare six powders, each containing, according to the patient's age, from three to five grains of santonin, and one fourth of a grain of calomel. The two first are to be taken twelve hours apart, and the rest, one every twenty-four hours. About four hours after the taking of the last powder, give a dose of castor oil.

**OLD FOLKS.**—During the last quarter of last year nine centenarians died in Ireland. Of these, three died at 100; one at 101; two at 104; and one at 105 years.

**PILOCARPINE IN FISH-POISONING.**—Dr. Danilevsky, of Jelezovodsk (*Vratch*; British Medical Journal), reports a case of poisoning by salt sturgeon treated and cured by pilocarpine. The patient suffered alarming prostration, with almost total suppression of all the secretions. On the fifth day, when death seemed inevitable, pilocarpine was tried, with prompt relief of the more distressing symptoms. The patient continued weak for ten or twelve days, but made a good recovery. The drug was given in quantity of one fourth of a grain daily until free salivation was induced, and the quantity of urine had reached the normal mark.

**MYSTERY OF MANNER.**—The personal equation which differentiates two observers is not confined to the tower of the astronomer. Every

human being is individualized by a new arrangement of elements. His mind is a safe, with a lock to which only certain letters are the key. His ideas follow in an order of their own. We may not be able to assign the reason of the fascination which Emerson exercises over us. There is a charm in his poems which can not be defined any more than the fragrance of a rose or a hyacinth; any more than the tone of a voice which we should know from all others if all mankind were to pass before us and each of its articulating representatives should call us by name. He unites a royal dignity of manner with the primitive simplicity of primitive nature; his words and phrases arrange themselves as if by an electric affinity of their own, with a *curiosa felicitas* which captivates and enthralls the reader who comes fully under its influence. He throws his royal robe over a milking stool, and it becomes a throne. Such delicacy of treatment, breadth, and force of effect is hard to match any where, and we know him by his style at sight. It is as when the slight fingers of a girl touch the keys of some mighty, many-voiced organ and send its thunders rolling along the aisles and startling the stained windows of a great cathedral.

O. W. HOLMES.

IN MEMORIAM.—A scholarship has been established in the University of London in honor of Miss Francis Helen Prideaux, a bachelor of medicine in this institution, who died of diphtheria on the eve of presenting herself for the final M. D. degree. Sir William Gull, who presided at the meeting of officers having the matter in charge, paid warm tribute to the memory of Miss Prideaux, and magnified the offices and attainments of the lady doctors.

THE invention of a cotton-picker means as much to the South as did the invention of the mowing machine to the North and West. H. N. Starnes, in *Southern Bivouac* (April), describes at length the latest claimant to this honor, which he judges to be successful.

NOT MAD.—It is stated by the New York Medical Journal that the Newark dogs that were bitten by the dog that bit the children

that were sent to M. Pasteur are reported to be in good health. The probability is that the dog which bit these children was not rabid, and hence their visit to M. Pasteur was uncalled for and the result non-conclusive.

THE LETTER OF THE LAW.—Board of Health Officer: Mrs. McGinnis, I told you last month that the keeping of that pig up here was a nuisance, and that it would have to be abated.

Mrs. McG.: An' shure Oi've obeyed yer instructions intirely. Oi've been a-batin' the poor baste with a club ever since th' occasion of your last visit.—*Puck*.

HEMOPTYSIS IN ACUTE PNEUMONIA.—Dr. Samuel West (British Medical Journal) reports a case of pneumonia, admitted to the Royal Free Hospital, Oct. 11, 1885, in which hemoptysis was a prominent symptom, several ounces of bright-colored blood being expectorated daily during the earlier course of the case. The patient died. The necropsy showed, beyond the pneumonia, no lesion sufficient to account for the hemorrhage.

GERMAN PHYSICIANS.—The Medical Record says that although the number of physicians in Germany averages 1 to 3,025 inhabitants, their distribution is very uneven. The cities and watering places are especially well supplied. In Bonn there is 1 doctor to 440 inhabitants, in Wiesbaden 1 to 558, in Berlin 1 to 1,063.

TWINS WITH PLACENTA PREVIA.—Dr. C. J. S. Digges reports, in the London Lancet, Feb. 20th, a parturition, in which there were placenta previa and two infants. The result was better than is commonly obtained in single pregnancies with this serious complication. Both infants survived, and the mother lived for twenty-four hours after the delivery.

SCENE: M. Pasteur's studio. Enter a returned Tonquin expeditionist, who remarks: "I would like to be inoculated against the hydrophobia." M. Pasteur: "When were you bitten?" Expeditionist: "Well, I was not exactly bitten, but I entertain suspicions about one of the dogs which I ate."



**SURGERY EXTRAORDINARY.**—On Monday, February 1st, at the London Hospital, Mr. Frederick Treves removed from a woman, aged thirty-five, the left kidney, together with both ovaries—the kidney for hydronephrosis, the ovaries for multilocular cystomata. The patient, it is said, is doing remarkably well.

**A NEW MATERNITY HOSPITAL.**—Mrs. Wm. D. Sloane, a daughter of the late Mr. Vanderbilt, is, with her husband's help, to erect and permanently endow a large and fully equipped free maternity hospital in connection with the College of Physicians and Surgeons of New York City.

**TWELVE TAPE-WORMS.**—Dr. Gurfinkel, in the *Vratch*, writes that a patient under his care, in 1885, discharged two hundred and thirty-eight feet of tenia, and that twelve distinct heads were found in the mass. The anthelmintic used was a decoction of pomegranate root.

**NEW LOCAL ANESTHETIC.**—A crystalline substance has been obtained in minute quantities from the rind of pomegranates, which when placed on the tongue, or other portions of the mucous membrane, paralyzes local sensation, after the manner of cocaine.

**HYDROPHOBIA.**—Pasteur's star is in the ascendant. Some wards in the military hospital, Val-de-Grace, have been prepared for the reception of persons bitten by mad dogs, and Madame Dagnan has bequeathed six thousand francs for the benefit of M. Pasteur's patients.

The April *Bivouac* has the first of two illustrated articles on the Virginia Cavaliers, by Miss K. M. Rowland, of Baltimore. The illustrations are portraits from a number of old photographs, and are unusually interesting.

**INOCULATION FOR THE PREVENTION OF DIPHTHERIA.**—The statement is cabled from Paris that Pasteur believes he can prevent or cure diphtheria by a process of inoculation.

M. PASTEUR has been knighted with the "Grand Cross of the North Star" order by His Majesty, King Oscar, of Sweden.

**STIMULANT FOR THE BEARD.**—A correspondent asks that we will give a recipe for a mixture to promote the growth of hair on the face. The following is probably as good as any of the advertised preparations: Eau de cologne, 2 ounces; aqua ammonia, 1 dram; tincture of cantharides, 2 drams; oil of rosemary, 12 drops. Apply daily, and wait for results.—*Popular Science News*.

**M. D.-ESSES.**—The British Medical Journal says that lady doctors are becoming popular in Russia, their good services in the cities, the country, public institutions, and in the army, being heartily applauded by some of the Moscow journals.

**A THERAPEUTIC CHASE.**—Puck says that a wise St. Louis physician cured a case of alcoholism by prescribing opium. He then cured the opium habit by giving cocaine. Now he is searching for a cure for the cocaine habit.

**QUEEN VICTORIA** will personally officiate at the laying of the corner-stone of the new building to be erected on the Thames embankment by the College of Physicians and Surgeons, the appointed date being March 24th.

**COLLEGE OF PHYSICIANS AND SURGEONS, CHICAGO.**—The annual commencement of this school was held on the 23d of February. The doctorate was conferred upon seventy-one members of the senior class.

**THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF TENNESSEE** held its annual commencement in Nashville on February 26th, graduating a class of fifty-seven doctors and thirteen dentists.

**HONORS TO LATE GREAT FRENCH PHYSICIANS.**—A committee has been organized to collect funds for the erection of a monument to the memory of Bretonneau, Velpeau, and Trousseau.

**A NEW MEDICAL SCHOOL.**—On February 3, 1886, the new buildings of the St. Paul Medical School were formally dedicated.

GRIM JOKES.—Curran's physician remarked to him when he was on his death-bed that he seemed to cough with more difficulty. "That is surprising," returned the wit, "as I have been practicing all night." A local celebrity when on his death-bed, in this city, was informed that it had been decided to tap him for the ascites from which he suffered. "Then it's all over with me," he replied. "Nothing has ever lasted long in this house after being tapped."—*Medical Age*.

A NOTABLE OPERATION.—The London Medical Press announces that Mr. Wheeler, of the Dublin Hospital, has removed, for disease of the ankle-joint, the astragalus and os calcis entire, and the end of the tibia and fibula, leaving the anterior portion of the foot in a condition which promises to be very useful to the patient.

SPANISH RAGS.—British physicians do not believe in quarantine against cholera; but nevertheless the Local Government Board of Health, London, has issued an order prohibiting the importation of rags from Spain during the months of March and April.

OVATION TO LANGENBECK.—A banquet, attended by an enormous concourse of students and professors, was tendered to Professor von Langenbeck, in Bonn, in February.

EMERITUS PROFESSOR C. G. SANTESSON, of Stockholm, the famous Anatomist and Surgeon, died recently of paralysis of the heart, in his sixty-fifth year.

THE FIRST RUSSIAN MEDICAL CONGRESS was opened in St. Petersburg on January 7, 1886, under the presidency of Prof. Krassowski.

THE FIFTH GERMAN MEDICAL CONGRESS will be held at Wiesbaden, on April 14th-17th, under the presidency of Professor Leyden, of Berlin.

MR. J. COOPER FORSTER, M.B., ex-President of the Royal College of Surgeons, England, died in London on Tuesday, March 2d.

SEVEN DEATHS FROM FOOT-BALL have been recorded in the English journals during the past season. The last victim was a young man, twenty-five years of age, who was kicked in the stomach.

MR. CHRISTOPHER HEATH and Prof. Ray Lankester have been elected life-governors of University College, London.

DR. LOUIS BLACK, of Albany, has been appointed Secretary of the New York State Board of Health.

"THE WATSON OF THE UNITED STATES" is the title applied by the London Lancet to Dr. Austin Flint, sr.

#### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department United States Army, from March 7, 1886, to March 13, 1886:

*Robertson, R. L.*, First Lieutenant and Assistant Surgeon, granted leave of absence for one month. (Fort Ringgold, Texas.) (S. O. 29, Dept. Tex., March 8, 1886.)

*Maj. J. W. Williams*, Surgeon, ordered for duty as post surgeon, Vancouver Barracks, Washington Territory. *Capt. C. E. Munn*, Assistant Surgeon, ordered for duty as post surgeon, Fort Cœur d'Alene, Idaho Territory. *Capt. M. W. Wood*, Assistant Surgeon, ordered for duty as post surgeon, Fort Walla Walla, Washington Territory. (S. O. No. 31, Dp. Col., February 20, 1886.) *Maj. Wm. S. Tremaine*, Surgeon, leave of absence extended six months, on surgeon's certificate of disability. (S. O. 50, A. G. O., March 2, 1886.) *Maj. Henry McElderry*, Surgeon, U. S. Army, leave of absence extended one month. (S. O. 49, A. G. O., March 1, 1886.) *Capt. Wm. G. Spencer*, Assistant Surgeon, ordered for duty at Fort Yates, Dakota Territory. (S. O. 17, Dp. Dak., February 23, 1886.)

To be assistant surgeons, with the rank of captain, after five years' service, in accordance with the act of June 23, 1874: *Assistant Surgeon William H. Arthur*, February 18, 1886; *Assistant Surgeon Geo. E. Bushnell*, February 18, 1886; *Assistant Surgeon Henry P. Birmingham*, February 18, 1886; *Assistant Surgeon Marlborough C. Wyeth*, February 18, 1886. (Circular, A. G. O., March 1, 1886.)

OFFICIAL LIST of Changes in the Stations and Duties of Officers of the United States Marine Hospital Service for the three weeks ended March 13, 1886:

*Benson, J. A.*, Passed Assistant Surgeon, resignation accepted, to take effect April 6, 1886, and leave of absence granted until that time. March 10, 1886.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. I.  
NEW SERIES.]

LOUISVILLE, KY., APRIL 3, 1886.

No. 7.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

Erysipelas and Other Septic and Infectious Diseases Incident to Injuries and Surgical Operations Prevented by a Method of

### ATMOSPHERIC PURIFICATION.

(SECOND PRESENTATION.)

WITH AN ORIGINAL AND NEW WOOD-CUT, AND WITH A REPORT OF CASES OF LAPAROTOMY.

BY DAVID PRINCE, M. D.

This paper is made up with the conviction that it presents an advance in the art of avoiding some of the enemies of life. The skin and mucous membranes constitute a barrier to the entrance of floating material, acting as a poison when it gains access to the living solids and fluids. Some of these atmospheric agents are capable of entering by the lungs, without a previous breach of surface, and the presence or absence of these agents in the air, like the contagium of malarial fever, constitute an important element in the question of the healthfulness of a dwelling place. Other agents, like the contagium of erysipelas, may localize themselves in a habitation, so that the danger of infection continues a long time after the apparent cause has been removed.

Until within a few years, and before the observations with which the name of Joseph Lister is indissolubly associated, the infection inhering in the atmosphere of hospitals was a mystery. It eluded observation and investigation. It defied every attempt at removal by cleansing and the replacing of wall-paper and plastering; in short, every thing except the

complete destruction of the building itself. The difficulty in keeping hospitals free from infection led many to the conviction that they should always be built with reference to their being torn down after a temporary use. We now know that the prevention of such inhering infection in a building is the avoidance of the first case of disease, or such management of it by antiseptic agents as will limit the production of the contagium to the smallest possible quantity, and neutralize that which is unavoidably produced. By antiseptics and ventilation the problem as to house infection has been pretty well worked out.

The problem attempted to be solved in this paper is to secure in an apartment, for any convenient length of time, an atmosphere more pure than the out-door air, so that a room, or any number of them, may continue as long as the machinery is in operation to contain an atmosphere as pure as that of a mountain top.

The evidence is complete that erysipelas and some other septic infections are capable of being propagated by the products of a previous disease of the same kind.

The experimental evidence by inoculation may be illustrated by a quotation:

In the "Monograph on Micro-organisms and Disease," by Dr. E. Klein, p. 48 (McMillan & Co., 1884), Orth is quoted as having cultivated artificially the micrococci of erysipelas, and afterward reproduced the disease in rabbits by inoculation. Fehleisen found the micrococci only in the lymphatics of the affected parts, and those he cultivated artificially for fourteen generations (which it took two months to do) on peptonized meat extract, gelatine, and solid serum. The micrococci form a whitish film on the top of the nourishing material, and when inoculated into the ears of rabbits, a characteristic erysipelatous rash makes its ap-

pearance after from thirty-six to forty-eight hours, and spreads to the roots of the ears and further on to the head and neck. The animals do not, however, die from it. In the human subject he produced typical erysipelas after inoculation with the pure cultured micrococcus in from fifteen to sixty hours. These inoculations were made for the purpose of curing certain tumors, one of lupus, one of cancer, and one of sarcoma. Fehleisen also in several instances carried out a second inoculation successfully, within a few months. He found that a three-per-cent solution of carbolic acid and a one-per-cent solution of mercuric bichloride destroyed the vitality of these micrococci.

That the material is also capable of being transmitted through the air, and of fixing itself upon wounds or abraded places, is proved by the strongest possible circumstantial evidence. This being admitted, the problem of prevention resolves itself into that of *exclusion* of the matter from contact with the susceptible part, or of destroying it between the moment of contact and the time of its development into disease.

The spray of carbolic acid, as devised by Lister, acts probably not by destroying the septic microbes, nor by excluding them, but by rendering the conditions unfavorable for their development. The spray prevents the drying of the exposed wound surfaces; prevents the incipient changes which precede apparent decomposition, at the same time that the germs themselves are deprived of the surroundings most favorable for their development. In the meantime the germs are destroyed by the white blood corpuscles before they have developed the conditions of attack. The drip or douche of carbolic acid, or of mercuric bichloride, acts in the same way to wash away or to neutralize the activity of such germs as may fall upon an exposed surface.

While this may be said of ordinary septic germs, it is not so certain that pathogenic germs, like those of erysipelas, can be neutralized by the action of a spray or a douche, if they are once implanted upon the surface of the living tissue.

These methods are liable to failure in cases of wounds of irregular surfaces, on which it is

difficult or impossible to secure an adequate application to the whole surface of sufficient intensity and duration to destroy the invading virus. The exposure having been made, however, the chemical or the germicide agent is the only thing that can be relied upon to prevent the natural consequences of the exposure. The perpetual drip of a weak solution of carbolic acid (one-per-cent solution) has been proved to be capable of preventing the development of erysipelas, and of other putrefactive changes detrimental to the healing of wounds.

The perpetual bath, antiseptically medicated, is applicable to the feet and the fore-arms, and, by lying in the water, it is applicable to the whole body, except the upper part of the neck and the head. Some very satisfactory results have been obtained by this method.

It must be admitted, however, that many wounds do not admit of the prolonged application of this or of any other agent capable of neutralizing an infection whose natural development is that of erysipelas or of putrefaction. Among these are wounds of joints and of the peritoneal and the pleural cavities and the cavity in the eye containing the aqueous humor. The agents of infection once introduced, the practitioner is at great disadvantage in the treatment of the case.

Much may be done by drainage and the introduction of disinfecting liquids, but it is necessary that they shall be of feeble force, in order not to irritate the delicate surfaces, or not to poison the general system by absorption through the surfaces to which they are applied. It follows, from these considerations, that the prevention by disinfecting agents should be the least favored method, and to be employed where the prevention by exclusion is impossible or has been neglected.

The *exclusion* is of two kinds—the immediate and temporary, and the permanent: (1) the exclusion of those agents from the air which surrounds the patient at the time of an operation, by means capable of purifying the whole atmosphere of an apartment; and, (2) the permanent exclusion of an infected atmosphere by the mode of dressing.

This implies that while the atmosphere of a whole room may be made aseptic during the



time in which an operation may be performed, it may be too troublesome or too expensive to secure a perpetual purification of the apartment occupied by the patient during his recovery. It is implied that the exposed wound-surface may be effectually secluded from contamination by such a character of the dressings as to make it certain that the infection will be arrested or destroyed.

We have our subject classified by the nature of things; as,

1. Antiseptic applications during the progress of cure.
2. The arrest of the access of infection during the progress of cure by the character of the dressings first applied and allowed to remain.
3. The purification temporarily of the air of an apartment in which a surgical operation may be performed.

The plan of the first method is that of a perpetual irrigation, or perpetual bath.

#### EXAMPLES.

The following case has not hitherto been published:

March 2, 1882, William Claypool, aged fifteen, shot himself through the lower end of the fore-arm with a shotgun, destroying a portion of the radius, and comminuting the ulna. Sensibility was only retained in the little finger and the ulnar side of the ring finger. In consultation with Drs. J. P. Walker, of Mason City, and M. Hurst, of Stillwater, it was determined to postpone amputation until after a thorough trial of the perpetual drip of a weak solution of carbolic acid. A solution, made so as to be sweet without smarting the tongue, was applied every twenty minutes, night and day, until all dead material had separated from the living. The lacerated margins of the skin remained of the natural color, and no local or constitutional complication arose. At the late of August, 1885, more than three years after the injury, there is motion in all the fingers and sensation in all but the fore-finger, with surprisingly little deformity to follow such an extensive comminution and laceration.

The second plan is that of a dressing impervious to the floating objects in the air, and it includes the "Lister dressing."

It is found that it is of no advantage to have the dressing air-tight or water-tight, but that a material with fine meshes, like that of cotton, will answer the purpose. If the wound is exposed under a spray or douche, and aseptic cotton-wool, or other similar material, be applied and retained, the agents of septic changes can not enter as long as the material of the dressing is entirely dry. It is therefore convenient to have the cotton or other substance previously treated with a solution of mercuric bichloride or other antiseptic, the water being dried out before the use of the material for dressing. Otherwise the dressing, infiltrated with the exudations from the wound, becomes putrid, requiring its removal sooner than is necessary with a dressing capable of preserving from putrefaction any fluids that may get into it.

No better immediate application to a suture line can be thought of than castor oil holding ten per cent of carbolic acid. Over this the elastic cotton or other material may be applied. The oil should be classed as a dry dressing, because it does not absorb water nor mix with it. In this connection it may be mentioned that when it is desirable to maintain a fixed position by gypsum, mercuric bichloride may be dissolved in the water with which the plaster is mixed, in order that effusion or exudation from a wound may not be decomposed in the substance of the plaster.

The plan of the third class, is that of securing the freedom of a whole apartment from floating minute particulate material of all kinds during the time necessary for the performance of a surgical operation.

A paper on "Atmospheric Purification" was published in the St. Louis Medical and Surgical Journal for February, 1885. In that paper a general review of what is known of organic material floating in the air was given.

It is exceedingly probable that if the cavity of the peritoneum or any other closed cavity can be opened in an atmosphere free from floating material, and closed again after a short period, the conditions will be the same as though the work of removing a tumor, or other operation, had been done subcutaneously, so as to exclude the contact of air.

The continued purity of animal and vegetable liquids sterilized and placed in vessels closed by sterilized cotton, admitting free access of gases but sifting out particulate material, affords the strongest probability to the assumption that the septic changes, occurring in wounds and in closed cavities into which air has entered, would not occur if the air were free from such material as might be filtered out by passing through cotton or other material having fine meshes. Reasoning from the general facts here referred to, in relation to animal and vegetable fluids secluded from the floating material of the air, it becomes in the highest degree probable that the material of wounds would be equally exempt from change if exempt from the contact of this floating material, and that, if thus secluded, putrefactive changes would not occur. Wounds and injuries which are subcutaneous show an exemption from septic changes, though a great amount of vascular and nervous disturbance may arise from the injury.

The use of douches and irrigations is not for the purpose of purifying the air, but for washing away these minute particles, or rendering them inert by some influence upon them, thus rendering them less able to germinate, or, affecting the living surfaces, increasing their capability of resistance.

In the paper referred to there was a description, with a wood-cut, explanatory of a device for purifying the air surrounding a patient while undergoing a surgical operation. This description is repeated here, with a new cut representing the latest modifications of the plan.

The room has now been in operation one year, and though the number of operations involving the opening of the serous cavities is not sufficient for absolute proof, the probability is very strong that the complete exemption from any septic condition attributable to exposure at the time of operation, is owing to the purity of the air.

I visited several cities of Europe in the summer of 1884, and had it in mind to observe what provisions were made toward the end of exemption from septic changes incident to surgical operations. I saw several new rooms

with non-absorbable floors, walls, and ceilings, yet having doors opening into the halls of hospitals. There were provisions for non-absorption of any thing floating in the air of the apartment, but no provision for purifying the air.

At Hamburg, in connection with the female department of the general hospital, was a room just completed, having four outside walls, so that it was necessary to go through six feet of open air, to get from the hospital into it. There was evidence of great pains to secure the greatest possible degree of cleanliness, but there was no provision for a better air than the outside atmosphere of a large city. I came home resolved to do something better than the latest improvement in Hamburg.

The room to be described is the result of my reflection upon the subject; and experience has suggested so many modifications of the apparatus as to make a new cut necessary in order to give a correct idea of the present arrangement, which now seems to realize every necessity for cool or cold weather. For hot weather the current of air can not be secured by heat produced in the operating room above or in the room below, but must be obtained by a draft connected with a chimney operating as a *vis a fronte* (which is practicable in any hospital having a chimney which is in use in summer), or by a fan, operating as a *vis a tergo*, blowing air into the basement, which is to travel upward through the operating room.

Taking a hint from the observations recently made in Paris upon the effect of rainy weather upon the number of microbes floating in the atmosphere, it occurs to ask, whether or not it is practicable to subject the air entering an operating room to the influence of artificial showers in order to precipitate to the ground the whole or the greater part of these enemies of surgery.

They are known to be heavier than the air, because they entirely disappear from the air within a tight box which has been for several months in one position. This principle of rest is of no use to us, for the purification of the air of an operating room by this means is impracticable. The commotion of the air incident to the use of a room must dislodge the minute particles from the floors and walls, and



set them floating again in the air, besides permitting the entrance of common air from without.

The dry filtration by means of cotton or other substances to entangle and arrest the particulate material floating in the air is not practicable, on account of the rapidity necessary in the entrance and exit of the air in order to displace the agents entering from without during the progress of an operation, and those emanating from the occupants of the room. If, however, we can cause the air entering the room to pass through several showers of water, we have an expedient which may entangle these objects and carry them to the ground.

The following is a description of such a device:

1. *Basement.* On the floor at the right hand is seen a pot (3) for burning sulphur. It has under it a Bunsen burner; though for quick use, in order to purify the room before an operation, the sulphur is usually made inflammable by mixing alcohol with it. On the right hand, in the wall, is an entrance ventilator or window, before which a steam jet is made to play in order to infiltrate the entering air with very fine globules of water (2).

2. The air thus moistened passes in the direction of the arrows, under a curtain or diaphragm reaching within fifteen inches of the floor. Under this curtain lies an iron pipe with numerous small holes drilled in the upper side, furnishing streams of water which strike the underside of a plank fifteen inches wide, and fall back in a shower of drops. The upper side of the plank is the lower limit of the screen or curtain which divides this apartment from the next. It is thus necessary for all the moving air to pass through this artificial shower near to the floor and into the next room, warmed by the stove seen on the left hand of the diaphragm or screen (5).

3. The air thus warmed ascends to the ceiling, passing over the screen (6), and then descends near to the floor, and passing under the screen (7) ascends as it passes back and forth under the shelves dripping with water, and finally through the spray which supplies this water (8).

Thus there are three filtrations of the air, one by steam and two by water.

4. The air thus filtered three times, emerges through an opening in the floor and goes to the top of the operating room above.

5. *Operating-Room.* The exit ventilation is seen on the opposite, or right-hand side of the room, in the direction of the arrows. This is effected by a movable shaft or box, made by tacking muslin upon a frame, with a stove inside the inclosure, and the arrow shows the progress of the air next the floor, which has been longest in the room, in its progress toward the stove behind the screen, by the heat of which its escape upward and out of the room is hastened. Fig. 10 is upon the body of the screen, and Fig. 11 is upon the upper portion, which swings upon the ceiling so as to take a horizontal position and close the exit shaft when the apparatus described is not in operation. Fig. 13 shows the opening for the skylight. The arrangement thus far is to get an atmosphere more pure than that outside, and, through the frequent change of the air in the operating-room, to get rid, to the greatest possible degree, of the contamination of the air (during the progress of an operation) produced by the emanations from surgeons, assistants, spectators, and the patient himself. This change is secured by the entrance of filtered air from the basement, and the exit, from the floor of the operating-room, of the air which has been the longest in the room, having descended gradually from the ceiling where the air is hottest, after having entered from the warming-chamber below.

6. The floor of the operating-room is made of yellow pine, and filled with paraffine to as great a depth as heated smoothing irons can drive it. By this means, all cracks are filled so as to be non-absorbing. Under this, lies a layer of tarred paper upon a common floor upon the joists. Between the joists lies a layer of tarred paper upon the ceiling, the under side of which ceiling is painted, and lined with muslin while the paint is fresh. The muslin is again painted on the under side. The floor thus has seven layers, including the joists.

7. The operating-room is free from closets where any thing unclean can be hidden, and

all the wood-work of the room is either paraffined or painted.

8. There is no opening into any other room ; about six feet of space intervening between the door of entrance and the nearest wall of the main building.

9. Before the use of the room for an operation involving the opening of a joint or the peritoneal cavity, it is intended that the rooms above and below shall be fumigated by sulphur burning in the basement. This is to be done for the destruction of any floating material of an organic character which may have gained entrance while the room may have been out of use. Among the disinfectants, Dr. Miller, of Dundee, Scotland, in *The London Practitioner* for 1884, in an article upon contagion, considers sulphurous acid (from burning sulphur) the most valuable of all disinfectants. Its vapor destroys every microbe, whether zymotic, septic, or pathogenic. Its gas permeates every crack in the walls of a room, and its solution is easily applicable to the surfaces of solid bodies. Its only objectionable feature is the difficulty of using it in rooms while people are in them.

10. This building is the execution of a theory of combining the best known expedients for securing the best possible atmosphere for surgical operations, by excluding noxious agents and by destroying or expelling those which may have stolen in, or which may be introduced by the patients, or by the surgeon and his assistants and guests. It is supposed that enough air will enter and escape to change the whole volume of air once in fifteen minutes. The exit draft coming from the floor will carry away most of the floating material.

11. The employment of a spray or douche of carbolic acid of the strength of 4 to 100, or of mercuric bichloride of 1 to 10,000, or other antiseptics, locally applied, though less necessary than in an ordinary room, may yet be resorted to in order not to omit any useful precaution.

12. The employment of solutions of carbolic acid, mercuric bichloride or permanganate of potash with the nail-brush for cleaning the hands, should be supplemental to the fixed provisions against septic and pathogenic particulate infection.

13. The bathing of the instruments in carbolized water ; while this proceeding is incapable of disinfecting or destroying any germs which may adhere to them, may yet be useful in an antiseptic sense, that is, by destroying microbes in a developed state or freeing them from the supposed secretion by which they may be surrounded, and which may serve as their weapon of attack by which they digest or destroy the surfaces with which they come directly in contact.

14. A useful precaution on the part of the operator may be a bath, shaving the hair off the back of the hands and off the fore arms, and a change of clothing ; the hair and beard being dampened so that dust will not escape from them ; and yet another precaution may be the wearing of gowns which will oblige all dust escaping from the clothing of the operator and his assistants to fall to the floor whence it may escape with the draft which carries out the lowest stratum of the air.

The construction of an operating-room on the principles here explained in a hospital already built, without erecting a detached building, would require that two rooms should be taken, one above the other, and if the upper one can have a skylight it will be of great advantage. The lower room might be in the basement, with a shaft not less than three (3) feet in diameter extending to the upper room, which might be under the roof for the advantage of a skylight. All communications must be closed by brick and mortar, and an entrance opening made in the outer wall, the approach being secured by means of a platform on the outside of the building, so that it must be unavoidable to go into the open air for entrance and exit. The lower room should be equally shut off from communication with other rooms of the building.

#### TESTS OF THE PURITY OF THE AIR OF THE ROOM.

The first proceeding for a test, or for a use of the room for opening a joint or the peritoneal or the pleural cavity, is to burn a few ounces of sulphur in the basement. Afterward the steam is turned on, and the two sprays of water are set in operation.

The fire in the two stoves, one above and the



other below, produces the increased lightness of the air necessary to make it rise.

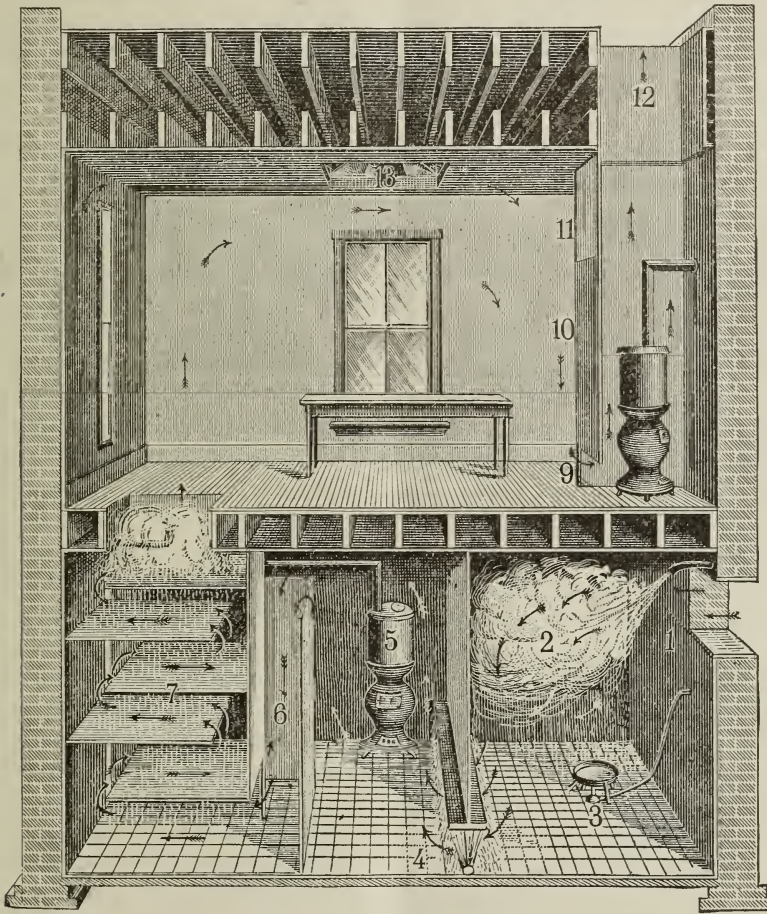
June 28, 1885, ten slices of freshly boiled potato were put upon small plates, covered with small tumblers and sealed with a mixture of wax and paraffine. The plates, the covers, and the knife with which the potato was cut, were made aseptic by boiling.

Ten sealed flasks of culture liquid, kept since the cold weather, were opened, permitting the entrance of air to equalize the density of the

inner and the outer air, kept open a few minutes, and sealed up again by melting the tips.

A bottle of culture liquid, kept since cold weather by a cotton seal, was opened five minutes and sealed again with the same kind of cotton stopper. Ten test-tubes containing culture liquid, and sealed with cotton since last winter, were opened five minutes, and the cotton stoppers replaced.

One of the ten potato slices showed mold in a very few days, and two more later; of



- Fig. 1. Window admitting outside air.
- Fig. 2. Steam for moistening all floating particles.
- Fig. 3. Sulphur pot, with Bunsen burner under it, for slow combustion. A more rapid combustion is secured by mixing alcohol with the sulphur.
- Fig. 4. Spray of water through which the air must pass in going to the next apartment.
- Fig. 5. Stove for heating the air which has been once washed.
- Fig. 6. Screen for forcing the air to pass from near the ceiling through the next washer.
- Fig. 7. Shelves of thin muslin through which water drips from the spray in the opening in the floor above.
- Fig. 9. Entrance of the air of the room into the draught heated to hasten the rapidity of the escape.
- Fig. 10. Stationary partition.
- Fig. 11. Movable portion hinged above, and taking a horizontal position under 12, to close the exit through the roof, when the room is used without running the ventilating system.
- Fig. 13. Sky-light.

An arrangement, not shown in the cut, secures a flow of warm moist air upon any part under operation. This air is washed by passing through a spray of water holding a solution of mercuric bichloride.

the latter one was yellow and the other brown. The remaining seven were free from change at the end of thirteen weeks. They all went into decomposition in four months, probably from the loosening of the wax and paraffine seal.

One of the flasks showed mold upon its surface in a few days, while the body of the liquid remained clear. The remaining nine of the flasks were clear at the end of four months. None of the test-tubes became subject to decomposition. The bottle of culture liquid (about 60 c. c. m.) did not go into decomposition.

August 16th. Seven weeks from the time of the preceding observation, the room was sulphurized and the motion of the air secured by a fan or Sturtevant blower run by a gas engine.

The ten test-tubes exposed seven weeks before were re-opened, and kept open for half an hour, and closed again in the same way without subsequent decomposition or mold.

Ten slices of potato were put up in the same manner as before.

Five slices of gelatine culture were prepared and put into test-tubes sealed with cotton. The gelatine placed upon the slides was made by taking of fish glue, 20 parts; sugar,  $1\frac{1}{2}$  parts; water,  $78\frac{1}{2}$  parts; making a total of 100 parts. All the five slides took on mold, which appears to be the *sacchromyces mycoderma*.

Five potato slices showed discoloration, and five remained unaltered at the end of the third week, but all went into decomposition in three months. The test-tubes, which had been re-opened and closed again, remained without alteration as noticed at the end of three months.

A speck of mold started upon the bottle containing the unused portion of gelatine, sealed with cotton, but this was sterilized by boiling, and remained without change as long as the cotton seal remained undisturbed.

It appears from these observations, that the spores of mold are the most difficult to eradicate, while they are the most innocent of all as to surgical considerations.

Several operations involving the opening of joints have been made in this room, without any septic or erysipelatous sequel, and the peritoneal cavity has, up to the time of writing, January 1st, been opened six times.

[TO BE CONTINUED.]

JACKSONVILLE, ILL.

## PUERPERAL ECLAMPSIA.\*

BY D. T. SMITH, M. D.

My remarks in the present paper will be mainly addressed to the treatment of that form of convulsions occurring in pregnant and parturient women, and which are probably due to the accumulation of urinary elements in the blood. The rationale of the convulsions of uremic poisoning in the lying-in woman has been for years, among obstetricians, a matter of profound study and earnest debate; but it is now generally conceded that urea or its products retained in the blood is the active cause. A few authorities find the difficulties of this explanation too great, and add to this supposed cause other elements of retrograde tissue metamorphosis, which should have been excreted by the kidneys. The recent discovery of peptones in the urine may serve to show us how materials other than urea (the retention of which might be highly injurious) may fail of excretion and so constitute the determining, if not the essential, cause of convulsions. For our purpose it is sufficient to claim that the *materies morbi* consists of some form of poison retained in the blood which should have been removed by the kidneys. This conceded, we are now brought into one of the most trying experiences of practice. An attack of puerperal convulsions presents us with a therapeutic problem of overwhelming difficulty. In the belief that they may throw some light upon the question, the following cases are reported:

My first case of puerperal convulsions was in the person of a multipara who had been habitually the subject of sick-headache. For some time before the attack the patient had been dropsical, and showed several symptoms of uremic poisoning, which, if met with at this day, would put me upon my guard. I was called, however, to treat the cerebral trouble, and at the time gave nothing beyond a few doses of bromide of potassium. The patient got no better, and told me that it was useless for her to take medicine, as she had tried every thing in previous attacks without the mitigation of any symptom. Marked cerebral vom-

\*Read before the Louisville Medical Society, February 25, 1886. For discussion see page 203.



ing developed in the case and continued for several hours, when she became alarmed and sent for a former family physician. He also gave bromide of potassium and withdrew. In a short time convulsions set in. The patient, as I was informed by her physician, was treated with chloroform, bromide and acetate of potash. The convulsions continued for eight days, when she gave birth to a child of about the same number of months, and shortly afterward died. I need not say that I found in this case a solemn and impressive lesson.

The next undoubted case I saw in company with Drs. William Lair and Joseph Greer, two competent and self-reliant physicians in the vicinity of Van Alstyne, Texas. This patient was a primipara and near the seventh month of pregnancy when I saw her. Chloroform had been freely used, and on consultation bleeding was resolved upon. Cyanosis was already so far advanced that not more than an ounce of blood could be made to flow from veins several times opened; edema was extreme, and in the interval between the rapidly recurring convulsions the patient was profoundly comatose. We then decided upon the induction of labor. Not the least dilatation of the os had taken place. A douche of hot water was used for a while, then a bougie was introduced, and lastly the fingers. At about 3 o'clock in the evening the forceps were applied and the child extracted.

It was, in the fullest sense, an *accouchement forcé*. I had made up my mind previously to resort freely to catharsis in my next case. But this patient was in so deep coma, when not in convulsions, from the time I saw her, at ten in the morning, until I left her, at six in the evening, that medication by mouth was out of the question. At 9 o'clock that night she died. In this I had had enough of delivery by force. Several times thereafter I had pregnant women under treatment for albuminuria, and, in each case, I gave the compound jalap powder in doses of one dram every two hours till catharsis followed, supplementing the treatment with large doses of bitartrate of potash until I considered the blood freed from all results of defective kidney action. She was then treated with alkaline diuretics until the danger seemed past.

The next case of puerperal convulsions which came under my care enabled me to avail myself of the lessons learned through this experience. Mrs. William Martin, living near Farmington, Texas, was delivered at 10 o'clock, on a December morning of 1877, and immediately went into convulsions. Dr. William Collins had charge of the case, and he at once summoned Dr. James F. Bristow, of Farmington, and myself. I saw the patient at 3 o'clock P. M. Drs. Collins and Bristow had given her chloroform by inhalation, and calomel with soda by mouth. They had tried three times to bleed her, but the blood would not flow. They had also given her an enema, but, as it was not retained, they did not repeat it. I made a test of the little urine drawn from the bladder, and found it under heat to be nearly solid with albumen. In the consultation I got permission to make the freest use of purgation.

The convulsions were recurring at intervals of a few minutes; cyanosis was deep and the pulse, now very rapid, at about 6 P. M. became imperceptible. Reflex sensibility remained for a time, and the patient would at first swallow liquid substances put into the mouth, but some of the liquid failed of deglutition and was spurted out on the return of the convulsions.

I continued the chloroform in moderate amount during convulsions, and gave enemata of soap-suds containing an ounce of table salt to the pint. When one of these would come away, another was at once administered.

Four drops of croton oil were given in one dose. Without weighing or measuring, we made, or tried to make, the patient swallow all the compound jalap powders which our three medicine cases contained, and, when this supply was exhausted, we procured and administered two ounces more of jalap powder and six or eight ounces of cream of tartar. How much of this medicine found lodgment in the patient's stomach can not be stated; a good deal of it was wasted, since some of the doses were given at times when the coma was too deep to admit of swallowing, the medicine being spurted out of the mouth during the ensuing convulsion; but she certainly retained a large quantity. Bleeding was essayed three times

more, three attempts having been previously made. The last effort was made by catching up the jugular during a convulsion, dissecting down to and opening the vein. Only a few drops of dark blood came away. It was now about 9 o'clock P. M. The patient became entirely pulseless, and life was evidenced barely by the faintest breathing and the stubborn, but still frequently recurring convulsions. We pronounced the case hopeless, and Dr. Bristow left for home; Dr. Collins was called away, and I, too, would have taken my departure, had the distance between me and home not been too great for me to think of facing the pelting sleet of a wet norther. So, with as little hope as I could have had of seeing the dead come to life, I awaited the issue. At about 1 o'clock I heard a noise in the patient's bed, resembling that made by the waters when they break in labor. The most profuse purging followed, whereupon the pulse became perceptible and continued rapidly and steadily to improve. By sunrise next morning the patient was smiling and talking with her friends. She recovered without an accident, except that the wound in the jugular remained for many weeks as an obstinate sore.

Now as to the sum total of elements in this result, I know that some cases may present worse features than this. There was here the ever favorable element of prognosis, the fact that convulsions came on after labor. The breathing had not the panting character that I have seen in fatal cases, nor was there the great elevation of temperature which constitutes the most unfavorable symptom of all, being, doubtless, the *ante-mortem* rise of the dying; but one will seldom meet a case apparently more hopeless.

Nor am I certain, in my own mind, as to the part each remedy took in the cure. But this is proven—the patient was rescued from a state beyond the reach of help by bleeding, and a remedy which can go further than bleeding in the restoration of such cases renders the latter unnecessary, except for reasons hereafter stated. In another case I should modify the treatment somewhat, and proceed as follows: First, I would give a hypodermic injection of from a third to a half a grain of morphine with atropia. I should use chloral by

enema, without being careful as to quantity or overhopeful as to its effects, for the large quantity of irritating enemata that I would not under any circumstances forego would probably prevent the absorption of this drug in any effective measure. Next, I would give, *per os* three or four drops of croton oil, and follow this with jalap in doses of one dram, Rochelle salts, five drams, and cream of tartar two drams, repeated every half hour, the stomach-pump being used to introduce it if the patient could not swallow; in every case supplementing the purgative medicines with large enemata of soap-suds with salt, and renewing them as often as they came away, until free purging occurred. I should not hesitate to bleed moderately to promote circulation and favor absorption. In cases which, from organic disease of the kidneys or from other cause, presented an albuminuria refractory to all other treatment, and in which it became evident that I should have convulsions to deal with as a complication of the coming labor, I would consider the induction of labor justifiable. But if I were forced to decide between the resort to *accouchement forcé* in the midst of convulsions (the os not dilated) on the one hand, and smothering the patient with a pillow, on the other, as the more felicitous means of securing a fatal result, I should consider myself charged with a most perplexing problem.

LOUISVILLE, KY.

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#### TUMORS (British Medical Journal):

Of tumors old, of tumors new,  
Of tumors many, tumors few,  
Or in the pons, or in the crura,  
Or in the pia, or the dura,  
Or in the left, or in the right,  
Or in the cleft, Rolando's height,  
Or in the nucleus caudatus,  
Or in the gyrus fornicatus;  
Of tumors some would call glioma,  
While others, dubious, hint sarcoma,  
Or, still more learnedly, psammoma;  
Of tumors where the patients show  
No symptoms while those tumors grow;  
Of others where they're almost crazy,  
And one or both their disks are hazy;  
Of tumors smooth, of tumors rough,  
Of tumors soft, of tumors tough,  
I rather think we've had enough.



## Societies.

### LOUISVILLE MEDICAL SOCIETY.

Stated Meeting, February 25, 1886, Dr. J. S. Clemens, President, in the chair.

#### DISCUSSION.

Dr. Bullock thinks the most important thing in the management of convulsions is prophylaxis. The urine should be tested weekly. If albumen be discovered and we resort to hydragogue cathartics, such as compound jalap powder, and put the patient on a milk diet, we will, for the most part at least, avoid convulsions.

Dr. O'Reilly has had small experience in puerperal convulsions—had two cases in the earlier part of his practice—one slight, which recovered without special treatment; the other not hypodermic morphia and also recovered. Where the urine is albuminous, he too thinks that much can be done in the way of prophylaxis if we only see the patient sufficiently early. Had recently seen a case with Dr. T., in which he was puzzled to determine the cause. The patient suddenly became blind and fell. Gave her atropine and morphine. She remained unconscious, with surface flushed and eyes rolled up. He thought the congestion due to the atropia.

No albumen was found in the urine. The face was puffed, but edema absent from lower extremities. On trying to straighten the flexed arm it was withdrawn, and he concluded that he might be dealing with a case of hysteria. The urine was small in quantity, dark and thick, and not what might be expected in hysteria. Pulse 90, temperature 102°. The pupils responded to light in a very limited degree. Water dashed into her face made her move her eyes, but she took no notice of a pin stuck into her nose. All support to the patient's body was now withdrawn, when she dropped like a rock, taking all chances of breaking her neck. She was then blindfolded, and a hot poker ordered with much ado. She did not try to remove the hoodwink when the poker was brought, nor did she make any resistance when it was passed over her foot and chest.

Dr. O'Reilly then put a pillow over her mouth, but as she seemed not averse to being

smothered it was removed. Not having electricity on hand, they resorted to pins. After she had been stuck four or five hundred times with pins, she began to cry out but refused to talk. They then told her they were satisfied of her good behavior, whereupon she jumped up and threatened to kick them out of the house. She had no more trouble.

Dr. Godfrey wished to speak of one item of treatment which had not been much talked of, viz., bleeding. He could not see what physicians intend to effect by venesection, and thinks bleeding in puerperal convulsions altogether unscientific. A woman has edema and anasarca. What has occurred, and what is occurring? Edema is the product of extra pressure. It is not exhalation, but pressure producing transudation through the walls of the blood-vessels. It may depend on other causes, but the main cause is, in many cases, certainly the simple mechanical pressure of the fetus on the vena cava and other vessels. The law of saline fluids is that transudation takes place from the lighter to the heavier; for the transudation of albumen, however, pressure must be invoked.

Is not the woman then already bleeding? Are not the constituents of the blood being driven out into the tissues? If this view is correct, to bleed is to add fuel to the fire, and he regarded the measure as wrong, whatever may be the cause of the condition.

The writer of the paper stated that the patient's blood would not flow. The reason was that too much of the fluid portions were already removed. Some women have a parenchymatous derangement of the kidneys, different from kidney diseases at other times and in other persons. This might be the condition during the eclamptic seizure, which no acuteness of diagnostic power could differentiate.

Dr. Anderson thinks Dr. Smith's revised treatment comes very near the mark. He especially commends the use of chloral, which he had expected Dr. Smith to leave off, as he had treated his cases without it. The management of cases, for the most part, consists in controlling the convulsions. Usually when we are called convulsions are already on. He has seen a fair number of cases, considering the

proportion in which they usually occur; that is about one in every thousand labors. In the last eight months has seen two cases. Before the introduction of hydrate of chloral his cases always died. In his first case, one to which he had been called as a matter of courtesy by a friend, large doses of bromides were given, together with chloroform. Convulsions had come on after the birth of the child, but the patient died. She had neither purging nor chloral.

A second case also proved fatal. Since he has resorted to free purging and chloral he has not seen a case end fatally. In the last two years he has treated four cases, all of which recovered. One of these came on at the commencement of labor, the patient being much bloated. The patient was purged freely, getting croton oil at first, and then chloral. The mother and child were both saved. He thinks that in chloral we have an agent that will control convulsions when they depend on the uremic toxemia. The principle of purge and grow fat is here well applied. Purge very actively with croton oil and compound jalap powder. Dr. A. relies upon this line of treatment exclusively. Chloral acts equally well in other convulsions. He saw a patient lately who had convulsions without any suspicion of albuminuria. Suggested examination for coagula, but none were found. She had had three doses of bromide of sodium. Ordered chloral in half-dram doses by enema, and after she got the second dose the convulsions ceased. Saw another case with a medical friend, which seemed to have been produced by an attempt to express the placenta by the Credé method. Chloral promptly controlled the convulsions. In still another case, where the convulsions seemed recurrent, and where the bromides had failed, chloral promptly arrested the convulsions. Dr. A. thinks the treatment set forth in the paper is the correct one.

Dr. Clemens agrees with the views of the essayist both as to preventive and curative measures. But, as a means of producing liquid evacuations, thinks elaterium admirable, as it can be given in small bulk, say in from one tenth to one fourth of a grain; would certainly give it for its prophylactic properties; doubts the propriety of using chloroform in

convulsions. Pilocarpine hypodermically acts favorably by producing prompt diaphoresis. We are sometimes led into error in our examinations of the urine; the albuminuria may depend on the convulsions. The New York Obstetrical Society has collected a number of such cases. We can not, therefore, always say, where albumen is present, that albuminuria is the cause of the eclampsia. There are other causes capable of producing eclampsia.

Dr. Taylor met with a number of cases before the introduction of chloral, and had used chloroform extensively. Has given it to one patient throughout sixteen hours whenever the convulsions came on. Has used chloroform in most cases, delivering with the forceps as soon as possible, if labor has not passed. Thinks chloroform quicker in its action than chloral.

Dr. von Donhoff wished to ask, What are the conditions that might suggest the occurrence of puerperal convulsions? And what can be done to prevent their outbreak? He thinks the causes may all be summed up in retained excretions. Thinks if we all exercised the ingenuity of Dr. O'Reilly many cases would turn out to be hysteria.

In many cases of uremia, or threatened puerperal convulsions, women may have a colliquative diarrhea, and vomiting of much fluid not swallowed. Saw a patient to-day whom he delivered nine years ago, and who then had convulsions. She has been confined three times since, and now has anasarca and hemicrania. There is no sign of parenchymatous kidney disease. When not pregnant the woman is robust and healthy. Dr. von Donhoff gives elaterium with extract of colocynthis as a prophylactic. Has tried to give chloroform, but it is not easy to do. Does not think it of use to give chloral by the rectum, as it will not be absorbed—not even water will be absorbed. Billroth has abandoned rectal alimentation, and prefers to feed through openings made into the duodenum when necessary. Dr. von Donhoff thinks the best treatment for these cases is that described by the essayist.

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SIR HENRY THOMPSON'S new novel, "All But: a Chronicle of Luxenford Life," will contain 21 miniature illustrations by the author.



## Reviews and Bibliography.

**A System of Practical Medicine by American Authors.** Edited by WILLIAM PEPPER, M.D., LL.D., Provost and Professor of the Theory and Practice of Medicine in the University of Pennsylvania, assisted by LOUIS STARR, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Volume III. Diseases of the Respiratory, Circulatory, and Hematopoietic Systems. 8vo., pp. 1032. Philadelphia: Lea Brothers & Co. 1885.

The third volume of this superb work has reached us, and a careful perusal has abundantly established the fact that it comes fully up to the high standard of excellence fixed by the two previous ones.

The following list of subjects and authors will show better than any commentary how exhaustively and ably the diseases embraced in the departments to which the volume is devoted have been treated:

Laryngoscopy and Rhinoscopy are treated by Carl Seiler, M.D.; Diseases of the Nasal Passages, by Harrison Allen, M.D.; Neuroses of the Larynx, by Hosmer A. Johnson, M.D., LL.D.; Acute Catarrhal Laryngitis (false or spasmodic croup) by Abraham Jacobi, M.D.; Diseases of the Larynx and Diseases of the Trachea, by Louis Elsberg, A.M., M.D.; Tracheotomy, by George M. Lefferts, A.M., M.D.; Diseases of the Bronchi, by N. S. Davis, M.D., LL.D.; Bronchial Asthma and Hay Asthma, by W. H. Geddings, M.D.; Dilatation of the Bronchial Tubes, Emphysema, Collapse of the Lungs, and Congestion and Edema of the Lungs, by Samuel C. Chew, M.D.; Hemoptysis, Abscess of the Lung, and Gangrene of the Lung, by Wm. Carson, M.D.; Croupous Pneumonia, by Alfred L. Loomis, M.D., LL.D.; Catarrhal Pneumonia, by William Pepper, M.D., LL.D.; Pulmonary Embolism, by Beverly Robinson, M.D.; Pulmonary Phthisis (fibroid phthisis, or chronic interstitial pneumonia) by Austin Flint, M.D.; Syphilitic Disease of the Lung, by Edward T. Bruen, M.D.; Pneumonokoniosis, Cancer of the Lungs, and Pulmonary Hydatids, by Edward T. Bruen, M.D.; Acute Miliary Tuber-

culosis, by John S. Lynch, M.D.; Diseases of the Pleura, by Frank Donaldson, M.D.; Diseases of the Substance of the Heart, by William Osler, M.D.; Endocarditis and Cardiac Valvular Disease, by Alfred L. Loomis, M.D., LL.D.; Cyanosis and Congenital Anomalies of the Heart and Great Vessels, by Morris Longstreth, M.D.; Cardiac Thrombosis, by Beverly Robinson, M.D.; Neuroses of the Heart, by Austin Flint, M.D.; Diseases of the Pericardium, by J. M. DaCosta, M.D., LL.D.; The Operative Treatment of Pericardial Effusions, by John B. Roberts, A.M., M.D.; Diseases of the Aorta, by G. M. Garland, M.D.; Disease of the Coronary, Mesenteric, and Hepatic Arteries, by Elbridge Cutler, M.D.; Diseases of the Veins and the Caisson Disease, by Andrew Heermance Smith, M.D.; Diseases of the Mediastinum, by Edward Bruen, M.D.; Disease of the Blood and Blood-glandular System, by Wm. Osler, M.D.; Diseases of the Spleen, by J. Edmondson Atkinson, M.D.; Diseases of the Thyroid Gland, by D. Hayes Agnew, M.D., LL.D.; Simple Lymphangitis, by Samuel C. Busey, M.D. Such an array of eminent names, each a master in the line of his particular theme, gives a guarantee of excellence that is fully justified by the performance. The "System" so far aptly meets the needs of the profession of America and the requirements of science.

D. T. S.

**Reference Hand-Book of the Medical Sciences,** embracing the entire range of Scientific and Practical Medicine and Allied Science, by various writers; illustrated by chromo-lithographs and wood engravings. Edited by ALBERT H. BUCK, M.D. Volume II. Royal 8vo, pp. 814. Leather. New York: William Wood & Co. 1886.

The second volume of this great work embraces such topics as range alphabetically from C A T to E Y E, and enlists the services of one hundred and four contributors. The high standard of excellence, as set forth in the first volume, is here fully sustained, and when the splendid array of contributors, as given in the prospectus, is noted, it need not be doubted that the coming volumes will be worthy successors of the two now completed. Among the noteworthy contributions to this volume are "Club

Foot" (18 pages), by A. Sidney Roberts and Frank Ketch; "Chancre" (15 pages), by Ed. B. Bronson; "Chest, Physical Examination of" (10 pages), by Lester Curtis; "Cerebral Cortex, the Functions of" (8 pages), by W. B. Scott, and "Cleft Palate" (5 pages), by A. Vander Veer. When it is borne in mind that the pages of this work are extra large and in double column, and that each contains by actual count as many words as are found upon three ordinary full octavo pages, the reader will see that to these important subjects sufficient space has been given to enable the authors to present them in a full and satisfactory manner.

The volume is liberally illustrated, with well executed wood-cuts which accompany almost every article, and six beautiful chromo-lithographic plates.

**An Atlas of Clinical Microscopy.** By ALEXANDER PEYER, M. D. Translated and edited by ALFRED C. GIRARD, M. D., Assistant Surgeon, U. S. A. First American, from the manuscript of the second German edition, with additions; 90 plates, with 105 illustrations, chromo-lithographs. 8vo, pp. of text, xiv, and 194. New York: D. Appleton & Co. 1885.

This publication of Prof. Peyer's admirable plates, with a correct translation of the text descriptive of them, can not fail to give interest and impetus to the study of clinical microscopy among American physicians. The work consists of nine chapters: I, considers the microscopic examination of the blood; II, of the mammary secretion; III, of the urine; IV, of the sputum; V, of intestinal contents; VI, of contents of stomach; VII, of fluid contents of various abdominal tumors; VIII, of the secretion of the female sexual organs; IX, various micro-organisms provoking disease. The plates are, with two or three exceptions, reproduced from the author's original drawings. They are very beautiful, and wonderfully true to nature. Of the topics considered, the microscopic appearances of urinary sediments receive by far the greater share of attention. Every form of urinary crystal (of spontaneous origin) is carefully figured; the renal and spermatic casts are represented with scrupulous regard to every detail, while the circumstances under which

spermatozooids appear in urinary sediments are set forth in a manner which makes it evident that the author holds spermatorrhea to be an affection of far more frequent occurrence and of much greater importance than our clinical authorities have been wont to allow. The author's treatment of the question of genito-urinary epithelia is very full, and certainly comforting to the practical microscopist, whose experience must ever be at variance with the positive statements of most writers relative to the diagnostic value of their morphological characters. Dr. Peyer admits that squamous bladder cells can only with great difficulty, if at all, be distinguished from vaginal epithelia, while it is doubtful if the cells of the prostate, the male urethra, and the kidney pelvis, can be differentiated, if studied apart from the clinical history of the case, or seen unaccompanied with derivatives which clearly indicate the locality from which they have come. Young epithelia, from the deeper layers of the bladder lining, may simulate so closely the character of speroidal renal cells as to baffle the most experienced observer.

The chapters which deal with clinical bacteriology, and the differentiation of ovarian from the fluids of other cysts and that of ascites, are not abreast with the latest teaching upon these topics.

**Practical Notes on the Treatment of Skin Diseases—Eczema.** By GEORGE H. ROHE, M. D., Professor of Hygiene and Chemical Dermatology in the College of Physicians and Surgeons, Baltimore; Author of "a Text-book of Hygiene," etc. Pages 43. Flexible paper. Press of Thomas & Evans. 1886.

This is the second contribution by the author to his series of practical notes on the treatment of skin diseases. Dr. Rohe presents his readers with a concise, well-written monograph, but the subject has been so thoroughly treated in Bulkley's most comprehensive work on the management of Eczema; in the monographs of Anderson and of Tilbury Fox, and others, that the need of a new treatise on the subject at this time is scarcely apparent. The typography and general appearance of the pamphlet are good.

C. M'G.



**Revista Internazionale di Medicina e Chirurgia**, published by Dr. Luciano Armanni, emeritus Professor of Histology and Pathology in the University of Naples, and edited by Drs. Mazzitelli Pietro, Napolitani Vincenzo, Von Sommer Guelfo, and Tricemino Ernesto.

We have received the January number of this influential Italian journal and with great pleasure place it upon our list of exchanges. Italy is coming from under the cloud which for so long a time cast its shadow over her by reason of political troubles, and is again to the front in the various advancing branches of science wherein she has already achieved so many triumphs.

This is especially true in medicine, to which Italian physicians are contributing much of the best character of thought.

We hope henceforth, by copious translations, to keep our readers well advised as to all progress in Italian medicine. D. T. S.

**Gout and Rheumatism: Dr. Laville's Method.** By Doctor Verliac, of the Faculty of Medicine, Paris.

**Cocaine in Hay Fever.** A lecture delivered at the Chicago Medical College, by Seth S. Bishop, M. D., Surgeon to the South-side Dispensary, etc. Reprint.

**The Physician's Almanac and Memoranda**, with Suggestions on Dietetics from J. Milner Fothergill, M. D. Wells, Richardson & Co., Burlington, Vt. 1886.

**Intubation of the Larynx**, with History of Cases. By F. E. Waxham, M. D., Professor of Diseases of Children, College of Physicians and Surgeons, of Chicago. Reprint.

**Report of the Proceedings of the Illinois State Board of Health.** Annual Meeting, Springfield, January 21, 22, 1886. John H. Rauch, M. D., Secretary, Springfield.

**Tetanus.** Lecture delivered at the College of Physicians and Surgeons, Chicago, by N. Senn, M. D., Milwaukee, Wis., Professor of Principles and Practice of Surgery. 1886.

**Health Department.** Bureau of Vital Statistics. Condensed Statement of Mortality in the city of Chicago, for the month of February, 1886. Oscar De Wolf, M. D., Commissioner of Health, W. M. Tomlinson, A. M., M. D., Registrar of Vital Statistics.

**Catarrh of the Upper Air-tract**, especially its Effects on the Ear, with Suggestions as to Treatment—both Hygienic and Medical. By Samuel Sexton, M. D., Aural Surgeon to the New York Eye and Ear Infirmary. Reprint. New York: J. H. Vail & Co. 1886.

**The Production and Prevention of Perineal Lacerations during Labor**, with description of an unrecognized form. By Henry T. Byford, M. D., Physician and Surgeon to the Women's Hospital, Chicago. Reprint. Chicago: Printed at the office of the Association. 1886.

**The Field and Limitation of the Operative Surgery of the Brain.** By John B. Roberts, A. M., M. D., Professor of Anatomy and Surgery in the Philadelphia Polyclinic, Surgeon to St. Mary's Hospital. 8vo, p. 80. Cloth, \$1.25. Philadelphia: P. Blakiston, Son & Co. 1886.

**Proceedings and Addresses at the Sanitary Convention**, held at Ypsilanti, Mich., June 30 and July 1, 1885, under the direction of a committee of the State Board of Health and a committee of citizens of Ypsilanti. Supplement to the Annual Report of the Michigan State Board of Health for the year 1885, No. 244. By authority. Lansing: Thorp & Godfrey, State Printers and Binders. 1886.

**A System of Practical Medicine**, by American Authors. Edited by William Pepper, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania, assisted by Louis Starr, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Volume IV: Diseases of the Genito-Urinary and Cutaneous Systems, Medical Ophthalmology, and Otology. Royal 8vo, p. 877. Leather. Philadelphia: Lea Brothers & Co. 1886.

**Coca Erythroxyton and its Derivatives: A resume** of their history, botanical origin, production and cultivation, chemical composition, therapeutic application, physiological action, and medicinal preparations, embracing reports on their employment in general and minor surgery, otology, laryngology, gynecology, genito-urinary, nasal, and dental surgery, in the treatment of the alcohol and opium habits, in general medicine, etc. Compiled by the Scientific Department of Parke, Davis & Co., Detroit and New York. Presented to the Medical Profession, with the compliments of Parke, Davis & Co. 8vo, pp. 102. Paper.

**Fifth and sixth annual Reports of the Thomas Wilson Sanitarium for Children**, of Baltimore City, for the years 1884 and 1885. William D. Booker, M. D., physician in charge. Vol. 2.

Pamphlets, pp. 25 and 22. Baltimore: Press of Isaac Friedenwald. 1885 and 1886.

This hospital for sick children is salubrious in situation, and perfect in all its appointments. Under its present efficient management it is contributing to the advancement of the science of pediatrics and lowering the death-rate among the children of Baltimore.

Mr. Herbert Spencer has contributed a most important original article to "The Popular Science Monthly" for April, on the limits and interpretation of the doctrine of natural selection and the position of Mr. Charles Darwin in respect to the theory of evolution. There have been so much confusion and exaggeration upon this subject as to make desirable an authoritative statement of Mr. Darwin's just claims in connection with the doctrine of evolution, and no man is so capable of making this estimate as Herbert Spencer. The paper is elaborate and striking, and is certain to be very widely read.

*The Popular Science Monthly* for April contains the first of a series of articles by Hon. David A. Wells on "An Economic Study of Mexico." Besides being the best-prepared man, perhaps, in the country to deal with this subject, by his thorough familiarity with the principles of financial science, Mr. Wells has especially qualified himself for treating it by investigating the character and resources of the country, the peculiarities of its people, and the state of its institutions, through careful and comprehensive observations made during a residence there under very favorable circumstances. He throws a great deal of new light upon the subject, and shows that Americans generally are about as familiar with the social life of their neighbors, the Mexicans, as they are with the inhabitants of Madagascar.

## Foreign Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The price of quinine is still so high that any substitute for it will always be welcome, particularly in the treatment of intermittent fever, in which such large quantities are consumed. The *Progrès Médicale* contains a note published by Dr. B. Narich, of Smyrna, in which he gives the history of a case of paludal intermittent fever of a year's standing, and which, after having resisted the usual treatment by quinine,

was cured by the hypodermic injections of carbolic acid. The case was that of a woman aged forty-two years, who had her first attack of fever just twelve months before she consulted the above-named physician. She was in the enjoyment of perfect health when she was first seized with the fever, the subsequent attacks coming on at irregular intervals of four or five weeks—two or three paroxysms of one per day recurring for three consecutive days. As above stated, she had been subjected to treatment by the sulphate of quinine in various forms, and to other accessory measures from which she stated she derived no benefit whatever. Wishing to give the quinine a fair trial under his own observation, Dr. Narich prescribed the drug in the form of solution, adding to it the bromide of potassium with the view of increasing its efficiency. He administered one gram of the quinine with two grams of the bromide daily. For the first time, after having taken the above mixture, the patient had the satisfaction of not seeing the first attack followed as usual by a second and a third paroxysm. During nine consecutive days, the patient feeling quite well, the medicine was suspended. But, whether from a simple coincidence or from the suppression of the medicine, the fever returned on the tenth day and the two following with increased intensity, in spite of the quinine being administered in larger doses. The doctor then determined to resort to the injection subcutaneously of carbolic acid in a solution composed of forty centigrams of the salt to fifty grams of distilled water. He used these injections twice daily for seven days, and, as the patient remained free from fever for nine months, he concluded she was cured. Dr. Narich was induced to try this treatment after reading Dr. Dieulafoy's report to the Société Médicale des Hôpitaux, in which he stated he had cured two patients affected with intermittent fever by this method.

The tincture of iodine is another remedy that has been employed as a substitute for the sulphate of quinine in the treatment of intermittent fever. Dr. Schabliovsky, a Polish physician, reports that he had treated with success twenty-six cases of intermittent fever with the tincture of iodine, twenty-one of which were of the



quotidian type, two double quotidian, and three of the tertiary type. He recommends that the tincture should be freshly prepared in the proportion of one part of iodine to ten parts of alcohol. The dose is from five to ten drops, in a little water three times a day, in the intervals of the paroxysms. It will, however, be desirable to have sufficient statistics to establish a comparison between iodine and quinine as a cure for intermittent fever.

Many other substances have been proposed as substitutes for quinine in the treatment of malarial or intermittent fever, and, among others, I may mention the juice of the lemon. Prof. Semmola, of Naples, tried this in the form of lemonade, sweetened with glycerine instead of sugar, and found it very useful in many cases of malarial fever. He got the idea from the peasantry of the country about Naples, but, instead of the juice only of the lemon, he found that they employed the entire fruit, which they boiled down to a strong decoction. The peasants, not knowing any thing about quinine, employed this remedy with great success, even in pernicious forms of malarial fever. Prof. Semmola adopted this remedy for the cases referred to, but he did not think, from his clinical experience, that the lemon could altogether take the place of quinine in therapeutics. It may, however, serve as a good adjuvant, and thus cause a saving to the purse of many a poor patient who can not afford to purchase the quinine, which still keeps up its high price.

The French Academy of Sciences has lately been furnished with some startling facts as regards the production of so-called brandy. Out of more than fifty million gallons of alcohol distilled annually, not quite half a million gallons—according to M. Girard, the Director of the Paris Municipal Laboratory—were distilled from the grape. The great portion of spirits is obtained from grain, which, if sufficiently rectified, is not unwholesome, but this being very rarely done, the liquor called spirits is very bad. The other sources from which alcohol is distilled are apples, pears, potatoes, and beet-root, all of which contain toxic substances of various kinds. Here, then, is a warning for spirit-drinkers; and the moral to be drawn

from this is, that those who can not afford to have the real *eau-de-vie* or fine champagne had better not drink any brandy at all. Apropos of M. Girard, I may mention that he was lately awarded a prize of two thousand five hundred francs, by the Academy of Sciences, for his work on the adulteration of food and for the services he has rendered to the public in his capacity of Director of the Paris Municipal Laboratory.

Dr. Trastour, of Nantes, has been very successful in treating obstinate cough with glycerine vapor. Five or six drops of this liquid are placed in a china capsule and heated over a spirit lamp; a quantity of vapor is thus given off, the inhalation of which gives great relief. This remedy has been found particularly useful to phthisical patients.

Smokers may be pleased to know that an antidote has been discovered which will enable them to enjoy their pipes or cigars without any fear of being poisoned by nicotine. It would appear that the water-cress destroys the toxic principle of tobacco, preserving at the same time its aroma. It is sufficient to wet the tobacco with the juice of the water-cress, which will completely deprive the tobacco of its deleterious principles.

PARIS, February 26, 1886.

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## Translations.

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EARLY APPEARANCE OF THE MENSES.—Dr. N. Korsakou reports the appearance of the menses in a child one year and eleven months old. The mother was of a highly nervous temperament, but the child was born at term and in good health. At fourteen months she had a *fluor albus*; this subsided in a short time, but returned after an interval of four weeks. At the age of one year and eleven months some blood appeared on the genitals, and in a month thereafter there was a free menstrual flow which lasted for several days. During the next two months there was no flow of blood from the genitals, but in lieu of this a periodical epistaxis presented itself. This ceased, and one month later the menstrual flow again appeared, again ceasing and

reappearing in nine weeks thereafter. Up to the time of the report there had been four recurrences of menstruation at irregular intervals. The little woman measured thirty-three inches in length and weighed forty-one pounds. Her development is that of a child, with the exception of enlarged mammary glands and an abundant growth of hair about the genitals. *Medizinskoje Obosrenije.*

[Now, while this youthful phenomenon sojourns in Russia, it is to be hoped that some one in the interest of science will brand her in such a manner as to fix her identity for all time to come. If we mistake not, this little lady has, during the last two or three years, figured among the gynecological wonders of at least a half dozen different countries.—TRANS.]

**ANEURISM OF THE AORTA.**—At the Society of Biology, of Paris, February 27th, M. Poncet presented some measurements and sphygmographic tracings relating to an aneurism of the first part of the aorta. The tumor situated at the level of the second rib had eaten away the sternum for two thirds of its breadth. It measured about two and a half inches in diameter. Over all the projecting surface (one third to two thirds of an inch) the hand perceived the double beats of the heart. The whole right sterno-costal region is elevated, but neither the heart, which beats in its proper place, nor the tumor, offers the least souffle, and what is a curious fact, the pulse at the wrist is small on the left and larger on the right. This is the paradoxical condition described by Frank. This author believes that the anomaly is due to paralysis of the third inferior cervical ganglion, and that the dilatation of the vessels on the right is of the nature of a vaso-motor paralysis; the feebleness of the pulse on the left is supposed to result from the fact that but little blood remains after the dilatation of the vessels on the right side. M. Poncet does not accept this theory. He thinks, in fact, that if compression of the third ganglion were made to the extent of paralyzing it, the artery and vein which are placed before it would also be compressed, and then the pulse would be small and the vein inflated, precisely what is not here the case.

The speaker would explain the weak pulse on the left side by reference to the views of Barwell as to the way in which the blood flows in the veins without pulse to the heart. In the case of the aneurism, the blood is at first ingulfed in the sack which arrests the current moving toward the left side. Then the elasticity of the tumor arrests also the descent of the flow, the path of which, from the tumor to the beginning of the vessels on the left side, is almost horizontal.

Barwell, in view of the relations between certain aortic aneurisms and the vessels on the left side, has proposed the ligation of the latter. M. Poncet has not followed the English surgeon so far, but has treated his patient with the iodide of potassium, notwithstanding that he was not syphilitic. This drug was combined with bromide of potassium and with ice in direct application. At the end of a month the amelioration was manifest; the tumor had solidified at the base and diminished in volume. Two measurements, taken by the method of Frank, at a month's interval, showed a diminution of many cubic centimeters.

**ALCOHOLIC NEURITIS.**—In the Academy of Sciences, January 22d, M. Gombault, in a note presented by M. Charcot, communicated the results of studies of alcoholic nerve lesions, considered especially in their initial phases. As regards the nerve fibers, they present all the characters assigned by Ranvier to Wallerian degeneration, and form the great mass of altered fibers; a small number of others being found at the site of the lesion which present characters altogether different. In places, the myeline sheath, instead of being coarsely sectionized and in the form of voluminous round masses, is finely emulsionized. Most commonly the fine fatty particles thus produced are englobed by the coarse cells which constitute the interior of the sheath of Schwann, a veritable muff of fatty bodies. On the other hand, the axis cylinder persists for a time, but at length disappears rapidly, as in Wallerian degeneration. M. Gombault recalls that in the development of experimental saturnine neuritis, he had already pointed out analogous facts. This neuritis presents itself in two dis-



tinct phases; one, in which a certain number of inter-annular segments are stamped in the course of each fiber in an isolated manner (segmentary neuritis), the other without this change, but the axis cylinder persisting in each fiber, in consequence of which the parts of fibers situated beyond the diseased points could not be the seat of any alteration.

This segmentary periaxial neuritis might terminate in two ways; either by the restoration of the altered parts, and the formation of short knotted segments, or the destruction of the axis cylinder at the point of the diseased segment, involving Wallerian degeneration below the point of severance. Segmentary periaxial neuritis thus explains the development of Wallerian degeneration, and constitutes the pre-Wallerian stage of neuritis. It is this pre-Wallerian phase that M. Gombault establishes by demonstrations of alcoholic neuritis.—*Progrès Médicale*.

PROPHYLACTIC VACCINATION AGAINST YELLOW FEVER.—*El Siglo Medico*, of December 13, 1885, states that Dr. Meyrignac has been experimenting with reference to this question upon some of the laborers on the Panama Canal, using for the purpose sediments from the urine of yellow-fever patients. This matter, which contains the zoöspores of the *peronosperma lutea*, he treats with water and injects hypodermically. The operation is followed by no ill consequences. A light form of yellow fever usually supervenes, which affords subsequent immunity.

Of three hundred Mexicans thus vaccinated, not one had the fever in the epidemic of 1884. In consequence of these results, the Mexican Government felt constrained to recommend this method in opposition to the representatives of the medical faculty. The discovery of the method is credited to Dr. Carmona. *Deutsch Med. Zeit.*

THE DANGERS OF NITROUS OXIDE ANESTHESIA.—M. Laffont has studied the influence exerted by nitrous oxide (anesthesia being deep and prolonged) on respiration and the functions of the liver and heart. Sugar appears in the urine and phenomena of asphyxia are ob-

served. Respiratory movements increase in frequency and amplitude under the first inhalations, and at the moment of the anesthesia the breathing is panting. The heart-beats are increased at the beginning, but soon become slow. M. Laffont therefore concludes that the state of anesthesia induced by this gas is by no means harmless.—*Progrès Médicale*.

ON THE MODE OF FORMATION AND SIGNIFICANCE OF THE THIRD CONDYLE IN MAN: BY DR. P. LACHI.—Many anatomists at various times have sought to discover the significance which ought to attach to certain osseous tubercles, often found in proximity with the anterior part of the great occipital foramen, and which has generally received the name of the third condyle. Many interesting works have been published in Italy in regard to it, and as a rule authors have insisted that the tubercles situated near to and in front of the condyles, furnish evidence of atavic reversion. Dr. Lachi, however, with much learning and solid argument, sustains the following conclusions:

1. There exists nearly always, an anterior ligamentous segment that is found before the odontoid process of the axis, and is attached to the anterior part of the occipital condyle, which is nothing more nor less than a special fascicle of the lateral odontoid ligament, and which may be considered as a part of the transverse occipital ligament of Lauth.

2. The said ligament may become ossified at various points and in various ways in such a manner as to give different aspects to the base. *Rivista Internazionale*.

ABSORPTION OF FAT IN THE ALIMENTARY CANAL.—Dr. Wjächlinski, at the recent congress of Russian physicians, reported some experiments performed upon chloroformed rats and dogs, by which he is convinced that the white corpuscles take part in the absorption of fat; since he found numerous fat-particles in such leucocytes as were taken from the neighborhood of cylindrical epithelium and the intestinal glands.—*Deutsch Med. Zeit.*

PTOMAIN.—M. Doleris, at a recent meeting of the Academy, concluded his report of

the autopsy of a woman dying eclamptic. The kidneys were affected with epithelial nephritis, the hepatic cells presented the phenomena of muddy tumefaction. Finally the blood contained, besides crystals already described, a soluble leucomaine, which proved speedily fatal to rabbits when injected.—*Progrès Med.*

**PNEUMONIA.**—(I) Report of the Society of Schleswig-Holstein Physicians for the collective investigation of disease for the years 1883-4. (II) Report of 2,250 cases of pneumonia, in Schmalkalden and vicinity, by Dr. Fuckel.

(I) The first report of the Society of Schleswig-Holstein Physicians for the collective investigation of disease is based on 1,761 returns, in answer to 4,000 inquiries.

The greatest number of cases occurred in April, the minimum from July to September. Two thirds of the cases began with chill (and mostly in the morning or evening) and one third without notable chill. The difference in the frequency of pneumonia in rising, falling, or equable temperature is not very marked; although in falling temperature it is somewhat less than in rising. Comparisons could not be established from the reports, as to the relative frequency of pneumonia under changes of temperature or of atmospheric pressure. In nearly eight per cent of the cases an appearance in groups could be made out, but the short interval between the cases left little room for any other explanation than that persons living under similar conditions are similarly liable to the disease. A few cases, however, seemed to favor the view of infection from person to person, although in these cases there was a possibility of infection from the locality.

The greatest proportion of cases were met during the first five years of life, and, above all, during the first three years. From that until about the fifteenth year there was a decrease, the number then remaining nearly the same until the seventh year.

There is a considerable excess of pneumonia in males over females after fifteen years of age; before the fifth year the excess is on the side of the female.

The average mortality was 13.1 per cent

of all the cases noted. Somewhat more than two thirds ended by crisis and something less than one fourth by lysis. The crisis happened, for the most part, on the seventh and eighth days. The mortality in the first year of life reached 20 per cent, then fell rapidly, and decreased until 20, after which there was an increase, at first small, but later more rapid.

(II) The results reported by Dr. Fuckel in 2,256 cases occurring in his own practice, do not altogether correspond with the foregoing. Of these 55 per cent were males, and 45 per cent females. Usually the maximum number of cases occurred in May, but in some seasons in April; the minimum was in August and September. The average mortality was only 9.8 per cent; 8.1 per cent with males, and 12 per cent with females. Nearly one third of all the cases were met during the first five years of life. 13 per cent of the cases occurring in the first year were fatal; of those from one to five only 3 per cent. From the twentieth year upward, the rate of mortality rose steadily. Pneumonia is a disease prone to be repeated in the same individual, and, according to the writer's large experience, the danger of death increases rapidly with every such recurring attack. In nearly half of all the cases observed the disease occurred twice or more, and in one case as many as thirteen times.

In cases where a single lobe of the lung was involved, the lower left lobe was oftenest affected, next the right lower, and after that the right upper lobe.

The course of the disease when accompanied by herpes facialis, in the cases reported by the author, would seem to confirm the notion, so much debated, that this complication is favorable rather than otherwise, for of 452 cases with this complication only 24 or 5.3 per cent died. The large majority of cases terminated by crisis, and for the greater part of these on the fifth day. When the upper lobe was affected the crisis was more retarded than when the lower lobe was the seat of disease. The third, fourth, sixth, and seventh days presented nearly an equal number of crises, after that the number fell rapidly, so that on the fifteenth day there remained only four cases. Death usually occurred between the fifth



and the seventh days. The greatest number of deaths took place in December and March, October coming next. May was comparatively favorable. Epidemics of pneumonia are not rare, but in only twelve cases could the idea of contagion be entertained. The author could not confirm a relation between the frequency of pneumonia and sudden fall of temperature.—*Deutsch Medicinische Zeitung*.

M. D'ARSONVAL presented an apparatus composed essentially of a telephone, by means of which he is able to measure the variability of conduction of sound-waves by the tissues. The apparatus is very exact, and promises to be of great assistance in auscultation and percussion.

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### Abstracts and Selections.

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TREATMENT OF PAINFUL FISSURE OF THE ANUS WITHOUT OPERATION. — Mr. C. G. Wheelhouse employs the operation of "stretching" the sphincter ani is advocated, in preference to "cutting" the muscle. This treatment Mr. Wheelhouse recommends in fissure of the anus, because "we can attain our end without causing an external wound, and thereby rendering our patient liable to septic poisoning." I have hitherto treated these fissures without any operative interference at all, and with such success as to warrant a continuance of the method. The following case will illustrate it:

J. T., a coachman, aged fifty-six, had, for eighteen months, suffered such agonizing pain during defecation that an enforced habit of constipation was established. From time to time he relieved his bowels by enemata, first taking a large dose of laudanum to alleviate his sufferings. On examination with a speculum, I found a fissure, nearly an inch in length, with irregular edges and an indurated base. The sphincter was much hypertrophied, and contracted powerfully and spasmodically during the examination.

I ordered a full dose of castor oil, with some rhubarb for its secondary astringent action, forbidding the customary laudanum. When this had operated, I had the bowels well washed out with an enema containing Cond's fluid. This done, I passed the speculum, and painted the fissure with a solution of chloride of zinc (twenty grains to one ounce); then introduced a piece of lint, smeared with boric ointment,

the contraction of the sphincter keeping it in contact with the sore. The bowels were kept in check by pilula plumbi et opii. Liquid food only was allowed.

The subsequent treatment consisted in the use of a powder (powdered boric acid, half a dram; violet powder, one ounce), which was sprinkled freely on lint, and introduced into the anus to dry up any discharge, and the continued use of the boric ointment.

By these means the fissure was entirely healed in six days, and there has been no return of the symptoms.

I have always found one application of chloride of zinc enough; it usually causes some smarting and uneasiness, but nothing more effectively purifies the ulcer, or stimulates the reparative process. The introduction of cocaine robs the operative procedure of one drawback, the necessity of taking an anesthetic; yet I may recommend a trial of this treatment, at least in the case of those who have an innate horror of any thing approaching "cutting."—*A. D. Macgregor, M. B., British Med. Journal*.

UNIVERSAL ALOPECIA. — Dr. W. T. Tyson read a paper before the Clinical Society of London, Feb. 12, 1886, on three cases of universal alopecia, with remarks. Case 1 was that of a laborer, aged forty. The family and personal history were negative in their character. The cause of his trouble seems to have been a money difficulty; for three months and a half this preyed upon his mind, and at the end of this time the hair on his head began to come out, and was all gone in four days. In a day or so later the rest of his hair began to be shed, and in four days—or in ten days from the commencement of the first shedding—the whole of the hair of the head, face, chest, body, and limbs had entirely disappeared. At the present time there is not a single hair to be seen any where. The hair was particularly thick and strong before the calamity; the color was chestnut. He is a strong and active man. Case 2 was that of a shoemaker, aged forty-four. Seven years ago his hair began to come out, and in one fortnight had all completely disappeared. He has never had any hair since. There was no syphilitic history. The cause, he alleges, was that two or three days previous to the loss of his hair he was sleeping at the top of the house, when, while in a sound sleep, he was suddenly awakened in a great fright by a tremendous clap of thunder. Simultaneously with the fall of his hair, he lost the nails of the great toes and thumbs. The color of his hair was light brown. He is a healthy and strong man. Case 3 was that of a billiard-marker, aged twenty-one. In April,

1884, the hair began to come out in spots over the head, and in one month he had lost his hair over the whole of the body, except a few downy ones on the top of the scalp. Now there are to be seen a few hairs at the back and side of the head. The color of the hair was dark brown, and very thick. There is no history of syphilis. He is a well-built man. One month before his loss he was thrown violently from his horse upon his head. Since the accident his memory has been defective at times. These cases were brought forward as supporting the neurotic origin of the universal form of alopecia areata, and also to uphold the view that, clinically, there are two distinct classes of the disease, commonly called alopecia areata. The characteristics of this class of case were: The affection begins in the scalp, not necessarily in spots, and spreads rapidly until the whole hair of the body is lost. It occurs in adults, but not always in young adults, as has been stated. The prognosis is not good, and it seems to become worse as age advances. The starting-point of the disease can often be traced to a neurotic cause. The above class of alopecia areata contrasts strongly with that ordinarily met with. Here the characteristics are that the disease begins in youth, in scattered bald patches on the scalp, and is confined to this portion of the body. The prognosis is good, the complaint seldom lasting longer than a twelvemonth. No cause is known.—*London Lancet*.

**A CASE OF CO-EXISTENCE OF SCARLET FEVER AND MEASLES.**—Gertrude F., aged thirteen, was taken Thursday evening, January 28th, with an attack of scarlatina anginosa. It was ushered in with vomiting and delirium. The vomiting persisted three or four days, but after the first, seemed to be kept up by the irritation of the fauces produced by the swelling of the throat. The eruption was out on Saturday, the 30th. The attack was severe, the throat badly swollen, the breath, at first, foul; pulse, 125 to 130; temperature, 103° to 103.9° in the axilla up to the following Thursday.

On Monday, February 1st, there was some cough, and for the two days following, and her face had a peculiar spotty look; this and the next were her sickest days. On Tuesday her face was covered, mingled with the scarlet-fever rash, with an unmistakable eruption of measles; none were seen on the body. Just ten days previously, her young brother first broke out with the measles. The respiration was hurried also, somewhat, but less so the next day. Wednesday, the eruption of measles had extended over her body and limbs,

mingled with the scarlet rash, while on her face neither could be distinguished; but the skin of it, with the exception of here and there a whitish spot, was of a uniform dark-red color, and elevated, giving it a peculiar look, as if covered with a red mask.

On Thursday, February 4th, the fever had abated, and from this time she convalesced. The general redness and elevated appearance of the face was gone, leaving the eruption of measles again distinct, and it could be faintly seen here up to the 6th and 7th. Both eruptions were fading on the body, and after that day none of the appearances of measles were seen there, while the redness from the scarlet fever remained a little longer.

This case is reported on account of its infrequency. The case of varicella occurring simultaneously with scarlatina, reported by Dr. Ayer, in the *Journal* of February 4, 1886, shows that such distinguished authorities as John Hunter and Hebra were too sweeping in their assertions that the eruptions of two exanthema never co-exist. The appearances in this patient were closely watched and noted at the time, and I do not think I could be mistaken. There has certainly been no lack of opportunity in this vicinity of studying the characteristic features of measles the present winter.

A little reflection will show that the variety of this combination of the two diseases does not by any means prove their incompatibility. The chances that any patient will be so exposed as to bring on both at the same time are extremely small, and this may in part, at least, account for its infrequent occurrence. A few cases of scarlet fever known to have been fully exposed to measles from ten to fourteen days before, and failing to get it, would tend more to show their incompatibility than the bare fact of the infrequency of their simultaneous appearance.—*Dr. Francis F. Brown, Boston Medical and Surgical Journal*.

**THE CAUSATION OF PLEURISY.**—Germain Sée in his most recent work on "Simple Diseases of the Lungs," arranges the numerous varieties of pleurisy into two great categories: (1) Pleurisies by propagation; (2) Pleurisies by infection. The group of pleurisies from cold (pleurisy *à frigore*, or idiopathic pleurisy,) he divides, apportioning a part to the first category and a part to the second. He denies that cold is, properly speaking, a cause of pleurisy, and thinks that it can only favor the development of pleural inflammation by permitting the real cause to act more rapidly or more efficaciously.

Pleurisies by propagation take their origin from lesions of the thoracic walls, thoracic



organs or neighboring viscera. Among the parietal lesions are osteo-periostitis, costal caries, parietal phlegmon and even cancer of the mamma. Other propagating lesions are broncho-pulmonary inflammations (pleurisy is a constant accompaniment of acute fibrinous pneumonia); pericarditis (especially when the latter is due to rheumatism); hepatic affections, such as acute hepatitis, hydatid cysts of the convex surface of the liver, atrophic or hypertrophic cirrhosis; here the pleurisy is generally right-sided and the propagation takes place by the lymphatics.

Among the pleurisies by infection, first in the order of importance and frequency is tuberculous pleurisy. Tuberculosis is a very common etiological condition of pleurisy, being the determining cause in three fourths of the cases, according to Professor Sée. Fiedler's statistics in this regard are very instructive; out of 112 cases of pleurisy treated by thoracentesis, only 21 recovered—of the 91 other patients, 25 died of phthisis at the hospital or at their homes, 66 got well of their pleurisy but were found to be victims of confirmed phthisis or other tuberculous affections. Pleurisy has also been known to supervene in the course of diseases unquestionably rheumatic, and hence in these cases might properly be ascribed to the rheumatic virus, which Sée considers of an infectious (microbiotic) nature. Lastly, all the infectious diseases properly so-called, scarlet fever, measles, surgical or puerperal pyemia, typhoid fever, smallpox, blennorrhagia, etc., may be attended with pleurisy as a part of their manifestations.

As for the pleurisy which so often accompanies chronic Bright's disease, two explanations may be given. Either the pleurisy is the result of the pulmonary lesions which are so frequently a concomitant with Bright's disease, or else it develops in consequence of the general hemic alterations of that disease which provoke pleurisy as they do inflammations of other serous membranes. If the latter explanation be the correct one, the pleural inflammation would belong to Sée's second category.

The views of the French professor will not probably be generally accepted, as there doubtless do occur cases of simple acute pleurisy which are more easily referred for their origin to exposure to cold than to any other cause. Yet it is quite possible that such cases are fewer than one would suppose, and that pleurisy in this respect resembles peritonitis, which is rarely idiopathic and rarely *à frigore*.—*Boston Medical and Surgical Journal*.

**EPILEPTIC AUTOMATISM.**—W. E., a railway clerk, aged twenty-three, was admitted to the

hospital for epilepsy and paralysis on October 2, 1885. There was no inherited neurotic tendency. As a child, he suffered from convulsions during teething. At sixteen years he was able to take a situation as railway clerk, and had his first fit, apparently without any appreciable cause, when seventeen years and three months old. There was an extraordinary variety about the fits, but the chief peculiarity had always been automatic action, either after an ordinary convulsive attack or apparently even without one. Thus the patient, after having gone to bed seemingly quite well, would get up in the middle of the night, quite unconscious, and walk for hours about his bed-room. On one such occasion he took hold of his watch and kept winding it up until the mainspring broke, and continued the same movement of winding up for hours afterward, until he recovered consciousness. When fits occurred in the daytime he frequently came into collision with people, and hit or kicked them. If not interfered with in his movements he did not give trouble, but if any one attempted to thwart him he became violent, kicked and plunged, so that it took five or six men to overpower him.

On one occasion, while sitting quietly in his office and writing, he was suddenly seen to assume a vacant look, and become insensible; he then pulled off his shoes and stockings, walked down stairs, and began to run about the station. The porters, who were acquainted with his peculiarity, were afraid to catch him; but a passenger who threw some cold water over him was knocked over and told by the policeman that the patient must be left alone. A similar occurrence took place twice more on the same station within a year and seven months. On another occasion he wanted to pay a visit, but lost himself before arriving, and was noticed walking about the neighborhood, up and down, for about an hour and a half, being quite insensible; when he came to he found himself with his eyes black and lying on the pavement in a pool of blood. He had also "conscious fits," in which he behaved like a drunken man, and did outrageous things, feeling all the time utterly ashamed. In other fits he fell down unconscious and his whole body became rigid; he did not bite his tongue, but saliva kept running out of his mouth all the time. The urine had been expelled on only one single occasion. He was also subject to fits in which he was half conscious, and had a peculiar sensation of his tongue being tied; he could speak, but stammered unintelligible words without any further symptoms. Occasionally the patient had an aura, when he suddenly felt a tingling in his feet, as if the legs

went asleep; this sensation gradually proceeded upward to the thighs, hips, abdomen, and chest, and when it reached his head he lost consciousness and had a convulsive fit. Sometimes this aura lasted for a few minutes; at other times, however, it was instantaneous, shooting up from the feet into the head all at once. The greatest number of fits which the patient had had in a day was five, but he was rarely free from them for more than a week.

The patient had a good memory and gave a very graphic account of his illness. He had been discharged from his situation, not for any fault of his own, but because the fits upset the other people in the office, and caused constant disturbance. He wrote a good hand, but had a wild look and a strange expression. The face was covered with acne pustulosa, owing to previous treatment by bromide of potassium. The patient was, at times, subject to sneezing fits, which came on early in the morning, and lasted a considerable time. His functions in general were normal, but there were hypertrophy and dilatation of the left ventricle, the apex beating in the sixth intercostal space. There was, however, no murmur. There were no other symptoms. He was treated with a mixture containing borax, digitalis, and bromide of ammonium, with pills of zinc and henbane; and for the acne pustulosa of the face with the ammoniated ointment of mercury. The result was very favorable, as the patient remained free from attacks during his stay in the hospital, which extended over three months, a few slight "vacant turns" in the beginning of the treatment excepted; and the acne of the face was readily cured.

Chief stress may be laid on the medico-legal importance of the clinical facts showing the presence of epileptic vertigo or automatism. There is only a short step from such a harmless condition, in which a patient goes on unconsciously winding up his watch for hours consecutively, to another in which he kicks bystanders or knocks them down, and from this state to another, in which perhaps homicide, suicide, rape, or arson may be committed, the condition thus merging into what is also called epileptic mania. The epileptic discharge in such cases affects more particularly the highest cerebral centers in the prefrontal lobes, representing the intellect and moral control, which remain for a time in a state of abeyance or paralysis; while the lower centers, and more particularly the central ganglia at the base of the brain, either do not suffer at all, or recover more or less quickly from the shock, and then, being probably in a state of hyperesthesia, run off, as it were, to act automatically, and are totally deprived of the guiding control of the highest

centers. Criminal responsibility can evidently not attach to patients of this class when under the influence of the epileptic discharge. Although epileptic automatism thus constitutes a very terrible affection, and a patient subject to it may end his life on the scaffold in the absence of precise knowledge, prognosis as to recovery is favorable, provided sufficient time be given for energetic treatment.—*Dr. Althaus, British Med. Journal.*

**THE TONGUE IN DISEASE.**—A white-coated tongue indicates febrile disturbance; a brown moist tongue indicates disordered digestion or overloaded primæ viæ; a brown dry tongue indicates depressed vitality as in typhoid conditions and blood-poisoning; a red moist tongue indicates debility, as from exhausting discharges; a red dry tongue indicates pyrexia, or any inflammatory fever; a "strawberry" tongue with prominent papillæ indicates scarlet fever or rotheln; a red glazed tongue indicates debility with want of assimilative power of digestion; a tremulous flabby tongue indicates delirium tremens; hesitancy in protruding the tongue indicates concussion of the brain; protrusion at one side indicates paralysis of the muscles of that side; a bluish glazed tongue with cracks or loss of epithelium indicates tertiary syphilis; a white patch on the tongue indicates psoriasis linguæ; thickened epithelium of the tongue indicates ichthyosis, which frequently leads to epithelioma; chronic ulceration of the tongue indicates decayed teeth, tertiary syphilis or epithelioma.—*L. L., Medical World.*

**DIPHTHERIA TREATED BY THE GALVANOCAUTERY.**—In a recent editorial discussion of this question, the Therapeutic Gazette formulates the following conclusions:

1. The galvano-cauterization of the diphtheritic membrane produces no pain, or only a minimal one.
2. The thoroughly cauterized part is rendered absolutely sterile, and forbids the development of microbic life.
3. Fever disappears soon after the cauterization.
4. No inflammatory secondary effects set in.
5. Every physician is able to execute the cauterization, even without an assistant.
6. No constitutional medicinal treatment is needed in addition to the cauterization.
8. Though the statistics of diphtheria cases thus treated are of course yet very limited, the thousands of ulcers of the cornea treated and cured in the same manner allow of very favorable prospects regarding the treatment of diphtheria with the galvanic cautery.



# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. I. SATURDAY, APRIL 3, 1886. No. 7

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

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## THE MECHANISM OF INDIRECT FRACTURES OF THE SKULL.

At the stated meeting of the Philadelphia College of Physicians, February 3, 1886, Dr. Charles W. Dulles gave an able and exhaustive review of all the theories proposed in explanation of this perplexing phenomenon since the days of Hippocrates.

Of all this imposing array of hypothesis, but two explanations have found favor with the leading surgical authorities. One is the theory of undulations, and the other, what has not inaptly been called the "bursting" theory.

In the first it is assumed that when the skull is struck undulations are set up in every direction from the point of impact, as is the case with a bell, and that when these undulations meet on the opposite side of the skull, the concentration of forces thus exerted produces the fracture. According to the "bursting" theory, when force is applied to a given area of the skull so as to depress it, all diameters at right angles to the direction of the violence are necessarily increased, and when the tension thus produced reaches the side of the skull opposite the point struck, it is superior to the cohesion

of the bone, which is then torn apart. The latter theory is the one approved by Dr. Dulles, and he supports it by the analysis of a large number of cases, the great majority of which seem to favor his views.

Drs. Agnew and Packard, in the discussion which followed, supported the "undulation" theory.

In the light of some interesting investigations recently communicated by Professor Reynolds to the Royal Society of Great Britain, it may not be out of place to suggest that the solution of the problem may be influenced by factors not considered in the paper of Dr. Dulles.

The communication in question relates to a newly-discovered property of certain forms of matter, which Prof. Reynolds denominates the principle of *dilatancy*. Thus, if a quantity of shot, sand, or other similar hard substance, be placed in a rubber bag and subjected to pressure, while communicating with a vessel of water by means of a tube, it will be found, when the pressure is applied, that water will be sucked up into the sack, sometimes to the amount of one fifth of the contained mass. In other words, by displacing the particles, and impairing the economy of their arrangement, the pressure has actually increased the mass of the contents of the sack. Now, if it be true that the elements making up the contents of the skull are disposed in the most economical manner as regards space, would not a blow on the head, of stress sufficient to depress the skull, act the part of pressure (as in the example here given), and, by disarranging the contents of the calvarium, actually increase the mass to such an extent as to contribute in no small measure to the indirect fracture?

It is evident that the principle of "*dilatancy*" could not, to the exclusion of other factors, be held to account for indirect fractures, since, under its unmodified influence, they would invariably occur at that point where the walls of the skull offer the least resistance. s.

THE will of the late Austin Flint gives his medical library to the New York Academy of Medicine.

### ALL THE WORLD AKIN.

The Rev. Henry Kendall, in a late number of the *Nineteenth Century*, seriously attempts to prove that every man in England is a lineal descendant of William the Conqueror, King Alfred, and all other men who left offspring in the country at a date not later than the time of the first-mentioned monarch. His method of reasoning is as follows: Every man has one mother and one father, two grandmothers and two grandfathers, and so on in arithmetical progression. By the time that twenty terms have been reached, the number of our ancestry at any given date amounts to tens of millions, a far greater number than there was of English people at the time in existence; therefore, they were every one our ancestors, and consequently we are all equals, and have equal rights by title of kinship.

Having delivered himself of this remarkable demonstration, the reverend author proceeds at length, and with ingenuity and skill, to argue that laws of primogeniture and other forms of entail ought to be abolished in consideration of the equal rights thus possessed by all. This curious article has been copied in full by the *Popular Science Monthly*, and the *Scientific American*, while various other journals have commented upon it in a most approving manner. But it would take neither a philosopher nor a metaphysician to show that it either contains some fatal fallacies, or is capable of proving much more than the author intended. If we are all to be considered the descendants of King Alfred because the number of our ancestors in his time could not be made up without him, then, at a time antedating his by a few generations, not only the fair-skinned Europeans, almond-eyed Asiatics, copper-hued Americans, but every dusky denizen of Africa, every bronzed cannibal of the islands of the sea, and wire-pated bushman of Australia, could claim the honor of a place among our ancestry; for every human inhabitant of the world would be needed to complete the mighty list. At a date by no means so remote as the beginning of history, the apes would take rank among our progenitors, and closely antedating these would every living thing. Thus the in-

tricate doctrine of evolution would be reduced to a simple mathematical demonstration.

The fact is patent that, as soon as the relationship of a people reaches a certain limited degree, it is lost sight of, the persons so connected intermarrying without reference to the question of consanguinity, and thus it is that the progressive increase in the number of our ancestors at any given remote time is checked. In fact, intermarriage does not, by any means, necessarily bring about a doubling of the number of ancestral relationships, for the contracting parties may already have many ancestors in common.

For example: A and B are brothers; they marry their cousins, who are sisters; their children and grandchildren intermarry. Now, it is clear that their descendants of the fourth generation will have only four ancestors of the fourth remove instead of sixteen.

The fallacy of the whole argument lies in the fact that the author has not taken into account the number of intermarriages which are continually taking place among blood relations.

S.

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### Notes and Queries.

*Editors American Practitioner and News:*

In your issue of February 6th, Dr. Teasdale reports two cases of hair on the eyeballs of calves. On yesterday Mr. Geo. P. Street, a merchant at this place, called my attention to a valuable Jersey cow, four years old, with hair growing from both eyeballs, and asked me to remove it. This condition dated from her birth. (I remembered having seen her when only a few days old.) On examination of the left eye, this one being the worst affected, I found a thick tuft of hair covering the outer half of the ball, filling the entire outer canthus, and also growing from the conjunctival surface of the lower third of the ball and lower lid. The sight of this eye had become impaired and the conjunctiva very much thickened and tumefied. After the application of a four-per-cent solution of the muriate of cocaine, I removed the greater portion of the thickened tissue containing the hair, leaving the



eye much improved in appearance. Not more than a dram of blood was lost during the operation. Being afraid of too large a cicatrix, I deferred further interference. She will calve soon, after which time I contemplate administering chloroform and operating on the other eye. Of course I can not yet give a prognosis, but will report again after the operation is completed.

J. M. ZARECOR, M. D.

ELKTON, KY.

ONE CASE OF SUSPECTED CHOLERA IN PINCONNING, MICHIGAN.—We have received the following from the Secretary of the Michigan State Board of Health:

March 19, 1886, I received the following from W. B. Abbott, M. D., health officer of Pinconning, Michigan:

"On eve of 16th inst., was called to attend Mr. A. T. Smith, age forty-three, who was taken, at about 7 P. M., with vomiting and diarrhea, soon followed by cramps. When called I found him in this condition, which was rapidly growing worse. I soon controlled the former symptoms, but the cramps continuing, Dr. C. T. Newkirk, of Bay City, was called in counsel.

"The matter vomited and dejected was a clear serous liquid, slightly acid, and in very large amount; soon symptoms of collapse came on, the extremities became cold, and the pulse decreased, and finally ceased at the wrist; the sight left the eyes, and roaring sound filled the ears; the voice became hoarse, the face assumed a most anxious expression, the eyes became lusterless and fixed; the cramps were most distressing; by 11 P. M. the symptoms began to abate. At 11:30 Dr. Newkirk arrived, who pronounced it a case of cholera; and as this doctor had attended a very large number of cases in South America during the great epidemic there, I thought it but right to respect his opinion so far as to write this description. There was no bilious matter in the emesis, but 'rice-water' vomit instead. The patient is improving, but is still suffering with *suppression* of urine."

March 19th, I went to Pinconning to investigate. Since my return I have received a letter from Dr. C. T. Newkirk, of Bay City, Mich-

igan, who was called by Dr. Abbott to see the case, in which he says: "The skin was cold, and covered with a dampness which I believe is peculiar to cholera; lips and skin were blue; the voice was hoarse; stools were of the nature of rice water; no blood or bile was ejected; legs, arms, and stomach cramped terribly; pulse very low; eyes sunken; labored breathing; great thirst. The nose and tongue were cold; there was suppression of the urine; the face was pinched; temperature, 97°. After about two hours the body began to get warm, and in eight hours pulse came up to 120; temperature, 103°."

Dr. Newkirk also says: "I have had a large experience with cholera, and have no hesitation in pronouncing this a case of Asiatic cholera."

Dr. Newkirk is a graduate of Victoria College, Toronto, and is an old practitioner.

I reached Pinconning at 11:20 P. M., March 19th, and immediately made an investigation of the case. The patient was yet in bed. Mr. Smith is a prominent lumberman, forty-three years old. He still looked haggard, and appeared somewhat restless; his tongue was not coated, his pulse was full and strong, and not much faster than normal.

By questioning the patient and others, I verified, as far as non-professional observers could verify, the observations of the physicians. From the patient I also elicited the fact that, during his attack, he did not suffer from colic, nor from much pain in his bowels, and that the passages were painless. His first loose discharge was while he was in camp—eight miles distant—but as he did not use a privy, it seemed impracticable to secure any disinfection of that substance. He and his wife are unusually intelligent persons, and Mrs. Smith suspected from the first that it was cholera. All discharges were received into vessels containing copperas. When these cases are not followed by other cases, they are not usually believed to be genuine Asiatic cholera; but owing to this intelligent precaution of the family, and to thorough measures of disinfection afterward ordered, and which have probably been used, this test will not apply.

Besides giving directions as to disinfection, which I was assured would be faithfully at-

tended to, I made inquiry as to the possibility of Mr. Smith's having accidentally taken some irritant poison, such as tartar emetic, or corrosive sublimate; but no probability of that kind could be made out. I also made vigorous efforts to learn any possible way in which cholera might have been brought into Pinconning. Immigrants had recently arrived in the vicinity, but none were from a place known to be infected. The men in the camp where the patient had been had not been outside the State, nor had Mr. Smith been out of the vicinity. As to fruits from the Mediterranean, oranges had been in the house, but the patient is not fond of oranges. He is fond of raisins, however, and has been in the habit of eating them uncooked. A box, partially emptied, in the house, apparently came from Valencia, Spain; and the raisins were not coated with sugar, but were apparently fresh, probably of the crop of 1885, at which time cholera is known to have prevailed extensively in Valencia. Whether there is any connection between the box of raisins and the case of sickness is yet problematical.

The water-supply in Pinconning is from wells, which are now (March 20th) full nearly to the surface of the ground; there is not much purification of the water by filtering through the few feet of sand and sawdust which overlies the clay. One well, in front of a public house, is about thirty-five feet from that part of the railroad track which is under the closet of the passing cars, so that if there should chance to be any dropping from the closet of a passing car it might, with the spring rains, be washed almost immediately into the well, and be quite freely distributed to those who drink from that well. There is no evidence connecting it with this case of sickness, but that is not a very safe well to drink from, and might be liable to be infected if any infectious disease should pass through on that railroad. The character of the soil, and its relations to the soil-water used for drinking purposes in Pinconning, render it very important that there should be thorough disinfection of all infectious discharges thrown into privies or upon the surface of the earth. The officers and members of the local board of health told me they

were in the habit of thoroughly disinfecting privies every spring. I urged upon them the importance of doing this with especial thoroughness this spring, and also the importance of prompt disinfection of the privy and surroundings at the residence of the patient whom I went to visit.

HENRY B. BAKER,

*Secretary Michigan State Board of Health.*

LANSING, MICHIGAN, March 25, 1886.

**THE LAPAROTOMY EPIDEMIC.**—No more momentous question has been ventilated in our profession, nor one requiring greater coolness and decision in its treatment, than the justification or otherwise of those engaged in wholesale spaying, which seems, rightly or wrongly, to have become the fashionable craze of certain gynecologists. Other language I fail to find which can adequately describe the position assumed by Battey's ardent disciples. We hear of Dr. Imlach opening his paper upon pyosalpinx with the remark "that every Monday, at 2 o'clock, I see out-patients at the Hospital for Women. If, unable to attend, I were to tell the nurse to send into the hospital those women who suffered most and had been longest ill, out of ten sent in, seven or eight would have some chronic inflammatory disease of the uterine appendages, and most of them would prove incurable without surgical treatment." And further on: "I have removed the uterine appendages, 126 times," all of which he considered in a diseased condition; on the other hand, we hear an authority like Dr. Grimsdale declare that the ovaries which he saw on one occasion removed by Dr. Imlach were perfectly healthy, and this was, I understood, the only time that he (the consultant of the institution) got the chance of being present. We also had the evidence of Dr. Alexander, who declared that, out of the large number of post-mortems which he made at the Liverpool Workhouse, he very rarely found traces of this disease, although he had paid particular attention to the examination of the uterine appendages. Under these circumstances, does it not seem time to do something to stay the destroyer's hand, as even the removal of one set of healthy parts would, in the minds of honest men, counterbalance all the supposed good of the remaining *one hundred and twenty-five* operations, at



which neither Dr. Grimsdale nor any other man of equal erudition was present; had they been, possibly a few more healthy organs might have been discovered. Poor Baker-Brown in his day was quite as eminent a man as either of the gentlemen referred to; but, alas! he fell for performing an operation trivial in its consequences compared to spaying. Dr. Tait and Dr. Imlach have attempted to draw conclusions from the results of their practice by comparison with those of two general hospitals; was this fair or generous on their part? I think not, as, I believe, at the Thornton Ward diseased organs alone are interfered with; whereas, if I may again quote Dr. Grimsdale, healthy ones have (at least once) been removed in Shaw Street, so that if the same difference of practice exists in Birmingham, it may somewhat account for the disparity of death-rate, operative measures upon diseased subjects being necessarily more fatal than those performed upon perfectly healthy ones. If we dare make use of the analogy of the sow-gelder, he seldom loses a healthy pig, but has large mortality among diseased ones. The matter up to this has been misunderstood by the laity, but let it once become public that women are being unsexed (castrated) in batches, such as described by Dr. Imlach, and the exit of its authors (in this country) from the scene will, I think, be as rapid and decisive as was that of the *clitoridectomist*.

Before it is too late let them adopt the motto, if they may so apply it—*Appetitus rationi pareat*.—Dr. James M. Bennett, *London Medical Press*.

DR. SAMUEL G. ARMOR.—The death of this amiable gentleman and distinguished physician, which occurred some months ago, we have previously noticed. The following tribute to his worth as a therapist is paid him by his colleague and friend Dr. Alex. J. C. Skene:

"As a therapist he occupied the highest plane. Below him, on one side, the votaries of drugs still clinging to the almost obsolete idea that medicine alone is potent in the management of disease—men with full belief in the total depravity of the physical as well as spiritual state of mankind, who were bound to war

against disease with the heaviest artillery in the *materia medica*. Far below him, on the other side, stood the fungous growths in medicine, the products of this restless, feverish, nervous age—men with faith without a spark of reason, who believe, or affect to believe, that they can heal the sick with remedies as intangible and incomprehensible to themselves as to their patients. Near to but yet beneath him were those men of science well versed in the nature of disease and the means of detecting it, but with a modern skepticism in the curative power of remedial agents—the devotees of expectant treatment. Beside him were ever found the exponents of preventive medicine, who kept him company as far as they went his way. . . He made more of the knowledge of the masters than they did themselves. Headland's 'Therapeutics,' as expounded by Armor, was greater than the original. He was to America what Trousseau was to France and Anstie to England. His lectures of twenty years ago embodied all the facts contained in Anstie's work on 'Stimulants and Narcotics,' published ten or twenty years later."

ACCURATE AND INACCURATE DISPENSING.—A few days ago, Dr. Edward Seaton and Mr. Otto Heyner presented to the Chelsea vestry the results of a joint inquiry undertaken by them last July, and prosecuted up to the present date, to ascertain the degree of accuracy which was observed in the dispensing of prescriptions, chiefly in their own parish. In all, fifty prescriptions were sent out, namely, thirty to chemists and druggists, fourteen to co-operative stores, two to "doctors' shops," and four to certain drug companies. They decided to give a liberal margin for errors, and accordingly did not schedule any prescription as incorrectly made up if the chief constituent were within 10 per cent of the amount ordered. According to this classification, no fewer than seventeen out of the fifty prescriptions were incorrectly dispensed. The limits of error were very wide indeed, for in one case the quantity of the drug supplied was less by 85 per cent than that ordered, and in another 57 per cent more than had been ordered. The chemists and druggists pure and simple have

come out of this ordeal with great credit, as in only two cases did the errors mount up so largely as to be scheduled, while "co-operative stores" figure on the black list three times, the "doctor's shop" once, and the "drug company" three times. Thus, to put it in another way, 75 per cent of the prescriptions dispensed by the latter class are untrustworthy, 50 per cent of those from doctor's shops belong to the same category, while 20 per cent of the prescriptions dispensed at the stores, and 6 per cent of those at a regular druggist's, will also exceed the margin of error. The moral is obvious.—*British Medical Journal*.

**INOCULATION FOR THE CONTROL OF PHTHISIS.** The mortality from phthisis in Paris has amounted in two months to more than one thousand, and it is reported that, with the object of checking this excessive death-rate, French *savans* are about to try the principle of inoculation, which, under M. Pasteur's recent discoveries, has been received with such extraordinary favor by French professional men. It is proposed to obtain subscriptions for a series of experiments, to be conducted on a large scale over a considerable area and for a period sufficiently long to make the results trustworthy. The influences of climate will be tested by the establishment of different stations for these tentative researches and operations. One of these stations is to be situated on the northern coast, near Boulogne, another in the warmer temperature of the Riviera. Records will be kept of the various experiments, and a journal devoted to chronicling them. The support of several eminent medical men has been already promised, and subscriptions in aid of the project have commenced to flow in. While devoting itself chiefly to experiments on live animals by inoculation, the society will also study to effect the alleviation of phthisis by the destruction of microbes. *London Lancet*.

**THE TEREBENES.**—So much attention has of late been directed to the subject of pure terebene as a medicinal agent, that it may be as well to remember that there is a group of substances known chemically as the terebenes. It

is, in fact, the generic name for the volatile oils or hydrocarbons, isomeric or polymeric, with oil of turpentine. Nearly all the terebenes are liquid at the ordinary temperatures, and most of them are lighter than water. Natural terebenes treated with acids, especially strong sulphuric acid, generally undergo an alteration of molecular arrangement without change of chemical constitution, the odor being for the most part greatly altered. A terebene often yields several isomeric modifications by treatment with various acids, or by repeated distillation with the same acid. The substance called pure terebene is made by the action of concentrated sulphuric acid on oil of turpentine. The process is an old one, and, as far back as 1873, M. Riban read a series of papers on the subject before the Pharmaceutical Society of Paris. To prevent any misconception, it may be as well to state that the pure terebene used in the treatment of bronchitis is not a patent medicine; and that it may be made or sold by any body without the slightest fear of infringing any patent rights.

**PTOMAINE IN STALE FISH.**—Last year several cases of poisoning by stale sturgeon occurred at Kharkov; five terminated fatally. Anrep, studying the cause of these accidents, showed that a ptomaine was the efficient cause, and could be extracted from the fish, as well as from the contents of the stomach and intestines, the liver, blood, brain, and urine of the victims. The alkaloid differs from the ptomaines of Brieger. It is an amorphous, highly alkaline body, forming soluble salts, and extremely toxic. Caustic agents and boiling destroy the toxic power of the alkaloid, which has two chief characters, viz., its fixity, whether in the solid state or in ethereal solution, and the slowness of its reducing action on the blood. The hypodermic injection of a quarter of a milligram in a dog causes vomiting, mydriasis, general prostration, and slowness of the movements of the heart. In the rabbit the action is much more rapid, and the above-mentioned dose causes death in two hours. The march of the symptoms in the poisoned individual is in harmony with the results of physiological research, and indicates, according to Anrep, that



the poison first paralyzes the spinal cord, then the medulla oblongata, and acts, probably, on the plain muscular tissue.—*London Lancet*.

**KENTUCKY DELEGATION TO THE AMERICAN MEDICAL ASSOCIATION.**—The following is the list of delegates to the approaching meeting of the American Medical Association, appointed at the last meeting of the Kentucky State Medical Society:

William Bailey, J. A. Larrabee, D. S. Reynolds, J. M. Mathews, William Cheatham, F. C. Wilson, M. F. Coomes, W. O. Roberts, J. B. Marvin, J. P. Thomas, L. B. Todd, J. H. Letcher, Horatius Mann, J. N. McCormack, L. S. McMurtry, Fayette Dunlap, R. C. McCord, O. D. Todd, A. W. Johnstone, H. Brown, and Edward Alcorn.

Those whose purpose it is to attend the meeting of the National Association in St. Louis, are requested to notify the Secretary, Steele Bailey, M. D., Stanford, Ky., at once, giving exact address, so that credentials may be made out and forwarded. All members whose names are embraced in the above list, who will not attend, are requested to so notify the Secretary at the earliest possible date, in order that alternate delegates may be accredited, thereby assuring the Society's membership of full representation in the National Association.

**BAD MEDICINE IN CHINA.**—Whenever an unskillful physician, in administering medicines or using the acupuncture needle, proceeds contrary to the established forms, and thereby causes the death of the patient, the magistrate shall call in other physicians to examine the medicines or the wound. If it appear that the injury done was unintentional, the practitioner shall then be treated according to the statute for accidental homicides, and shall not be allowed any longer to practice medicine. But if he have designedly departed from the established forms, and have practiced deceit in his attempts to cure the malady, in order to gain property, then, according to its amount, he shall be treated as a thief; and if death ensue from his malpractice, then, for having thus used medicine with intent to kill, he shall be beheaded.—*Chinese Penal Code*.

*To the Medical Officers of the Marine-Hospital Service,  
Customs Officers, and others concerned:*

Official information having been received that the smallpox, which recently prevailed as an epidemic in certain provinces of the Dominion of Canada, is now under control, therefore the Regulations issued October 10, 1885, for the maintenance of quarantine inspections on the northern frontier of the United States, are hereby revoked.

JOHN B. HAMILTON,

*Supervising Surgeon-General.*

WASHINGTON, D. C., March 17, 1886.

**THE CREDIT SYSTEM.**—A writer in the *London Medical Press* says:

The credit system prevalent among the habits and customs of the populace is the chief grievance of the doctors. While every other free and independent citizen, as a rule, demands cash down for his wares or services, a doctor is the only man whom an utter stranger has the impudence to expect gratuitous services from, or to ask him to give his advice and medicines on trust. *Point d'argent point de suisse*, or, No coin no advice, should become the motto of the doctor as it is that of the lawyer.

**LACTIC ACID AS A CAUSTIC.**—Mosetig-Moorhof (*Centralblatt für Chirurgie*) recommends this acid in lupus fungating growths, rodent ulcer, and papillomata. Its value consists in its sparing the sound tissues. The simplest mode of application consists in mixing equal parts of lactic acid and finely powdered silica. This is spread thickly on gum-paper, and retained in position for twelve hours, removed, and renewed twenty-four hours afterward. From five to seven applications serve to cure lupus.

**DR. H. J. BIGELOW** has declined to accept the appointment which was tendered him at the Massachusetts General Hospital as "surgeon emeritus," and also the five beds which were placed at his disposal.

**THE Western Pennsylvania Medical College** is the name chosen for the newly organized college in Pittsburgh, Pa. We are informed that it has been liberally endowed, and will begin lectures in October next.

LONG-CONTINUED ALBUMINURIA.—We once asked Dr. Johnson how long he had known a case of albuminuria to extend. He replied, thirty years. We may safely conclude that a disease which could be extended over thirty years might, with more care, extend over forty, and leave life very much uncurtailed. But this implies great care on the part of the patient and physician alike.—*London Lancet*.

RUSH MEDICAL COLLEGE, CHICAGO.—The forty-third annual commencement exercises of Rush College took place at Central Music Hall on the 16th ult. The graduates in a regular course numbered 156; the Honorary degree was conferred on five gentlemen: Dr. Daniel Hack Tuke, of England; Dr. Grant, of Cairo, Egypt; Dr. Haecker, of Hamburg, Germany, and Drs. Hanna and Sheffield, of Illinois.

J. MILFORD BARNETT, M. D., M. R. C. S., L. M., retired surgeon H. M. Indian Army, College Gardens, Belfast, Ireland, says: "I have tried bromidia, and with very encouraging results. In it the hydrate of chloral is well masked and modified, and the combination seems to diminish the chloral's weakening power on the heart."

FOR INFLAMED PROSTATE.—Acute inflammation and enlargement of the prostate is much relieved by the continued application of hot water to the perineum, and its injection into the rectum, giving directions for its retention. The pain often subsides in a very short time, and micturition becomes easier.—*Medical World*.

MEDICAL SOCIETY OF SOUTH CAROLINA.—The following officers have been elected: President, Dr. H. W. DeSaussure, jr.; Vice-President, Dr. Manning Simons; Secretary, Dr. P. Gourdin DeSaussure; Treasurer, Dr. C. B. Lanneau; Librarian, Dr. W. C. Ravenel.

AMERICAN VETERINARY COLLEGE.—The Commencement exercises of the American Veterinary College were held at Chickering Hall, March 1st, when diplomas were conferred on twenty-eight graduates.

DR. DANIEL G. BRINTON, whose work on American Ethnology was recently very favorably criticised in the *Atlantic Monthly*, has been made laureate of the Société Américaine de France for 1885, and has been awarded the medal of the Society for his works on the aboriginal tongues of America.

NICKEL-PLATED COOKING UTENSILS DANGEROUS.—The Supreme Sanitätsrath of Vienna, having submitted nickel and nickel-plated cooking utensils to a careful chemical examination, has decided that their use, from a sanitary point of view, is not free from serious objection.

DR. JOSEPH HOLT, President of the Louisiana State Board of Health, has been appointed a member of the Council of the Section on Public Health and Hygiene of the next International Congress, Dr. Joseph Jones, of New Orleans, being President of the Council.

### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department United States Army, from March 14, 1886, to March 27, 1886:

*Captain John R. Van Hoff*, Assistant Surgeon, ordered from Department California to Department Missouri. (S. O. 60, A. G. O., March 13, 1886.) *Assistant Surgeon John J. Cochran*, ordered for duty as Post Surgeon, Fort Mason, Cal. *Assistant Surgeon A. S. Polhemus*, ordered for duty at Presidio of San Francisco, Cal. (S. O. 18, Department Cal., March 15, 1886.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for two weeks ended March 27, 1886:

*P. H. Bailhache*, Surgeon, detailed as chairman Board of Examiners, March 15, 1886. *C. S. D. Fessenden*, Surgeon, detailed as member Board of Examiners, March 15, 1886. *George Purviance*, Surgeon, detailed as recorder Board of Examiners, March 15, 1886. *Wyman, Walter*, Surgeon, detailed as chairman of board for physical examination officer, Revenue Marine Service. March 27, 1886. *Sawtelle, H. W.*, Surgeon. Granted leave of absence for thirty days. March 27, 1886. *Irwin, Fairfax*, Passed Assistant Surgeon. Granted leave of absence for seven days. March 22, 1886. *Ames, R. B. M.*, Passed Assistant Surgeon, detailed as recorder of board for physical examination officer, Revenue Marine Service. March 27, 1886. *White, J. H.*, Assistant Surgeon. Granted leave of absence for three days. March 23, 1886.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. I.  
[NEW SERIES.]

LOUISVILLE, KY., APRIL 17, 1886.

No. 8.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

Erysipelas and Other Septic and Infectious Diseases incident to Injuries and Surgical Operations Prevented by a Method of

### ATMOSPHERIC PURIFICATION.

[CONTINUED FROM THE LAST NUMBER AND CONCLUDED.]

BY DAVID PRINCE, M. D.

I. November 17, 1884. Mrs. S., forty-eight years of age, childless. A tumor was first noticed six months ago. Uterus low down in the pelvis, not moving by pressure upon the abdomen.

18th. Cathartic and quinia, five grains (.33 gram).

19th. 8 A.M. Tr. digitalis, six minims (.4 cc.), sulph. cinchonidia and quin. s. ãã ten grains (.66 gram).

Operation from 9 to 11; the pedicle being retained in the wound and held by Atlee's clamp. The adhesions were not important. The sutures were of silk, supplemented by long plastic pins with the twisted suture. The wound was dressed by a dry dusting of iodoform, carbolized oil, cotton, a pasteboard over the cotton, and adhesive strips over all, passing around the back.

In the shock immediately following the operation, there was a depression of temperature to 96° F. Eleven hours later the temperature had risen to 99°, and at no time afterward was it above 99.6°. There were nausea and vomiting on the second and third days, but the patient recovered in six weeks without any

mishap. The urine was evacuated partly by a catheter left in, and partly by a catheter introduced at intervals.

For a few days after the operation, sufficient morphia was given to secure comfort, and from five to ten grains of quinine were given daily to the completion of recovery. For a considerable time after the recovery, the patient complained, on moving about, of a drawing sensation, attributed to the tension of the pedicle, but this ultimately passed away entirely.

II. Mary H., aged seventeen, in good health until the discovery of a tumor, a few months ago, which has had a rapid growth, beginning in connection with a fever, which she had in October, 1884. The tumor extends three inches above the umbilicus.

Preparation by laxatives and quinia for two days before the operation, March 9, 1885, between 12 and 2.

A short incision was first made, and a trocar was introduced for evacuating the fluid. This failed in a great degree on account of its extremely multilocular character. The incision was then extended three inches above the umbilicus, and a sac with thin walls ruptured, spilling some fluid into the peritoneal cavity. After lifting out the mass, which was not adherent except to the omentum, the short and flat pedicle was tied in four sections by a salicylated silk ligature. Notwithstanding this, the principal vessel, after division of the pedicle, bled freely, spilling some blood into the peritoneal cavity. This vessel was twisted by pressure forceps, and the end of the pedicle was closed over by the peritoneal membrane with catgut sutures. The outer portion of the oviduct went with the tumor, so that the outer end of its central portion became closed in with the end of the pedicle.

After sponging out the blood (not removing

all the minute clots), the peritoneal lining on opposite sides of the wound was brought together by a continuous suture of catgut, and after this a suture of the muscles was made with catgut.

With a theory of holding the pedicle to the suture line of the abdomen, so that in case of a possible abscess forming in connection with the silk ligatures, the ends of these ligatures, which had been left long, were tied over the catgut sutures already mentioned, and then cut off short.

The cutaneous line of sutures was of three kinds, quilled, twisted, and interrupted.

The wound was covered by pledgets previously soaked in carbolized oil, by sublimated cotton, by a pasteboard, and by a roller bandage.

The spilling of fluid from a ruptured sac and of blood from an artery of the pedicle should be put down as avoidable accidents.

The silk ligature to the pedicle, and its retention by this ligature to the suture line, must be regarded as a bad element in the proceeding, as will appear in the sequel.

The operation was preceded by the hypodermic injection of morphia, one fourth grain, and tincture of digitalis, ten minims. At the close of the operation the pulse was 150, respiration 30, and the temperature 99.2°. Five hours later, pulse 150, respiration 28, temperature 103.2°. Eight hours later, pulse 134, respiration 36, temperature 101.6°.

Four drops of tincture veratrum viride were given.

Sixteen hours, pulse 132, respiration 36, temperature 103°.

Hypodermic injection of one fourth grain of morphia, and a cold-water coil was applied to the abdomen. The pulse, respiration, and temperature were gradually reduced.

Twenty-two hours, pulse 120, respiration 30, temperature 100°.

Morphine, one fourth grain, tincture veratrum viride, four minims.

Twenty-six hours, pulse 130, respiration 23, temperature 98.6°.

The cold coil was discontinued.

On the fourth day there was a rise of pulse, respiration and temperature; pulse 140, respiration 25, temperature 102.6°, which sub-

sided under the application of the coil laid upon the abdomen and carrying cold water. Sulph. quinine in five-grain doses was given every day.

The case progressed uniformly, the temperature sometimes rising and again subsiding under the influence of the cold coil, until the thirteenth day, when offensive pus was found escaping from the hole made by one of the pins of the twisted suture. A syringe was employed to cleanse the supposed small pus cavity, and the suture line was not opened up, as might have been done.

On the eighth day, in connection with a movement of the bowels, secured by a cathartic, she became restless, and the pulse went up to 160, respiration 120, and temperature 104°.

After death, which occurred in twelve hours from the incipency of bad symptoms, there was found an abscess around the pedicle, closed in by adhesions which had given way, permitting fetid pus to enter the general peritoneal cavity.

It is conceived that an abscess had formed in connection with the silk ligature, and traveled along a path made unintentionally by silk coming into contact with a pin of twisted suture. Had the case been understood earlier, and the abscess pumped out and washed with carbolized or borated water, and cathartics not given, it is probable that the case would have proceeded to a successful termination.

The improved practice, avoiding silk and using exclusively animal material for ligatures and sutures, thus greatly diminishing the danger of the formation of abscesses, will be explained further on.

This putrefactive complication came from the air of the room in which the patient lay, and not from the room in which the operation was made.

III. Mrs. P., aged fifty, and mother of several children. The duration of the tumor is three years, and it has been tapped twice—the last time but little fluid was obtained. The patient has had several attacks of severe sickness, with abdominal tenderness, leading to the probability of finding adhesions.

May 18, 1835. A cathartic at bed-time.

19th. Five grains of s. quinine morning, and at noon.



20th. 9:30 A. M. The operation lasted one hour.

The omentum was found adherent to the whole anterior surface of the tumor and to the abdominal wall, so that, as the tumor came out, it left the peritoneal surface in a very rough condition.

The upper portion of the omentum was tied in two parts with whale tendon, cut off, and the stumps dropped into the abdomen.

The pedicle was inclosed with a tourniquet made of a piece of fishing line attached to a *Chassaignac's ecraseur* in place of its chain.

The flow of blood into the tumor was thus arrested, after which the pedicle was cut off close to the tumor. The open mouths of the vessels were pinched and twisted, and on relaxing the tourniquet the bleeding vessels were squeezed and twisted again. The situation of the principal vessel was tied separately by whale tendon, and sutures were taken so as to cover the end of the stump with peritoneal surfaces, after which it was dropped back into the pelvis.

Some blood clots were taken out of the *cul-de-sac* behind the uterus, and the other ovary was found to be healthy.

Some shreds of adhesive material were tied with whale tendon and cut off. The wound was finally closed without regard to a perfect "peritoneal toilet," believing that small blood clots will be disposed of like the sutures and ligatures. The wound was closed by four kinds of management:

1. The peritoneal surfaces of opposite sides were brought together by a continuous suture of whale tendon.

2. The muscular and adjacent tissues were brought into contact by a continuous suture of the same material.

3. The skin was closed by an over and over continuous suture of guitar string.

4. A through and through suture was made of fiddle string, a piece of rubber tubing protecting the skin as a modification of the quilled suture. All this animal suture and ligature material had been macerated in a solution of mercuric bichloride (1 to 1000 of water) containing ten per cent of glycerine.

The patient had a hypodermic injection of

digitaline,  $\frac{1}{50}$  grain (.0013), with s. morph.  $\frac{1}{4}$  (.014).

The extremities were kept warm by artificial heat. The anesthesia was initiated by breathing ten minims (.65) of nitrite of amyl with chloroform, after which ether was employed. A carbolic spray was kept playing upon the wound.

Before the operation the pulse was 80, the respiration 16, and the mouth temperature 97.75°. The exceeding thinness of the cheeks may account for the low temperature.

	Pulse.	Resp.	Temp.
11:00 A. M.....	96	—	97.6°
12:00 M.....	98	—	95°
1:00 P. M.....	94	18	94.6°
4:30 P. M.....	100	10	95°
8:00 P. M.....	96	9	96°
21st. 11:00 P. M.....	96	12	98.5°
4:30 A. M.....	104	18	98°
6:20 A. M.....	104	16	98.5°
9:30 A. M.....	108	18	98.5°
12:30 P. M.....	104	18	98°

The slow respiration is attributed to an extreme susceptibility to the effect of morphia. Otherwise the table is a good picture of shock.

5:30 P. M. Pulse 108, respiration 22, temperature 98.5°.

One fourth grain of morphia and one fiftieth grain digitaline injected hypodermically, slowing the respiration.

7:30 P. M. Pulse 108, respiration 11, temperature 98°.

9:45. Pulse 108, respiration 10, temperature 98°.

22d. 2:00 A. M. Pulse 108, respiration 12, temperature 98°.

One twelfth of a grain of morphine is to be taken by the mouth as often as there is evidence of pain or uneasiness.

	Pulse.	Resp.	Temp.
6:15 A. M.....	108	12	98°
9:30 A. M.....	116	16	98°
12:20 P. M.....	104	18	99.5°
5:15 P. M.....	108	16	98.5°
8:35 P. M.....	116	14	99°
10:40 P. M.....	108	16	99°

The skin is of natural pliability, and the appetite is returning.

23d. The cold coil is set to work.

	Pulse.	Resp.	Temp.
2:00 A. M. ....	108	12	98.5°
6:30 A. M. ....	108	13	97.75°
11:40 A. M. ....	100	16	98°
8:00 P. M. ....	108	17	99.5°

Good spirits; voice natural; appetite restored. The position on the back is carefully maintained. The urine is normal, and has been drawn at intervals of three hours, except while a catheter remained in the bladder. The cold coil was maintained only a short time. There was never a temperature above 99.5°.

27th. The wound was dressed at the end of a week.

29th. Bowels moved with the aid of a cathartic.

July 4th. The patient weni home.

There was at no time any evidence of supuration in the suture line. The external portion of the larger sutures became detached in from fourteen to twenty-one days. From other experience it is known that the whale tendon disappears in from five to seven days.

This case shows that if a patient suffers from extreme shock, and recovers from it, the further progress may be as favorable as though there had been no shock at all. The recovery of health became ultimately complete.

#### EXTIRPATION OF THE UTERUS AFTER THE METHOD OF FREUND.

IV. Mrs. J., aged thirty-nine, having had an epithelial degeneration of the os uteri two years, and having had removal of the morbid growth in August, 1884, and again a thorough removal in April, 1885, and having a return of the growth with repeated hemorrhages, yet having a fair degree of vitality, submitted to the operation July 13, 1885.

The cavity of the uterus was three inches, and the whole organ movable.

The examination of the uterus *post-mortem*, however, showed that the neck and the lower part of the body was enlarged, and that the disease extended into the broad ligaments.

The patient died of shock twenty-eight hours from the close of the operation, without having had any reaction. There was not, however, an extreme fall of temperature, 96.5° being the

lowest, fifteen hours from the close of the operation.

The operation was done by an incision from the umbilicus to the pubes. The broad ligament was seized with forceps, and tied with ligatures of fiddle string, intended to remain permanently, and on the inside of the ligatures the broad ligament was cut. Then deeper ligatures were applied, and a cut made on the median side of them, pressure forceps being employed to arrest any bleeding until the vagina was reached. The uterus was carefully dissected from the base of the bladder, and the vagina itself was cut and partly torn, and the uterus was lifted out. There was found to be such a thickening of parts by morbid deposit, that the opening into the vagina could not be satisfactorily tied with sutures.

The following are the steps of the operation and the time:

9:15 A. M. Commenced anesthetization.

9:36 A. M. First incision.

9:40 A. M. Peritoneum opened.

9:50 A. M. First ligature on the broad ligament.

9:53 A. M. Second ligature on the broad ligament.

10:02 A. M. The first cut in the broad ligament.

10:15 A. M. Both broad ligaments cut.

10:27 A. M. Hypodermic injection of cocaine, .020; digitaline, .001; s. morph., .014.

11:30 A. M. Uterus removed.

11:06 A. M. Suturing begun.

11:18 A. M. Suturing completed.

11:24 A. M. Dressing completed.

The whole time, two hours and nine minutes.

If the diagnosis of the extent of epitheliomatous infiltration had been made, the operation would not have been undertaken.

The proceeding in this case showed the practicability of making such an operation as might be safe to life, if the uterus were the only seat of disease.

The patient died of shock, and not from any impurity of the air to which the peritoneal cavity was exposed. The amount of blood lost was very small.

The experience of this operation showed that the change of air contemplated by means of its



rarefaction by heat, which is felt in the operating room, is impracticable with an outside temperature of 90°, as was the case on this day. To remedy this difficulty, an arrangement has been made to blow air into the basement by a Sturtevant fan, which is run by an engine. A room in a large establishment can have an exhaust connected with a smoke stack, which will secure a change of air and fulfill the indication of frequent change of purified air.

V. Mrs. S., aged thirty-one, confined with her third child three months ago, when it was discovered that she had an ovarian tumor.

Several attacks of severe pain led to the suspicion of the existence of adhesions. The violence of these attacks, some of which were of a colicky nature, led her to submit to an operation.

The night before the operation the pulse was 83 and the temperature 98.6°. A cathartic was given, and no breakfast allowed. The morning before the operation, ten grains (.65) of quinine were taken in place of the breakfast.

1. November 11, 1885. An incision was made in the median line, four inches in length, not reaching up to the umbilicus.

A considerable amount of ascitic fluid escaped as soon as the peritoneum was incised.

A Spencer Wells' trocar was then introduced, nearly evacuating the tumor.

The flaccid tumor was lifted out, carrying with it a portion of the omentum, and some loops of intestines, which were immediately covered with a towel wet with warm carbolized water.

2. The pedicle was next clamped by a cord, which was a piece of fishing line, attached in place of the chain, to a *Chassaignac's ecraseur*. It is suggested that a strong silk braid makes a better cord than that here employed.

The pedicle was next cut off close upon the tumor, including the oviduct.

3. After pinching with pressure forceps what appeared to be the mouths of vessels, the raw surface was covered with peritoneum by sewing, with fine whale tendon, the opposite peritoneal edges, making a continuous suture. A ligature of aseptic fiddle string was then applied for additional safety, after which the pedicle was dropped into the pelvis.

4. The adhesions were cut off one after another, and treated the same way. One intestinal adhesion was so close that a portion of the tumor was left upon the intestine. The surface of this was scraped and sewed in, so that no part was left uncovered by peritoneum.

5. The wound was closed by four lines of suture: First, the peritoneal surfaces by a continuous whale-tendon suture; next, the muscular and connective tissue in the same way; then a continuous cutaneous suture, the needle being passed deep into the tissues, carrying a portion of aseptic fiddle string; and, lastly, a fine continuous suture of whale tendon, in order to secure an accurate closing of the cutaneous margins.

6. Iodoform was dusted upon the surface; then carbolized oil was applied; then sublimated cotton of considerable thickness; next a pasteboard, to afford a good surface for the bandage; and next, a roller bandage of adhesive plaster, covered by a muslin roller bandage; and over all this, finally, an elastic rubber bandage. This latter is generally applied for temporary pressure upon the abdominal contents, to be discontinued in a few hours.

At 10:45 A. M., after the dressing was completed, there was a hypodermic injection of s. morph. one half grain (.033), with digitaline one fiftieth grain (.0013).

11:45 A. M. Pulse 80, temperature 98°. From this absence of depression of temperature, it appears that there was very little shock.

2:00 P. M. Pulse 110, temperature 100°.

6:00 P. M. Pulse 96, temperature 101°.

The employment of the cold-water coil was commenced and continued all night.

12th. 12:30 A. M. Pulse 104, temperature 100.4°.

2:00 A. M. Pulse 108, temperature 101.5°.

The temperature never rose above this. The convalescence was uninterrupted, and the patient went home in four weeks.

Sufficient morphia was given to counteract any sense of discomfort. Quinine was administered every day, and the bowels were kept open by the daily use of a pill containing aloes, nux vomica, and belladonna.

VI. Mrs. M., aged forty-three, mother of

several children, first became aware of a tumor eleven months ago. The tumor proved to be very multilobular, weighing ten pounds. There was a larger weight of ascitic fluid than of the tumor itself.

The incision extended from the pubes to a point two inches above the umbilicus, revealing a tumor of an elliptical shape.

After the escape of a large amount of ascitic fluid, the pedicle was clamped as in the preceding case, cut off next the tumor, after which the tumor was drawn out from the abdomen, presenting its shortest diameter transversely to the incision, after which a considerable omental adhesion was cut and sutured, so as not to present any surfaces uncovered by peritoneum.

The extremity of the pedicle was then treated as in the last case. A small artery was found spouting, having slipped out from the grasp of the clamp. This was tied without much delay, and concealed under the serous covering by sutures.

The ascitic fluid was not completely removed from among the intestinal folds, thinking that, under the antiseptic precautions, the presence of the fluid was a less evil than the contact of sponges. A careful "peritoneal toilet" was not attempted.

The wound was closed as in the last case, there being nothing but animal substances employed for ligatures and sutures. In two weeks the ends of the sutures outside of the skin came off, and on the twenty-eighth day, December 23d, the patient went home.

It will be interesting to follow the symptoms a few days.

November 24th. A cathartic.

November 25th.—Quinine, twenty grains (1.29), in the morning.

10 A. M. Pulse 84, respiration 16, temperature 98.5°.

Two days before the operation the pulse had been 108, and the temperature 101°, after riding two hundred miles.

Previously to the operation, a hypodermic injection was given of s. morph. one fourth grain (.016) and digitaline, one fiftieth grain (.0013).

From the commencement of anesthetization

to the completion of the dressing, one hour and ten minutes, ending at 2.20 P. M., a pulse of moderate volume was maintained.

	Pulse.	Resp.	Temp.
2:10 P. M.....	116	16	98°
4:00 " .....	101	16	97°
5:00 " .....	122	16	98°
6:00 " .....	128	16	98.5°
7:00 " .....	138	17	99.4°
9:00 " .....	128	18	99.4°

She complained of tightness and the rubber bandage was removed.

26th. 2 A. M. The patient has vomited twice since the operation. Pulse 118, respiration 18, temperature 99.5°.

A hypodermic injection of s. morph. one half grain (.032).

	Pulse.	Resp.	Temp.
8:00 A. M.....	120	20	99.6°
9:00 " Injection of morph. one fourth gr.(.016)			
11:00 " .....	126	22	100°
3:00 P. M.....	128	26	101.2°
5:30 " Morphia injection one fourth grain (.016)			
7:00 " The cold coil upon the abdomen began to circulate cold water.			

8 P. M. Pulse 130, respiration 22, temperature 102°.

Morphia, one fourth grain (.016) by the mouth.

9:20 P. M. Pulse 120, respiration 22, temperature 100.8°.

12:00 M. Morphia, one fourth grain (.016). No more hypodermic injections were given.

29th. 2:30 A. M. Pulse 138, respiration 22, temperature 100.8°.

8:45 A. M. Pulse 140, respiration 24, temperature 99.2°.

Tincture veratrum viride given in a dose of four minims (.26). She sleeps the larger part of the time, and is free from any expression of pain.

1:40 P. M. Pulse 132, respiration 24, temperature 98.8°.

The appetite for ice has diminished, and she has taken a little beef tea. Morphia, one fourth grain (.016). The coil is discontinued.

6:00 P. M. Takes a little milk with whisky. Pulse 144, respiration 26, temperature 99.2°.

8:00 P. M. Morphia, one half grain (.032).



9:40 P. M. Pulse 132, respiration 26, temperature 99°.

28th. 8:10 A. M. Pulse 144, respiration 26, temperature 99°. Sulph. quinia, five grains (.32). She takes some milk and whisky.

1:20 P. M. Pulse 148, respiration 26, temperature 99°. Takes a little coffee and toast. Fl. ext. digitalis, six minims (.39).

3:00 P. M. Pulse 124, respiration 26, temperature 99°.

It is interesting here to note the apparent effect of the digitalis, reducing the rate of the pulse twenty-four beats in one hour and forty minutes, or about one beat to four minutes, without changing the rate of the respiration or the grade of the temperature. The pulse remained permanently stronger and less frequent, and nothing more occurred to occasion any anxiety.

Morphia was exchanged for codeia; one grain being given whenever there was any expression of pain, and fl. ext. digitalis in one-drop doses once every hour; afterward once in three hours, for a few days.

Quinine was given in doses of five grains (.36) three times a day, and three times a day a pill prepared by McKesson & Robbins, containing

Aloine.....	$\frac{1}{8}$ grain (.0130)
Strychnine.....	$\frac{1}{80}$ grain (.0008)
Ext. belladonna.....	$\frac{1}{8}$ grain (.0080)
Ext. cascara sagrada....	$\frac{1}{2}$ grain (.0320)

The urine was drawn once in three hours, or permitted to run through a catheter held in the urethra.

In all the operations here detailed, the steam spray with carbolic acid was employed while the wound was open, in order to keep the surfaces moist and in a condition most likely to destroy by their secretions any septic agents which might by any possibility gain an entrance.

VII. Mrs. B., aged fifty-two, widow, never having been pregnant. It is eight months since the discovery of something wrong in the abdomen.

Before operation, pulse 76, respiration 28, temperature 98°.

February 3, 1886. Operation in the same

manner as already described, employing only animal sutures and ligatures.

The tumor was multilocular, not admitting of much diminution by trocar, and requiring an incision ten inches in length.

The lowest temperature of shock was 95.8°, fourteen hours after the operation.

The highest temperature reached was 102°; for a short time on the sixth day.

The cold coil was applied when the temperature approached 100°, and kept on until the reduction of the temperature and the comfort of the patient required its removal.

9th day. The patient has been thoroughly purged, to relieve a diarrhea believed to depend upon an imperfect evacuation of the colon.

Pulse 98, respiration 30, temperature 99.8°.

15th day. The abdominal tenderness has disappeared, but the patient is troubled with anorexia, nausea, and diarrhea.

The wound is dressed for the second time. On the first dressing the union seemed to be perfect, except a suppuration at the lower end. Now the parting of the cutaneous adhesions has extended and a similar opening appears at the top.

Pulse 104, respiration 24, temperature 98°.

16th day. Pulse 100, respiration 24, temperature 97.5° in vagina.

Smoked with relish for the first time since the operation.

A suppository of cocaine .13 arrested the diarrhea.

The anorexia continues.

A suppository containing morphia .016 and cocaine .13 was introduced twelve hours after the first one.

17th day. She took a teaspoonful of egg-nog every hour during the night. A change of the dressing reveals two points of suppuration, one at either extremity of the suture line.

Pulse 120, respiration 28, temperature 98° in mouth.

Some hypodermic injections of whisky, 20 minims (1.30 cc.) each, were given, reducing the pulse from 130 to 120 beats in a minute.

18th day. Pulse 140, respiration 28, temperature 98° in vagina, falling in the course of the day to 97.6°.

The pulse became gradually weaker, the extremities colder, with clouding of consciousness till death, at 8:30 P. M.

*Post-mortem.* The suture line in the peritoneum was found to be perfect without any communication with the peritoneal cavity, but the space above the muscles was full of pus from one end to the other.

On going through the peritoneal suture the intestines were found united to the abdominal wall and to each other by firm adhesions, and it was at first supposed that there could be no pus in the peritoneal cavity. On going through this layer of adhesions, however, several purulent collections were found bounded by adhesions and free from odor, except one, which communicated through an ulcerated opening with the intestinal canal. From this purulent collection bubbles of air came with an offensive odor. But for this opening, these purulent collections might have been ultimately absorbed or encysted and the patient might have had a protracted convalescence.

The non-putrefactive character of these collections, which had no atmospheric communication, is an encouraging fact in connection with an attempt to surround the wound, while open, with an aseptic atmosphere.

VIII. Mrs. S., aged twenty-six. She has had two children, the youngest being four years old. The tumor has existed five years. The last menstruation was on the 14th of December.

The operation was upon the plan already described, only that in place of Lister's spray a volume of air was made to blow directly upon the abdomen after having been passed through a spray of warm water. The tumor had a single cyst, and weighed, with its contents, forty-three pounds.

There was a large area of adhesion to the anterior abdominal wall, which required a considerable time for dissection. The clamping of the pedicle and its separation before removing the tumor facilitated the manipulation of the tumor during the separation of the adhesions, and prevented any bleeding from the tumor side. By cutting close upon the tumor, the amount of hemorrhage was reduced to the lowest possible amount. The pregnant uterus was interfered with as little as possible.

4th day. The appetite has not yet returned. Several hypodermic injections of morphia have been made, each containing .016.

Pulse 108, respiration 24, temperature 98.5°.

The cold coil has been kept on as long as the temperature has been 100° or over.

9th day. All tenderness has disappeared and the appetite is good, with good digestion. The bowels have moved without a special cathartic.

13th day. 8 A. M. An abortion occurred.

9 A. M. A chill was checked by a hypodermic injection of morphia .016.

Pulse 130, respiration 24, temperature 101.5°.

The cold coil was applied for a short time.

2:30 P. M. The adhering placenta was removed.

5:30 P. M. Pulse 120, respiration—, temperature 95.5°.

8:45 P. M. Pulse 118, respiration, 20, temperature 96°.

10 P. M. Pulse 120, respiration 22, temperature 97.5°.

14th day. 6:45 A. M. Pulse 124, respiration 26, temperature 99.8°.

9 A. M. Vagina was washed out with carbolic water.

11:30 A. M. Pulse 124, respiration 28, temperature 102.1°.

Cold coil applied and hypodermic injection of morphia .016.

12 M. Pulse 124, respiration 28, temperature 101°.

A fall of 1.1 degrees in half an hour.

This is a good illustration of the course of shock manifested in temperature without disturbance of the respiration, and without more acceleration of the pulse than the loss of blood may account for.

The only symptom occasioning anxiety has been in the extreme vomiting occurring on the fifth and sixth days. The redeeming feature was the existence of a desire for food at the same time that it was speedily rejected.

The fact of the existence of pregnancy helps to put this symptom into that classification. The administration of oxalate of cerium was followed by an amelioration of the vomiting.

The room which has been described has been used for the performance of a great va-



ety of operations, and no septic complication has arisen which could not be accounted for by exposure of the wound to the air of the room afterward occupied by the patient.

It is believed, therefore, that the task of avoiding exposure to septic influences during an operation has been fully accomplished.

The dangers that remain are shock, immediate or delayed, non-putrefactive suppurations, and consequent perforations, putrefactive suppurations entering by sutures, and the developments of disease dependent upon various diatheses.

The hypodermic injection of morphia .016, atropia .0011, with tinct. of digitalis .30, may aid in averting shock, and the same combination may aid afterward in the recovery from shock. The securing of proper warmth, especially of the lower extremities, is important with the view of the prevention of shock.

The greatest possible exemption of the peritoneal surfaces from irritation should be observed, even though some blood clots escape removal and remain to be disposed of as if they were sutures or ligatures.

Writers upon special departments, often indulge in the announcement that operations, which are likely to fail or prove fatal if badly managed, should only be undertaken by those who have done them often. It must be conceded that the familiarity with the technics of special proceedings, favors speed, and thus helps to exempt from shock, but it may at the same time be claimed, that familiarity with the general principles involved in the successful management of wounds, of whatever sort, has more to do with general success than the dextrous procedure through a routine operation.

It is coming to be recognized that however great the skill, it will often fail without cleanliness. The cleanliness which can inspire confidence, must be not only from impurities which can be seen and washed away, but also from that which floats invisible in the air. Any good surgeon ought therefore to make a good operation of laparotomy, if he has a proper conception of septic dangers and the means of avoiding them.

In a statement before the French Surgical Congress, meeting in Paris, in April, 1884,  
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(*Revue de Chirurgie*, March, 1885, page 359) by M. Abadie, of Paris, in the course of extended remarks upon this subject, are the following paragraphs:

"A factor of the greatest importance is the microbic element. I can easily demonstrate this by taking the experience of ophthalmic surgeons, when, after an operation for cataract, there occurs suppuration in the eye. This complication should not be attributed to some influence of diathesis, but to some infecting cause. The essential condition is local and external.

"Previously to antiseptic practices, it was remarked, that suppuration did not occur after iridectomy, though a frequent accident after cataract extraction. The reason is, that after the operation for cataract, the aqueous humor is modified so as to contain more albuminoid material, becoming a better medium for culture, and of the multiplication of the microorganisms of suppuration.

"At this time, I think that sufficient care is taken of one's person, of those of assistants, and of instruments, but the atmospheric medium of the operation is neglected. The best protective dressings are applied too late, if the inoculation has already been made.

"The air in which we live is surcharged with microbes in innumerable quantities, which hasten putrefaction and interfere with the regular development of cicatrization."

This is extravagant, because we know that eyes are lost from injuries in which the external membranes are not ruptured and from diseases which arise spontaneously. An operation made, however aseptically, upon an eye about to go into destructive degeneration, must terminate disastrously.

There is no doubt, however, that most of the eyes that are lost after operations, might have been saved by the avoidance of the entrance of floating atmospheric particulate material.

The following statistics are interesting in this connection:

Dr. Arthur E. Prince has made cataract extractions on thirty-five eyes in this room, since its opening in November, 1884, without a case of corneal ulceration among them. In each case an ointment of iodoform, two parts in a

hundred of vaseline, was introduced into the conjunctival duplicatures before the application of the bandage.

Of a series of sixteen cases, performed successively in the patient's homes, or in other rooms in this private hospital, the first and last eyes were lost through corneal destruction. In the last patient belonging to this list, a lady eighty-five years old, one eye did well, and the other went into destructive inflammation, resulting in pain, high temperature and delirium, terminating in death. The two lists added make fifty-one, of which forty-nine in succession were successful.

The greatest pains have uniformly been taken with the instruments, to avoid the introduction of septic agents during the manipulations, the iodoform being relied upon to prevent subsequent infection. It is impossible, however, to prevent the entrance of a little air into the wound while the lens is escaping. This is ordinarily absorbed, as is the case with a globule of air introduced in a hypodermic injection, but in the one case, as in the other, infectious germs may once in a while start destructive inflammation. This experience is of great interest, revealing a source of danger in operations upon the eye which has hitherto generally escaped recognition.

This paper is given to the public as a contribution toward greater success in surgery, through the exclusion of an invisible enemy, which, until recently, has not even been conceived of as the cause of putrefactive changes in wounds.

JACKSONVILLE, ILL.

## HYSTERO-EPILEPSY.

BY JAMES WEIR, M. D.

Of the many neuroses there is none more difficult to diagnose, or more tractable under treatment, than the so-called hystero-epilepsy of the modern neurologist. *Gros mal* and *petit mal*, true hysteria, and various lesions of the cerebro-spinal tract are commingled by our numerous authors until they form a curious *melange*, which, in lieu of a better name, they call "hystero-epilepsy."

It is true that men have an analogue of the

female uterus in the *sinus pocularis* or *uterus masculinus*, but no one has as yet reported a displacement or an inflammation of this interesting organ that would account for an attack of hysteria in its male possessor. Yet we see such men as Sauvages and Dr. Hammond advancing the theory of hystero-epilepsy in the male. Is it not fit in this age of enlightenment that we eliminate such monstrous terms from our nosological list? Because a man (probably a neurasthenic) has a certain set of symptoms, which vaguely resemble those of the hysterical female, are we to set him down as being hysterical? The shades of Juno Pronuba and her sixty Oceanides from the other side of Styx cry, "No!"

The nomenclature of the various neuroses is sadly mixed, but in no morbid lesion where there is neurotic involvement, is this fact more noticeable than in hystero-epilepsy so called. In point of fact I do not believe that hystero-epilepsy can be shown to have any rational pathological warrant. 'Tis true that symptoms of hysteria and epilepsy may, very rarely, be found blended in the same subject; but the fact should be charged to the account of chance or coincidence, and not to pathological relationship, since the primary lesions or disturbances which give rise to hysteria on the one hand, and epilepsy on the other, differ in character, and have their seat in organs widely separated. The first is dependent on morbid lesions of the uterus and appendages. The second is a cataclysm in the gray matter of the brain. Hysteria is a secondary evidence of disease; epilepsy a direct or primary evidence. I have never seen a case of so-called hystero-epilepsy in which there was not an involvement of one or more of the uterine or vaginal concomitants. Either vaginitis, vaginismus, endometritis, perimetritis salpingitis, or oöphoritis was invariably present, and sometimes a displacement of the uterus occasioned the strange nervous disturbances which pass under this name. I have now under treatment a woman who has *prolapsus ani*. As soon as the gut descends she is thrown into violent convulsions. She becomes opisthotonic and saliva flows from her mouth. Semi-unconsciousness (if I may use such a



term) is a constant symptom. To a certain extent the case resembles one of *gros mal*; but careful study has taught me to differentiate between the symptoms in this case and those of true epilepsy, the *epilepsia gravior* of Bartholow. There are practitioners who have had cases of epilepsy in which the attack was not preceded by an aura. I have never seen one. Schroeder, Van der Kolk, and Eismann claim that the morbid lesion of epilepsy is to be found in the medulla oblongata. Echeverria and Meynert also locate the seat of trouble in the cranial cavity. I have very carefully examined the brains of several epileptics and invariably found morbid changes in the gray matter of the cranial nerve structure. Instead of "morbid changes" let me substitute "neoplastic changes," for the latter term is the better, since all nerve tissue so involved presents features that have clearly the characters of a new growth.

Epilepsy is essentially an affection of the brain, unaccompanied by any lesion of the spinal marrow. I hold it to be a matter of easy demonstration that there is no pathological connection between epilepsy and hysteria. Moreover, "epilepsy is essentially a disease which bears the stamp of hereditary transmission" (J. Russell Reynolds), while hysteria is a manifestation of local lesions or derangements occurring at any time of life, and in no way dependent upon hereditary taint or predisposition. The renal and hypogastric plexuses in subjects dead of so-called hysterio-epilepsy, are found always to be involved in morbid changes when there is disease of the uterus and its concomitants; the brain—never.

LOUISVILLE, KY.

**MOSANDRINE.**—In the last number of the *Comptes Rendus*, M. Lecoq de Boisbandran gracefully acknowledges the courtesy of Dr. Marvin, of this city, in transmitting to him a specimen of a rare earth from the laboratory of the late Professor J. Lawrence Smith, supposed to be mosandrine, and of which Prof. Smith is thought to have been the discoverer. Dr. Marvin has done science a good turn, and exhibited a commendable regard for the fame of his distinguished friend, by imparting to the scientific world a knowledge of much valuable work done by him, but at his death left incomplete.

## Societies.

### CHICAGO MEDICAL SOCIETY.

Stated Meeting, March 15, 1886, the President, C. T. Parkes, M. D., in the chair.

Dr. Robert H. Babcock made remarks on two cases of mitral stenosis, with presentation of the patients.

Dr. Babcock said that he did not intend to give any discussion of mitral stenosis, but merely desired to present a few points of interest in connection with these patients. Mitral obstruction is due to a fusing together of the valves so that they project into the ventricle in the form of a funnel, which, according to many authors, is the most frequent form of stenosis; according to others, the obstruction is due to a septum-like valve stretching across the opening, and called the diaphragmatic valve. Owing to the obstruction to the flow of blood from the auricle into the ventricle a murmur is produced which is rolling, or blubbery in character, and, occurring during the auricular systole and previous to the systole of the ventricle, is called pre-systolic or auriculo-systolic. This murmur has been graphically represented by Balfour as in some cases resembling the sound of *voot-rrrb* the final *t* or *b* being the sudden, abrupt first sound produced by the ventricular systole.

In some cases no pre-systolic murmur, correctly speaking, is heard, only a diastolic murmur which, being loudest at the apex in the mitral area, is a mitral diastolic murmur. This murmur should be differentiated from the diastolic murmur of aortic regurgitation which, in certain rare cases described by Balthazar Foster, has its maximum of intensity in the mitral area and not at the center of the sternum.

In the two cases Dr. Babcock presented, the murmurs differed from each other in character, in the one case the murmur being very distinctly represented by the letters *voot*, in the other by *rrrb*. The doctor was disappointed at the last moment by his inability to present a third patient, a man in whom the stenosis was indicated by a mitral diastolic murmur which followed an impure first sound of heart, and both the impure first sound and the dias-

tolie murmur were in this case audible at the lower angle of the left scapula. The propagation of the diastolic murmur so far to the left is very unusual; indeed, the production of the mitral diastolic murmur is itself very rare, and is probably due to the fact that a rush of blood from the left auricle to the ventricle occurs with greater force at the beginning of the ventricular diastole than during the auricular systole, the auricle being dilated rather than hypertrophied, according to Sansom. The cases were examined by members of the Society.

Dr. E. C. Dudley reported a unique case of vesico-vaginal fistula, in which the entire vesico-vaginal septum, the vaginal portion of the cervix, and anterior wall of the cervix to the internal os had sloughed away, leaving no bladder tissue between the inner extremities of the urethra and the points at which the vesico-uterine ligaments connect the bladder with the uterus. The only operation which seemed possible was to unite the posterior wall of the cervix uteri with the neck of the bladder. This would turn the uterus into the bladder and necessitate menstruation through the urethra. The anterior wall of the uterus could not be approximated to the neck of the bladder, but it was found, on further examination, that the mucous membrane of the bladder, if caught with the tenaculum about an inch in front of the uterus, could be drawn to the neck of the bladder and held without undue traction. The operator, therefore, undertook to close the fistula in this way by denuding a strip of the mucous membrane of the bladder from side to side an inch in front of the uterus, and thus he utilized that portion of the bladder between the line of denudation and the uterus, and made it a substitute for the lost anterior wall of the cervix and vesico-vaginal septum. Twenty-two silver wire sutures were employed after Sims's method. Union by first intention followed, notwithstanding the failure of the nurse the third day to keep the catheter *in situ*, which allowed several ounces of the urine to accumulate in the bladder. Notwithstanding the decrease in the size of the bladder necessitated by the operation, the patient experiences no difficulty in retaining the urine

all night. The operator is not aware that another case of this kind has been previously reported.

The President asked if it was not possible that some portion of the upper wall of the vagina was drawn upward and backward by the bladder, and what was taken to be a continuous wall of the bladder might be a part of the vagina. He had seen a case where there was a large laceration into the bladder, and the opening seemed one cavity with continuous walls, but the flap thrown backward was post-vaginal, and it was found that this flap could be drawn up and into its position.

Dr. E. C. Dudley, in answer to questions, said that the loss of tissue at the base of the bladder from sloughing differs from that by incision. In the latter case, the ureters would perhaps be included in the excised tissue, but it is seldom that a slough of the base of the bladder in vesico-vaginal fistula, however extensive, destroys the connection between the bladder and kidneys. Even if the points through which the ureters penetrate the mucous coat of the bladder be lost, it is yet possible their openings into the bladder may be preserved, because the ureters penetrate the muscular coats nearly an inch from their normal points of opening through the mucous coats of the bladder, and run obliquely between the two coats for a distance of nearly an inch. In this case, as in many cases of loss of entire base of bladder reported by Emmet, the openings of the ureter were on either side, at the very margins of the fistulous opening. The operation was performed at Morton, Ill., in the presence of Dr. Harris, of that place, and Dr. Mansfield, of Metamora. Dr. Parkes's surmises with reference to the vaginal wall could hardly be correct, because this, together with the anterior wall of the cervix uteri up to the internal os, had sloughed away. His surmise might be correct with reference to certain tissues between the bladder and cervix uteri, which might have retracted and become adherent by inflammation so as actually to form a portion of the bladder wall. Moreover, there is always a very decided difference in color and appearance between vaginal and bladder tissue, and the tissue in this case was



to all appearance like the tissue of the rest of the bladder, and to the touch gave the sensation of a thin wall. Dr. Baker, of Boston, reports a case similar to this, in that he introduced sutures into the bladder tissue, but so close to the cervix uteri as not to draw down any portion of the interior of the bladder, to be used as material in place of the lost vaginal wall.

Dr. W. L. Axford reported entire lower jaw removed through the mouth. Harry T., aged five. Admitted to St. Joseph's Orphan Asylum in November, 1885. It was noticed that his mouth was frequently swollen and sore. Child very much emaciated. In January, 1886, he had measles. Tedious convalescence followed. Came under observation about February 1st. Weak and thin. Lower part of face very much swollen. Breath offensive. Symphysis of jaw bare. Could not examine further at this time. Pulse 120 to 130. Put the child on supporting treatment, hoping to get him in condition for an operation. No improvement at the end of two weeks. February 16th the patient was anesthetized and the mouth explored. Found the jaw on either side stripped of its periosteum back to the masseters. Determined to attempt removal through the mouth, as any cutting operation involving the loss of much blood would have been fatal at once. Divided the jaw on either side of the symphysis with bone pliers, and thus removed a large portion of the body. Seizing the remaining pieces with sequester forceps, and making moderate traction, they were easily enucleated by the index finger of the left hand. Not more than tablespoonful of blood was lost. Patient rallied well. Some reaction on second day. On third day the pulse had dropped to 116, and, with exception of swollen parotid on the left side, the child was in better condition than before the operation; so much so that a recovery was confidently predicted. A severe attack of diarrhea, occurring on the morning of the fourth day, was followed by death in thirty-six hours.

Dr. Arnold P. Gilmore exhibited a patient on whom he had performed an operation for symblepharon of the lower lid, due to a burn by molten iron, and in which three plastic

operations had been unsuccessfully performed. Nine months previously the entire lower lid, from external to internal canthus, was adherent to the eyeball, covering almost the entire cornea. This triangular-shaped tissue was covered by a pale membrane of cicatricial tissue. The operator first detached the lower lid and transplanted the conjunctiva of a rabbit. For six weeks the operation was apparently successful, but after an absence of two months from the city he found the lid was again becoming adherent. Six weeks previously, Dr. Gilmore made a thorough dissection, freeing the lid and making a deep *cul-de-sac*, leaving the upper half of the eyeball covered by mucous membrane, and the lower half bare. A semicircular band of conjunctiva, one third inch wide, was dissected close to the cornea above, leaving a bridge of tissue at each end. This band was dropped into the *cul-de-sac* below and carefully stitched to the ball. A semicircular plate of silver, long enough to fill the space between the external and internal canthi, with two holes at the circumference, one half inch apart, threaded with silver wire, was dropped into the *cul-de-sac* to prevent adhesions, and fastened by bringing the wires through upon the face and securing them by small lead plates and perforated shot. For this operation Dr. Gilmore claimed priority. The object of the operation was neither to improve the appearance of the eye, nor to restore vision, but to relieve the irritation of the other eye, by allowing co-ordinate movements of the two eyes. There was enough clear cornea left to make an artificial pupil in case the patient ever lost his well eye. There was little reaction, and at no time much pus, while the well eye has grown stronger in spite of the presence of the plate.

Dr. Tilley thanked Dr. Gilmore for showing this case, but thought that if the doctor were to go out of town again for two months, as in the first instance, he would find, at the expiration of that time, the conditions relatively very much the same as on his return after the first operation. He thought there was little fundamental advantage likely to be associated with the operation, as he thought that, in a short time, the wire and plate would cause a certain amount of atrophy of the intervening tissue,

and the plate be forced up out of position, making the operation of no avail. If he was so unfortunate, personally, as to be placed in a similar position, he would have his eye enucleated.

Dr. E. L. Holmes thought it unwise to say that a certain thing could not possibly be accomplished, but he had been through the experience of putting in plates, and seeing it done, and never saw one permanently successful. It is different with a very narrow symblepharon, in which the globe and eyelid are grown together, where, by dissection and transplanting the mucous membrane, excellent results may be attained. He thought the plate would irritate the cicatricial tissue and cause it to be very much thickened, and after a few months, or weeks even, when every thing is removed, there will be the same tendency to creep over the cornea and make adhesions with a broad union. He thought it absolutely impossible to get an artificial eye to fit. A very small eye might be used, and temporarily make it appear that the patient was better off, but that small eye will often irritate and cause the cicatrix to increase.

The President thought this case one of the same category that is so troublesome to the general surgeon, the improvement of deformities from cicatrices of all kinds, in which relief comes only in the way that Dr. Dudley has applied in gynecology, after the divided cicatrix has been separated as widely as possible, by drawing together the healthy skin or tissue between the two ends of the divided cicatrix. This method has long been in use in general surgery. So far as his experience went, the application of any foreign body between these divided surfaces has never been followed by success, so far as prevention of contraction goes.

The President presented an encapsulated sarcoma of the thigh. It had been in alcohol for some time, and was reduced about one third in size. It had grown the full extent shown in three months, and was removed from an old lady, aged sixty-nine. It was found growing upon the posterior part of the upper portion of the thigh; was a firm, smooth tumor to the touch, and, as far as external manipulations

determined, could not be distinguished positively from other parts of the surrounding tissues. He could not determine whether it was or not attached to the bone, but from external appearances it was diagnosticated to be of a malignant type. The external surface was crossed by a large number of varicose veins. After removal it was shown to be a sarcoma. The interesting point was the rapidity of its growth. He thought it a singular coincidence that about a year previous he had removed a similar tumor from the upper portion of the left arm of an old man of seventy-two years, which had also grown to the full size in three months. Upon exposing the tumor a perfect capsule was reached, and it was easily enucleated from its bed.

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## Reviews and Bibliography.

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**A System of Practical Medicine by American Authors.** Edited by WILLIAM PEPPER, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine, and of Clinical Medicine in the University of Pennsylvania, assisted by LOUIS STARR, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Volume IV. Diseases of the Genito-urinary and Cutaneous Systems. Medical Ophthalmology and Otology. 8vo, pp. 877. Philadelphia: Lea Brothers & Co. 1886.

The fourth volume of this superb work has been received, and we find that it sustains well the high character of the "System" as established by those that have preceded it. Among the subjects treated of, to none, perhaps, will the reader turn with more curious interest than to the article on Seminal Incontinence, by Dr. Samuel W. Gross, and the articles on Kidney Diseases, by Dr. Edes and Dr. Francis Delafield, for so great is the confusion among writers on these subjects that one would hope something clear and definite as to pathology might be met with.

The eminent authors, however, leave the subjects about as others before them have done, which naturally leads one to ask whether, in kidney diseases especially, there are any such clear and well-defined pathological processes



limited to particular structures in the kidneys as many writers would have us to believe.

Many of the articles on nerve and skin diseases are very brief, which, of course, is necessarily the case, in order to bring so vast a range of subjects within the space of the five volumes to which the "System" is limited.

D. T. S.

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**A Guide to the Practical Examination of the Urine**, for the use of Physicians and Students. By JAMES TYSON, M. D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania. Fifth edition, revised and corrected, with colored plates and wood engravings. 12mo, pp. 249. Cloth, price, \$1.50. Philadelphia: P. Blakiston, Son & Co. 1886.

No analysis of this admirable work is required at the reviewer's hands, since no American physician who works in urology is unfamiliar with its plan and scope.

The principal features of interest presented by the fifth edition are Dr. George Johnson's recent investigations relative to picric acid as a test for albumen and sugar, Dr. Oliver's indigo-carmin test for sugar, his test-papers for bedside examinations, the peptone test for bile acids, and his method of detecting mucin by means of the potassio-mercuric iodide test-paper. This latter, which seems to involve a principle scarcely scientific, will, if it prove sound, do away with one of the chief sources of error in demonstrating traces of albumen in the urine.

The author seems to have fallen into an error relative to the action of sodium tungstate upon quinine in the urine. He states, page 44, that sodium tungstate "has the advantage over picric acid of not precipitating quinine from its solution." Now it is well known among chemists that tungstic acid is one of the most delicate and certain of the tests for the alkaloids, and that it will throw down quinine from solution in water, in the presence of either citric or acetic acid, is a matter of easy demonstration. In this point its action is parallel with that of picric acid, but when heat is applied it will be found that picrate of quinia will redissolve, while the tungstate of quinia remains in precipitate even after prolonged boiling. This

fact renders the tungstate worthless as a test for albumen in the urine unless the absence of quinine be demonstrated previous to its application.

It is not impossible that Prof. Tyson may be able, by the use of a saturated solution of citric acid, and the exercise of superior skill, to make good his statement; but the above will be the experience of those who make the test with Oliver's papers, or by the methods advocated by the majority of those who have written upon this topic.

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**A Brief Synopsis of the Various Points Involved in the Coarse Examination of the Brain and Spinal Cord.** By FRANCIS X. DERCUM, M. D., Pathologist to State Hospital for the Insane, at Norristown, Instructor in Nervous Diseases, University of Pennsylvania. 12mo. Paper. Norristown, Pa.: Pathological Laboratory State Hospital for the Insane. 1886.

This pamphlet is a systematized collection of practical suggestions relative to the *post-mortem* investigations of nerve lesions. It could have been arranged only by one of large dead-house experience, and has positive merit as an original contribution to the science of neurology. The author puts it forth in the modest form of a pamphlet for gratuitous distribution; but the subject-matter is worthy of a place in some standard work in pathological anatomy.

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**The Methods of Bacteriological Investigation.**

By DR. FERDINAND HUEPPE, Docent in Hygiene and Bacteriology in the Chemical Laboratory of R. Fresenius, at Wiesbaden. Translated by HERMANN M. BIGGS, M. D., Instructor in the Carnegie Laboratory, etc. Illustrated by 31 wood-cuts. 12mo. Cloth; pp. 218. New York: D. Appleton & Co. 1886.

In our day bacteriology, though a subject of great scientific interest, touches medicine at comparatively so few points that voluminous treatises upon the subject are not likely to find readers among the profession at large; but the work under notice gives in condensed form all information relative to the subject (and something more) that the physician has use for, and will doubtless be well received. It was prepared by the author at the request and under the eye of Dr. Robert Koch, and this fact may

be taken as good external evidence that it contains the freshest and best fruit that the bacteriological fields of Germany have produced under the culture of her many world-renowned workmen.

The author treats the subject under seven heads, as follows: Introduction—True Saprophytic (septic) Forms: (1) Spontaneous Generation, and the Principles of Sterilization; (2) Forms of Bacteria and Microscopical Technique; (3) Culture Methods; Pure Cultures; (4) Inoculations for the determination of the Casual Relation of Bacteria-Growth to Decomposition and Disease; (5) General Biological Problems; (6) Special Hygienic Investigation; (7) Bacteriology as an object of Instruction.

Instructions to Examining Surgeons for Pensions. Department of the Interior, Pension Office, Washington, D. C. 1886.

Washington Obstetrical and Gynecological Society. Third Annual Address of the President, Samuel C. Busey, M. D. The Hygiene of Pregnancy. Reprint. New York: William Wood & Co. 1886.

The Bromides, their Physiological Action and Therapeutical Toxic Effects, alone and in combination. By William B. Hazard, Professor of Principles and Practice of Medicine and Clinical Medicine, St. Louis College of Physicians and Surgeons, etc. Reprint. 1886.

The Climatic Treatment of Disease; Western North Carolina as a Health Resort. By Henry O. Marcy, A. M., M. D., of Boston, U. S. A., President of the Boston Gynecological Society, etc. Read before the American Academy of Medicine, New York, October 28, 1885. Reprint. Chicago: Printed at the office of the Journal of the American Medical Association. 1886.

The Epidemic of Malarial Diseases at present prevalent in Southwestern New England. By Rufus Griswold, M. D., Rocky Hill, Conn. 8vo, pp. 42. Paper.

This pamphlet gives the history of the recent malarial invasion of a region which for many years was supposed to be situated north of the "isothermal line." Dr. Griswold has given the subject profound study, supplemented by abundant clinical experience. His work will stand as a valuable contribution to the literature of this inexhaustible theme.

Note-Book for Cases of Ovarian and other Abdominal Tumors. Adopted from the Note-

Books of Sir Spencer Wells, and the Samaritan Hospital, London. By John Homans, M. D., Clinical Instructor in Harvard College in the Diagnosis and Treatment of Ovarian Tumors. Cupples, Upham & Co., Publishers, Boston. 1886.

This note-book consists of all needed headings, with ample space for the keeping of a systematic record of all cases. Its use must greatly facilitate the work of all surgeons who make their achievements in abdominal surgery a matter of history.

## Foreign Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The debate that has been going on for some time at the Paris Academy of Medicine on the parasitic origin of disease has been diverted from the microbial theory by Dr. A. Gautier, Professor of Chemistry at the Faculty of Medicine. About the end of January last the author read a paper at the Academy of Medicine on the part played by ptomaines and the leucomaines in the pathogenesis of disease, in which he endeavored to make out that a considerable number of diseases are produced by these alkaloids which are formed in the system, a sort of auto-infection characterized by hyperthermia being the result. By this declaration Professor Peter, who is an avowed adversary of the microbial doctrine, thought that he recognized in Dr. Gautier a champion of auto-infection or the spontaneous origin of disease. At the next meeting, however, Dr. Gautier repudiated the idea that Professor Peter has formed of his conclusions as to the pathogenesis of disease, and stated that he did not believe that the discovery of ptomaines and leucomaines would suffice to explain the spontaneous generation of diseases. Moreover, he added, that, among the maladies which affect the human race, we must draw a distinction between those that had their origin outside the body and those which are engendered in the system itself. While hoping that his communication will open a new field of inquiry, he saw in his discoveries a strong support of the old clinical theories, but at the same time he did not wish it to be inferred that he denied



the progress which the theories of Professor Pasteur effected in pathology. So that it may be said that Professor Peter at the Academy of Medicine stands alone in his theory of auto-infection, though he has conceded that some diseases are generated by microbes.

Want of space will not permit me to give here even a brief summary of the observations of every speaker who has taken part in this debate. I may, however, make a selection of those of the principal, which I shall lay before your readers in as few words as possible. Professor Cornil, the well-known micrographer, endeavored to show that the microbial theories are not really in contradiction to that which is taught by traditional medicine, but that they serve, on the contrary, to clear up many points which have until now been involved in obscurity, adding that while he could not deny the influence of the soil or constitution of the individual as an important factor in the mechanism of disease, on which is founded the theory of the old or anatomico-pathological school, it must be admitted that the modern school furnishes us with a better explanation of the specificity of different morbid states which are produced by the presence of micro-organisms, such, for instance, as infectious diseases. To give a clear idea of his meaning, M. Cornil cites one example only among several others to demonstrate the influence of the combined action of the soil and the microbes in the etiology of disease, namely, that of pneumonia, which Professor Peter attributes to the action of cold; M. Cornil considers that the latter is only an accidental cause, whereas the microbes are the true or specific cause of the disease. In other words, for M. Cornil, pneumonia is always an infectious malady, which does not mean that it is always a dangerous one. The cold in this case, as in most others, acts as a depressant, which favors the development of the microbes, but the latter constitute the real cause or principal element in the genesis of the malady.

M. Verneuil, Professor of Clinical Surgery at La Pitié, while criticising Professor Peter's theories on the pathogenesis of disease, stated that he could not accept Professor Gautier's new doctrine without some reserve, and that

he was disposed to recognize, for general maladies, two principal origins:

1. The invasion by germs drawn from the cosmic medium, and their penetration into the organism from without.

2. The contamination of the organism by waste tissues resulting from diminished, augmented, or perverted nutrition.

For surgical or traumatic maladies, M. Verneuil always admitted the possible formation in the system of a chemical poison, to which the name of sepcine was given. He is, therefore, ready to adopt all that can be demonstrated in the microbial theory and in those theories borrowed from pathological physiology and biological chemistry. As regards the rôle of the organism itself, he quite agrees with M. Peter, that there is a very close relation between a disease germ and the soil which receives it. For maladies of physiological origin, the organism certainly plays the principal rôle. For nosological or microbial diseases, the economy is reduced to accept, submit to, multiply or destroy, refuse or reject the germs, without being able to create a single one, at any moment or in any condition whatsoever. It will thus be seen that M. Verneuil does not admit such a thing as morbid spontaneity, at least in the grammatical sense of the word, as the alterations in plus or in minus of nutrition not being effected alone, necessarily imply causes on the one side and pathological specificity on the other—the existence of beings altogether distinct from those which they invade, which would lead to the conclusion that there can not exist at the same time spontaneity and specificity. M. Verneuil concluded his discourse in the following terms: "In fifty years hence, the parasitic doctrine, by prophylaxy, if not by direct therapeutics, will have preserved more lives than all the theories and the systems of the old pathology. M. Peter makes out that the parasitic doctrine is triumphant; he admits it with some degree of melancholy, I repeat it with enthusiasm, because this triumph, which will in the first place serve in a great measure the interests of humanity, will shed on French medicine a luster which, notwithstanding its past splendors, it never possessed until now."

The debate is still going on between the microbists and non-microbists, and as the subject must interest your readers, I shall note some of the principal discourses and continue them in my next.

PARIS, March 26, 1886.

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### Translations.

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**ECLAMPSIA.**—Prof. Pajot confirms the fact, already conceded, that many pregnant females whose tissues are infiltrated with serum, or who suffer from albuminuria, are not attacked with eclampsia, while, on the other hand, many who are free in these respects are prone to suffer convulsive seizures.

The various theories of eclampsia are insufficient. For the physician it is one of the most deceptive affections. There are no unavoidable dangers or difficulties in obstetrics, but among these eclampsia is exceptional. Of every twenty cases, ten are treated. They die or are cured. The other ten are left without treatment, with the same result, cure or death, and almost in the same proportion. The occurrence of eclampsia and its issue would seem to be a matter of series. This year we are in good series. Eclampsia, fortunately, is a rare disease, being observed but once in about two or three hundred confinements. Of two hundred cases of eclampsia one hundred occur during labor, and of the other hundred, sixty will appear before and forty after delivery. The affection is rare during the first six months of gestation, but has been seen in a pregnancy of six weeks; the irritability peculiar to certain women (primiparæ in particular) is a distinct etiological element. Without entering into details of the varied therapeutics of this class of accidents, it may be said that the most incontestable element of success is the prompt termination of the labor without violence. The uterus being disembarassed, the chances of cure are increased in a large degree. The prognosis, however, is always grave, both for the woman and the child.

M. Pajot is not a partizan of the plan of inducing labor prematurely in women suffering from albuminuria and threatened with eclamp-

sia; for eclampsia is generally decided in twenty-four hours, while the induction of labor often demands double that time.

He has no faith in a milk diet as a prophylactic against eclampsia. This diet may modify the condition of the kidneys, it is true, but the danger of convulsions is not for this reason averted, and this, he conceives, is because there is no necessary relation between the renal lesion and eclampsia. This fact has been abundantly demonstrated. The newly-born, the Professor thinks, are subjects of a true eclampsia, independently of other forms of convulsion, and in spite of the fact that they are subjected to milk diet exclusively.

Jules Simon and Bouchat affirm the existence of an eclampsia in the new-born, which is in all respects comparable to that of the pregnant or parturient woman. Testimony to this fact is furnished by letters from these eminent masters to Prof. Pajot.

Copious blood-letting does not meet with the approbation of Prof. Pajot. A moderate bleeding of from nine to twelve ounces is sometimes of advantage, and is sufficient in all cases. Hydragogue cathartics, with a drop of croton oil, prove in certain cases a very judicious form of medication. The cathartics relieve the engorged intestine of excessive fecal matter, and effect a salutary revulsion. Chloral and antispasmodics are indicated according to the character of the symptoms.

But too much faith should not be placed in these means and others of a similar character. *The only rational treatment* consists in relieving the uterus, when such intervention is permissible; this is the obstetrical treatment.—*Nouvelles Archives de Obstets. et de Gynecologie.*

**A CASE OF VASO-MOTOR NEUROSIS.**—Dr. W. W. Johnston observed a five-year-old child, otherwise healthy, who, since it was three months old, had shown the following peculiarities in its hands and feet: The hands became suddenly red, and as suddenly the fingers white, then livid, and finally almost black; at the same time pain was manifest, which increased when the parts were touched. The swelling lasted for several minutes, and then slowly disappeared. The same phenomena



were exhibited by the feet and toes. During the swelling the toes and fingers were cold. Applications of warm water removed the pain, and restored the extremities to the normal condition. The attacks recurred several times through the day, and were increased in intensity and frequency under the influence of cold air. Gradual improvement took place under the internal use of tincture of belladonna, and later of ergotine, but the author could not attribute to these means the somewhat sudden cessation of the attacks.—*Wien Med. Woch.*

**COMBINATION OF IODOFORM AND NITRATE OF SILVER AS A CAUSTIC.**—Dr. Malthe has employed with success iodoform combined with nitrate of silver as a caustic in torpid chronic ulcers and in fistulas. He begins by powdering the iodoform over the ulcer or fistula, when he applies the nitrate of silver over all the surface, and again powders the iodoform over all the ulcerated part. An effervescence is thus produced with the formation of nitrous acid, iodine, iodide of silver, and perhaps also nitric acid and other combinations. These different bodies act on the tissues in their nascent state. The great advantage of this procedure is that the cauterization is limited strictly to the surface upon which the caustic is applied. The fistulas and ulcers cicatrize under an antiseptic covering of iodoform and iodide of silver.—*Jour. de Med. de Paris.*

**INCONTINENCE OF URINE AND OBSTRUCTION OF THE NARES IN CHILDREN.**—Dr. Ziem has lately confirmed the opinion advanced by Dr. Mayer, of Canada, that nocturnal incontinence of urine comes on very often in children who breathe through the mouth. He supports his assertion by three observations, and considers it as very probable that the infirmity may be cured by re-establishing the normal mode of breathing. He regards the disposition to incontinence under such circumstances as due to defective hematosis, and a consequent accumulation of carbonic acid in the blood.—*Jour. de Med. de Paris.*

**A CASE OF GALACTOCELE.**—Prof. Vincenzo Marchesano, of Naples, reports a case of gal-

actocele coming on two months after the beginning of her first nursing. It disappeared on the weaning of her child. The woman again became pregnant, and, during a second lactation, which began about a year from the cessation of the first, the tumor reappeared, this time attaining twice the size of the opposite breast, although the latter was still enlarged, as there was yet some secretion of milk. The tumor was painless and fluctuating, and surmounted with distended veins. An aspiration was made, when it was found that the fluid consisted of milk containing a large proportion of colostrum. Prof. Marchesano, after searching through Italian literature, could find but a single other case recorded, and that by the celebrated Scarpa.—*Rivista Internazionale.*

**ANTIPYRIN IN CROUPOUS PNEUMONIA.**—Dr. Posadki, of St. Petersburg, has treated twenty-five cases of croupous pneumonia with antipyrin, with doses of from eight to thirty grains, amounting in the day to from one fourth of a dram to two drams per day. At the same time, twenty-three cases of croupous pneumonia were treated with calomel, in order to draw a comparison. The calomel was given four times a day, in doses of one eighth of a grain. All the patients were strong men, of about twenty-six or twenty-seven years of age, and entered on the third or fourth day of the attack for treatment in the hospital. The pneumonia lasted on the average, with the patients treated with antipyrin, 8.1 days; with those treated with calomel, 7.1 days. With the latter, the close of the disease was steadily by crisis; with the former, it was more of the character of a lysis, the temperature first falling to the normal in one and one half days. In five of the patients treated with antipyrin, collapse was observed after some doses of antipyrin; this did not occur a single time in those treated by calomel. No considerable difference was observed in the pulse and respiration. Vomiting occurred four times under antipyrin, and in two cases there broke out a peculiar, measles-like itching exanthem, which also spread over the mucous membrane. In eleven cases the urine was dark red and turbid, and contained much antipyrin. The weight of the

patients treated by calomel fell off more rapidly than in those treated by antipyrin, but they regained the loss more rapidly. The influence of the antipyrin on the temperature was neither certain nor steady; the secretion of sweat, diaphoresis, was considerable, and the amount of sputum small.—*Deutsch Med. Zeit.*

THE MOTOR CENTER.—Dr. Dupuy, at the meeting of the Paris Society of Biology, on March 13th, exhibited a dog, from which he had removed the part of the cerebral hemispheres which are held to be the seat of motion. The animal had, however, fully recovered, and walked without any difficulty. Dr. Brown-Sequard requested the Society to name a committee to be present at the autopsy, which request was granted.—*Progrès Médical.*

### Abstracts and Selections.

THE RADICAL TREATMENT OF HYDROCELE BY INCISION.—Dr. H. B. Sands said the operation was one which he had found occasion to perform in only three instances, all of which had ended satisfactorily. His own experience would go to show that iodine injections were safer than any other operation. His experience might have been exceptional, but he could recall only very few failures in a large number of cases. He had supposed that failure after using iodine was not infrequently due to its faulty employment, using either too weak a fluid or one too small in quantity. He had usually employed the ordinary tincture of iodine, injecting from two to four drams of it, and leaving it in the sac. He had never known symptoms of iodism to follow, and had almost invariably found the practice to be followed by a cure. His own experience had been that the patient would recover within a week or ten days. He could recall six cases in which he had operated within the last eight or nine months, all in private practice, and all these patients had gone out of the house in the course of a week, except one who remained indoors much longer than was necessary for his health. He did not think iodine injections were attended with any risk to life, or with much danger of recurrence of the hydrocele. Of course, as Dr. Bull had said, the incision sometimes revealed pathological conditions with which injections could not be expected to cope. But the best answer to the question would be found in the result of a large experience, and his

own experience was very strongly in favor of iodine injections. He could see no excuse for subjecting any patient suffering with ordinary hydrocele to the antiseptic operation. As the writer had said, it was necessary to observe strict antiseptic precautions, which might be carried out in large cities and in hospital practice, but to recommend such a method for general use would be very dangerous, and he was very strongly opposed to it, because it was only when the iodine treatment had failed, and the pathological condition was such as could not be removed by the iodine treatment, that it was justifiable. He had had only a limited experience in the use of carbolic acid, but he had twice seen suppuration follow its use, which he had not seen after the use of iodine, and he thought injection of the sac with iodine was attended with the least possible risk. He had never seen constitutional disturbance which had given him any alarm. He believed that the use of iodine, or perhaps carbolic acid, which might be less painful, was better than incision, which should be reserved for cases in which the ordinary treatment had failed.

Dr. C. K. Briddon had performed Volkmann's operation a number of times, and his experience was that certainly the period required to effect a cure was much longer. He thought one difficulty was in applying an antiseptic dressing to the scrotum, from its being so movable. He had had quite a large experience with the use of iodine injections, and the results coincided with Dr. Sands'. He had treated a large number of cases where the patients had not been confined to bed at all. The latter cases had occurred in dispensary practice a good many years ago, and he remembered only one patient whom he had visited after his hydrocele had been injected at the dispensary; that was an old man in whom there was a double hydrocele, and he had made the injection on both sides at one sitting. There was quite sharp reaction, but no suppuration occurred. In all the other cases the patients visited the dispensary within four or five days, which he recollected was the average period of time they were kept from their work. His method was first to empty the sac and then inject two or three drams of tincture of iodine, to which was added a piece of iodide of potassium as large as a pea, to prevent the precipitation of the iodine in the scrotum. He did not remember a single recurrence; if recurrence took place, the patients did not return to him. He had not used carbolic acid, because he had been so well satisfied with iodine. The only disaster which he had had was in a case where he had tapped without injecting iodine, and sloughing of the scrotum took place.



Dr. R. F. Weir said that in 1882 he had presented to the Society a paper on the subject of carbolic-acid injections for hydrocele, as suggested by Levis, of Philadelphia,\* and he had then reported that he had performed Volkman's operation twenty-seven times, and had gladly abandoned it in favor of the newer method of treatment, which was not only superior to Volkman's operation, but also to the iodine treatment, after which he had seen occasional relapses and great pain following immediately upon the use of iodine, together with sufficient inflammatory action to keep the patient in bed several days, and to give rise to a great deal of suffering. Besides, in his army experience he had seen one case of death follow injection of a hydrocele with iodine, but this had occurred in a patient who was enfeebled by a recent fever and in whom the inflammation involved the cord and subperitoneal tissues. He had now used carbolic-acid injections over sixty times, and in only two cases had he regretted their use. Occasionally relapses had occurred, not in a large proportion, however, as he could recall only four or five instances, and in those the patients were cured by a repetition of the same treatment. In three of these the injection was repeated too soon, as subsequent experience showed that a longer delay would probably have resulted in a cure. In one instance of the two just alluded to there was quite extensive suppuration following the use of carbolic acid, and in another suppuration was threatened. In the one in which suppuration occurred a lesson was derived which was of importance to place before the Society and ask attention to. He had been, up to this time, in the habit of injecting various quantities—from half a dram to a dram and a half—of carbolic acid after emptying the sac. In this case, one of quite a large hydrocele, the iodine treatment had been unsuccessful, and the other side of the scrotum had been treated successfully by incision after the old method. He injected a dram and a half of carbolic acid, which was followed by the usual absence of pain, but with recurrence of swelling after a few days, which did not subside, but went on to suppuration, and, on opening the abscess, shreds of membrane were discharged, and finally large masses; in other words, gangrene of nearly the entire tunica vaginalis was produced. Since then he had rarely injected more than half a dram at a time. Not that he was dissatisfied with the carbolic-acid treatment, but, led by a desire of testing the operation under cocaine, he had

lately performed Volkman's operation five times with the new anesthetic with satisfactory results, one of which was done on a man at the college clinic. The operation was painless, an antiseptic dressing was applied, a well-padded compress and a double figure-of-eight bandage, and the man was allowed to go home. Two days afterward he appeared at the hospital for inspection of the dressing, which was still complete. It was an ambulant case throughout, and progressed favorably from the outset, which illustrated that it was possible to keep an antiseptic dressing upon the scrotum when thoroughly applied.

The objection to Volkman's operation, and to the still more thorough one of Bergmann, was a just one, and its severity was fully appreciated by Koenig, who had stated that if he had a hydrocele he should prefer the injection process rather than undergo such an heroic operation for a small ailment. The speaker still felt that the painlessness of the carbolic-acid injections and the comparatively slight reaction, as well as the fair amount of certainty of cure, entitled them to the first place in the treatment of this affection.

Dr. George A. Peters said his experience had been chiefly in the use of injections of iodine, and he had been very well satisfied with them—so well satisfied that he had not been tempted to perform Volkman's operation. As to the method of using it, he injected the pure tincture, and the quantity was two drams. He thought one reason why occasional suppuration occurred was carelessness in its use, some of the tincture being allowed to get into the cellular tissue. As to duration, he thought that a week or ten days would cover the treatment. In his experience the number of recurrences had been very small. He had had no experience in the use of carbolic acid, as the iodine treatment had satisfied him very well.

Dr. L. A. Stimson said as to the carbolic-acid treatment, he had seen one case of suppuration after injection of a solution of carbolic acid in glycerine. He had seen some cases of recurrence after the use of the method; in one of them spontaneous cure took place afterward. In two cases he had tried another method, namely, injections of chloride of zinc. One was in a lad eighteen years of age, in which, without drawing off the liquid, he had injected half a dram of a five-per-cent solution of chloride of zinc. It caused no pain at the time, but during the afternoon and evening and the following day the pain was considerable; on the fourth day he drew off four ounces of liquid, which was turbid and contained many leucocytes, and the case then went on to recovery without further incident. In another

\*The credit of having first suggested carbolic acid in injections in hydrocele belongs to Dr. Sandridge, of Kentucky, and not to Dr. Levis, of Philadelphia.—ED. A. P. AND N.

case a weaker solution had failed, but he thought the method was worthy of further trial.

Dr. Lange had not seen disagreeable symptoms after Volkman's operation, which he had performed in a number of cases, but he must say that, as a rule, in cases where the tunica vaginalis was thin and the hydrocele of not long standing, he treated them by the injection of iodine. He had seen recurrence exceptionally after repeated injections. Probably for a small percentage of cases the radical operation would always remain necessary—for instance, for those where the tunica vaginalis was very much thickened and cases of hematocele where thick, fibrinous, false membranes existed. He did not regard the operation as dangerous if the necessary precautions were taken.

Dr. T. M. Markoe said that the expression of opinion had been so nearly unanimous, and accorded so nearly with his own, that he had but little to add to what had already been said. He was convinced that the success of the iodine-treatment depended very much upon the manner in which it was carried out. He had not used the simple tincture, for the reason that the iodide would be precipitated by the serous fluid, and be liable to be deposited in a single spot, where it was more likely to produce irritation if irritation was produced at all. He had, therefore, for a great many years used the strong Lugol's solution. This in his hands had been very efficacious. Although he had performed Volkman's operation a certain number of times in hospital practice, he had in private practice still adhered to the iodine treatment. So far as recurrence was concerned, he could not say which method made the cure most certain, but the iodine injection was so simple that it could be repeated without difficulty or danger.

The President had met with quite a number of cases in which the patients had reported that they had received injections of iodine, and, in some instances, two or three times. He had, however, been struck with the ease with which cure was effected in even these cases by repeating the process. He had thought that the recurrence was due to one of two errors—either in not emptying the sac completely, or in using too little iodine. The operation was so simple, and had been so long employed, that he thought one or both of these errors were very frequently made. His own experience had led him to believe that, if the fluid was evacuated entirely, and the injection made very fully, using half an ounce instead of a dram, as was frequently used, of iodine, the success was very great.

**THE TREATMENT OF RINGWORM OF THE SCALP.**—At the last meeting of the Medical Society of the State of New York, Dr. Frederick C. Curtis gave a summary of the results which followed his treatment of a number of cases of this affection. Oleate of copper was first used, but its employment was not followed by any benefit. Chrysophanic acid was next tried in a variety of ways. First, a ten-per-cent solution in liquor gutta-percha was tried, as has been recommended by Dr. W. T. Alexander. The heads were shaved once a week, and, after they had been thoroughly scrubbed, this mixture was painted over the affected spots, in some cases nearly the entire scalp. It makes an impervious, dry covering or mask, liable to crack, however, and all such cracks and all loosened places received additional coats daily. A number of patients were materially benefited by this, but very few permanently, though some were cured.

Another method of applying chrysophanic acid was used by Dr. Henry Hun, of the medical staff. After the scalp was shaved, an ointment, of the strength of a dram and a half to the ounce, was rubbed into the spots, which were then covered with successive layers of adhesive strap. This, as might be anticipated, produced a good deal of irritation and edema, but in no case suppuration. It was repeated two or three times, at considerable intervals. Some cases were cured by it alone. It is to be recommended only for limited areas, and with caution in an ointment of this strength, and it is not desirable to attempt entire destruction of the parasite with it, but to complete the cure by simple means.

Chrysophanic acid was also used, as proposed by Dr. Alexander Smith, in solution in chloroform, seven grains to the ounce. In these cases depilation was used daily, the solution being applied after it. The chloroform penetrates the hair-follicles more effectively than other agents. It produces no irritation of the scalp, and is of value. It was used only after the other appliances had been employed. It has no advantage, however, over an ointment of carbolic acid, or one of the tars with a mercurial ointment. By means of these two appliances, with depilation, all the cases not previously cured were brought to an end about the last of July, some four months after treatment of the epidemic was begun.

Dr. Curtis's conclusion is that chrysophanic acid is a reliable parasiticide, and that, combined with an impermeable covering, it will cure a fair proportion of cases without the labor of depilation, materially relieving those not cured; that it does not act by setting up a suppurative inflammation, being as to this well



borne by the scalp. The impermeable covering is of very considerable value, not only as neutralizing the conditions favoring re-infection, but also by evidently hampering the growth of the fungus, if not to a degree destroying it. In none of the cases has permanent baldness resulted. It has been said that tinea capitis will finally disappear without treatment, but the natural history of the disease must be a long one; under the most fortunate treatment it will last from three to six months usually.

In regard to the exact point of time when the disease may be pronounced cured it is often difficult, though always important, to determine. Duckworth's chloroform test, by means of which, as asserted, the hairs containing fungus are turned a distinctive white color, is not of value, since it would only be appreciable when the amount of fungus was considerable, and also since the hair is far from normal, even when the fungus is completely destroyed. The microscope is also of negative value, for it often failed to discover fungus in cases when the disease was not cured. As to the growth of healthy hair in old cases, this will not appear till long after the disease is cured. The best test is the appearance of the scalp itself. If, after one or two weeks' suspension of all treatment and washing, the cuticle is found free from the ashen-gray scales and the goose-flesh appearance, and the still bald patch is smooth, of a normal color, and free from the stumps of broken hairs, it is then safe to discharge the patient from quarantine. The entire surface of the close-cropped scalp must be searched for possible foci. Often the question will be complicated by the scaliness of slight eczema or pityriasis. But generally we can trust to this test.—*Therapeutic Gazette.*

**TREATMENT OF INCONTINENCE OF URINE IN CHILDREN.**—There is scarcely any disease occurring among children more annoying and troublesome than incontinence of urine. It is particularly vexatious to parents, and is often regarded by them as an incurable infirmity. After their patience has been long tried, they abandon one remedy after another, and look forward to puberty, when, they are told, the disease may depart, never to recur. According to Dr. Day (*British Medical Journal*), failure in treatment is frequently owing to an erroneous diagnosis of the affection; to the inefficiency with which the treatment is carried out; to its being discontinued too soon. Among the causes of enuresis, the following may be enumerated: If the urine be excessively acid or loaded with urates, the bladder becomes overstimulated and readily discharges

its contents; if the bowels be habitually constipated, or if there be worms in the intestines, vesical irritation may ensue; or, if the child be guilty of masturbation, there will be no chance of cure till the habit is corrected. Weakness of the muscular coat of the bladder from general debility or anemia is a very common cause, the bladder not being able to tolerate any quantity of urine, readily excites the motor apparatus. Dr. Day has known a troublesome case follow typhoid fever in a boy ten years of age. If the disease be owing to a long prepuce, causing phimosis, it should be removed. Sometimes no cause can be ascertained. Children two or three years of age frequently wet the bed, either from laziness or from lack of control over the bladder. It is important to remember that, even though the secretions are in perfect order the incontinence may continue, and thus a habit may be formed which the poorer classes and stern people occasionally endeavor to correct by punishment. In some idle and dirty children such a course may be of benefit; but in others who are nervous and timid there is the possibility of increasing the evil we desire to remove.

Enuresis is sometimes seen in connection with chronic albuminuria, and is occasionally so persistent as to require special treatment. It seems impossible to lay down a plan of treatment for general adoption; the peculiarities of constitution and habits of life must be taken into consideration, and hap-hazard treatment guarded against. Some cases are cured or relieved by the combined influence of electricity, iron and belladonna. The successful issue is in a great measure attributable to the constant care which the mother takes in feeding the child and rigorously attending to the physician's instructions. Those cases that date from birth, or have lasted upwards of a year, are invariably intractable and often incurable, especially if the child be of nervous parentage, or was delicate when born, or passes large quantities of urine. With respect to the utility of faradism there can be no question; it requires to be used regularly, and to be continued for a considerable time, but it sometimes fails altogether. When the nervous system is weak, and there is general debility, the sphincter loses its power, and urine escapes by night and day without the child's knowledge. It is in such cases as these that iron and nux vomica are of service.

If there be excess of muscular action, and the child have frequent inclination without the power of control, belladonna is an admirable remedy. It occupies a prominent place as a therapeutic agent, and sometimes, when combined with iron, even in small doses, it seems

to do good; but it should not be given up in obstinate cases, till either soreness of the throat is produced or dilatation of the pupils takes place. In Dr. Day's hands it has often failed when administered in any form or dose. It certainly tends to lessen irritability of the bladder, and should always have a fair trial.

Cold sponging in the morning is very serviceable in cases of enuresis that appear to have their origin in general debility. It braces up the nervous system, and is a powerful tonic. The slight sensation of chilliness soon passes away without leaving any depression if vigorous friction with a towel be employed for a few minutes. In a case under Dr. Day's care about three years ago, the cure was attributed to this simple measure when one remedy after another had failed. The vital functions are brought into a healthier state, the skin acts better, and the appetite and digestion improve. However delicate a child may be, free sponging in tepid water, followed by rubbing, is of great benefit.

**THE TREATMENT OF EPILEPSY WITH BORAX.** In the Boston Medical and Surgical Journal, February 10, 1886, Dr. Charles F. Folsom calls attention to the use of borax, and reports cases in which the use of borax, commencing with ten grains three times a day, and then increasing up to fifteen grains, finally to twenty grains three times a day, served to greatly reduce the number of convulsions, even although nearly all the other methods of treatment had proved unavailing. In other ways the improvement was also great; the attacks of *petit mal*, which formerly were almost incessant, occurring sometimes twenty in a single hour, are now very seldom the source of annoyance, while the general health is almost perfect. The only annoyance noticed was a dry, scaly eruption, giving rise to a good deal of itching, but which disappeared after several weeks' use of arsenic internally and oxide of zinc ointment with vaseline given internally. Aromatic tinctures given with the borax prevented the nausea which immediately followed its use when mixed with water alone. Borax can not be claimed ever to cure absolutely cases of epilepsy in which the bromides have failed, but it nearly always will produce improvement in the general health, and will lessen the severity and frequency of the convulsions. Dr. Folsom especially recommends the alternate use of borax and bromides, particularly in cases which have been for a long time under the influence of the bromides, and which are therefore in the wretched condition nearly always caused by prolonged use of these drugs. The first few doses of borax often produce diarrhea, which soon ceases. Eruption on the skin is

readily controlled, and the tendency to nausea, flatulency, and indigestion is easily met by chloroform, tincture of cardamom, compound spirits of lavender, etc., given with the borax.

**ON TREATMENT OF IMPOTENCY.**—Dr. Ultzmann, of Vienna, has recently published (Urban and Schwarzenberg) a little pamphlet which contains many points of interest to the practitioner. (*Deutsche Medicinal Zeitung*).<sup>i</sup> & P.

The various forms of impotence are classified as follows: (1) Organic impotency. (2) Physical impotency. (3) Impotency from irritable weakness. (4) Paralytic form of impotency.

1. Organic impotency depends upon structural defects or morbid conditions of the part (hypospadias, epispadias, elephantiasis, and tumors of the penis), and is usually absolute.

2. The physical form is usually temporary, and especially frequent in nervous individuals. Causes are onanism, gonorrhea, prostatitis, inflammation of bladder or testicles, or, finally, lack of confidence (which increases the function of the inhibitory nervous apparatus). It is a strange fact that some men can not execute the act with certain women, unfortunately often their own wives.

3. Irritable weakness leads to a premature seminal discharge; the cause is often onanism or too great an impetuosity.

4. In the paralytic form there is no erection at all; diabetes, morphinism, and affections of the central nervous system are the work of ordinary etiological factors.

The prognosis is mostly unfavorable in No. 1, a surgical interference being more promising; Nos. 2 and 3 offer a favorable prognosis. The therapeutics consist of general measures (quinine, iron, cold-water cure, mountain and country air) or local impressions. These are intended to produce erections by artificial means, such as by a surprise as to time and manner, and to thus restore the confidence of the patient in his own capacity.

There are three means of producing an artificial erection: (a) The progressive bougie-cure with metallic instruments. (b) The cold bougie (die K hlsonde) or Wintermiz's psychrophor. (c) Introduction of astringent urethral suppositories with Ditte's porte-rem de, or cauterization of the prostatic portion with Ultzmann's dropper.

This treatment is also applicable in impotency caused by irritable weakness as the reduction of the hyperesthesia and excessive excitation is here the true indication.

In the paralytic form the prognosis is naturally doubtful, though the stated local procedures and faradization lead, not infrequently, to gratifying results.—*Therapeutic Gazette*.



# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. I. SATURDAY, APRIL 17, 1886. No. 8

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,

440 to 446 West Main Street, Louisville, Ky.

## THE AMERICAN MEDICAL ASSOCIATION.

### Membership and Delegates.

Since many of our readers will doubtless attend the coming meeting of the American Medical Association, a brief exposition of the regulations bearing on membership is proper at this time.

Those who have the right to attend an annual meeting are: First, delegates from the State, or local societies or medical schools; second, such physicians as are already on the list of the Association as permanent members; and third, those who wish to apply for membership. The wording of the rules in regard to the two latter classes of members is as follows:

*Permanent Membership.* The permanent members consist of all those who have served in the capacity of delegates, and of such others as may receive the appointment by unanimous vote. They shall continue members so long as they are in good standing in the body from which they were sent as delegates, and comply with the by-laws of the Association. Permanent members shall be privileged to attend the meetings and participate in the

affairs of the Association, so long as they continue to conform to its regulations.

The sum of five dollars is assessed annually upon each delegate to the sessions of the Association, as well as upon each of its permanent members, whether attending or not. This is for the purpose of raising a fund to defray necessary expenses. The payment of this sum is required of the delegates and members in attendance before taking part in the business of the sessions. Permanent members not in attendance must send their dues to the treasurer.

*Membership by Application.* A recent amendment to the constitution of the Association provides that membership shall be obtainable by any member of a State or County Medical Society, recognized by the Association, upon written application indorsed by the president and secretary of said society, and shall be retained so long as he shall remain in good standing in his local society, and shall pay his annual dues to the Association.

*Railroad Rates.* The various railroad committees of the country have agreed to pass delegates over their respective lines at one and one third fares for the round trip. Such passengers must pay the full fare in going, but will receive on application, from the agent at the starting point, a certificate, which, when signed by the chairman of the local Committee of Arrangements, will entitle them to the reduced return rate. No reduced return ticket will be issued unless the purchaser can show a certificate issued by the agent from whom he purchased his ticket in going. This certificate must be signed by the chairman of the Committee of Arrangements.

## LONGITUDINAL MUSCULAR FIBER IN THE COATS OF THE ARTERIES.

When a worm would progress in the way nature has provided for it, it fixes the posterior part of its body, and, releasing the anterior part, lengthens itself by contracting a layer of circular muscular fibers, which act at the same time diminishes its caliber. When it has advanced its head as far as it can reach in this way, it fixes the fore part of the body and

then releasing the after part, contracts a layer of longitudinal muscular fibers, situated externally, which diminishes its length and at the same time increases the caliber of the tube of which it consists. In this structure and action of the worm is seen the prototype of all natural animal tubes constructed of soft tissues.

Their general plan of structure embraces, among other tissues appropriate to location in the system, an external layer of longitudinal and an internal layer of circular muscular fibers. It is the alternate contraction and relaxation of these fibers that constitute the vermicular movement of the intestines and various other tubes of the body. The plan of structure described is observed in the esophagus, bronchiæ, thoracic duct, urethra, intestines, fallopian tubes, and even the veins; the arteries standing almost alone, of all animal tubes, without a coat of longitudinal muscular fibers. This at first sight seems very strange, for no where else, apparently, would the mechanism which they would complete be seemingly more appropriate. We can not easily conceive of a more beautiful mechanism than would be presented by a layer of circular muscular fibers in the coats of arteries supplied by the vaso-constrictor nerves, and a longitudinal layer supplied by the vaso-dilators, these layers by alternate contractions and relaxations, increasing or diminishing the caliber of the vessels as circumstances might require.

It seems, however, that in the progress of evolution the heart has withdrawn and appropriated to itself all the supply of longitudinal muscular fibers to which the arteries were otherwise entitled, and by the dilating pressure which it exerts within the arteries through the blood current has rendered the longitudinal coat nearly, if not quite, useless. They have, therefore, in due process of evolution, disappeared utterly, or at least have left no trace which the anatomist has, up to this time, been able to demonstrate. For our part, we do not doubt that in some rudimentary form, longitudinal muscular fibers do exist in the coats of the arteries, but their function seems absolutely to have been suppressed and superseded. High honor awaits the anatomist who shall discover the traces of these fibers.

s.

## THE ADDRESS IN MEDICINE BEFORE THE BRITISH MEDICAL ASSOCIATION.

It is known that the late Dr. Austin Flint had accepted the invitation to deliver the address in medicine at the ensuing meeting of the British Medical Association. Dr. Flint was one of the select few among foreigners to whom this honor had ever been tendered. And, had he lived, the words he would have spoken at Brighton would have added to his own great fame and thus to the renown of American medicine. The vacancy caused by his death has been filled by the selection of Dr. John S. Billings, and a most fitting selection it was. This is the third time Dr. Billings has been the recipient of British honors. He delivered the address on medical literature before the International Congress in 1881, and was subsequently chosen by the University of Edinburgh as one of the three Americans on whom it conferred its degree of Doctor of Laws. The address referred to was received with great favor, and led at once to its author's being made an honorary fellow of many of the medical societies of the United Kingdom. Almost every civilized nation was represented in the Congress of 1881 by its best men. Among all these eminent persons none attracted more attention than Dr. Flint, Dr. Bigelow, and Dr. Billings. Each in his sphere was recognized as a master. Dr. Billings will be regarded on all sides as a worthy successor to him who was *facile princeps* of American medicine.

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## Notes and Queries.

*Editors American Practitioner and News:*

According to the promise given you, I send the first of a series of letters, which, beginning in this place, is to end in the last city I visit during my stay abroad. The weather in this great city is much like that I left in Louisville, with, perhaps, the single difference that it is colder. Yet I have spent the time pleasantly, visiting some of the hospitals and seeing some of the celebrities here.

Dr. McBurnie, St. Luke's Hospital. Ovariectomy; unilocular cyst; no adhesions; the ab-



dominal incision was about five inches in length; the pedicle, one and one half inches wide, was transfixed and tied with a strong catgut ligature, and the pelvic cavity thoroughly dried with antiseptic (bichloride) sponges; the abdominal wound was closed as follows: Peritoneum was raised by forceps catching the subperitoneal fascia, the lips of the wound in it were then brought accurately together by a continued suture of small catgut (round needle); the wound was now mopped with the antiseptic; a bone drainage-tube was passed into the lower angle, between the recti muscles, down to the peritoneum; the recti were next approximated by a continued suture of catgut; then the aponeurotic covering of these muscles was brought together in the same way. Next two wire sutures, passed through the skin and fascia down to the muscles, were introduced to lessen strain on the catgut, and finally the integumental wound was closed by interrupted catgut sutures. You will notice that no silk was used. The abdominal walls were now thoroughly washed with the bichloride solution, 1 to 2000. The wound and parts for some distance around it were well sprinkled with iodoform, special care being taken to cover the mons veneris with the powder. Gauze, torn in strips about two inches wide by six long, with iodoform thoroughly rubbed into its meshes, was applied over and around the wound; then the entire front of the abdomen was covered with four layers of dry bichloride gauze; over this a pillow of absorbent cotton was placed, and a well fitting canton flannel bandage completed the dressing. I understand that this method of closing the wound is generally practiced in New York. It certainly seems to meet every requirement in such cases.

Roosevelt Hospital, Dr. Sands. Case I: Removal of the entire scapula for an osteosarcoma; patient, male, thirty-five years of age; general health excellent; tumor noticed first about eight months ago. The flap was made by an incision from the top of the shoulder downward along the axillary edge of the scapula to its inferior angle, and another from this point upward along the posterior or inner borders to its superior angle. The flap was dissected up, all bleeding vessels being in-

stantly caught by assistants and ligated with catgut. The operator now carefully severed the several muscles from their attachments to the bone, the deltoid, and trapezius from the acromion and spine, the serratus magnus, etc., and finally he disarticulated the bone, first from the clavicle, then from the humerus. The operator was so fortunate as to find and ligate the suprascapular and subscapular arteries before dividing them. The bone with its muscles was now removed. The numerous small vessels which were divided were so quickly caught by the assistants that but little blood was lost. The wound was now thoroughly douched with the bichloride solution, 1 to 2000. A large rubber drainage-tube, reaching from the center, was brought out at each angle, the flap brought down, and edges approximated by continued catgut sutures; a thick padding of the dry bichloride gauze was put over the parts, confined by a gauze bandage, the latter confining the arm to the side; over this a wood-moss quilted pillow, covering the entire back and affected side, was placed and confined by a gauze bandage. Before beginning the operation, the patient was literally covered with towels wrung out of the bichloride solution, those from the waist down being placed over the covering of the patient. On coming from under the influence of the ether, the patient's general appearance was good. The operation lasted ninety minutes.

Dr. Sands said that but few removals of the entire scapula had been done in New York City, while statistics showed that the mortality was less in such cases than where a part of the bone was left, provided the operation was done on account of disease. In this case all of the bone, with the exception of the articular surfaces and processes, was involved in the disease. The dressings will not be disturbed for ten days, unless constitutional evidence of septic trouble should appear.

Case II: Stretching the sciatic nerve for a pain which had resisted all medical treatment. The operation is a trivial matter, unattended practically by any danger. Dr. Sands remarked that he had never seen any evil consequences follow the procedure. He seemed to pull with all his might in

stretching the nerve, first from each extremity, then from the center, and finally both ways. Failure, Dr. Sands said, is frequently due to not enough force being used in stretching. There would seem to be no danger from overstretching. In closing the wound the continued suture was used, and no provision made for drainage.

Dr. Gerster tells me that he has often lifted patients from the table while pulling on the nerve. Dr. Sands speaks of dry and wet stretching, as of dry and wet cupping.

The operator now did a *median rectotomy* for syphilitic stricture in a young woman, who had been operated on, some years ago, with partial success by another surgeon. There now existed a recto-vaginal fistula, through which the greater portion of the feces passed. This, Dr. Sands hoped, would close after free exit was given the contents of the bowels by the operation. Having thoroughly washed out the rectum with warm water, he passed a probe-pointed bistoury, guided by his finger, through the stricture, and with one slash divided the tissues down to the bone, including also a part of the posterior parts of the sphincter muscles. After all hemorrhage had ceased, the wound was packed with iodoform, which will be allowed to remain one week.

Dr. Sands struck me as being an exceedingly pains-taking and careful operator. I had heard that he was slow, and perhaps he is; but judged by results, and after all these afford the highest and best tests, he has no superior here. He will retire from the faculty of the College of Physicians and Surgeons within a few weeks. Before choosing his successor, the faculty have asked three young surgeons, Drs. Bull, Hall, and Halstead, each to deliver a course of twelve lectures at the college during the spring, the faculty to be present and judge of the relative fitness of the several candidates. The mantle of Dr. Sands will be placed on the shoulders of the successful man. The last-named contestant has been obliged, by ill-health, to withdraw, leaving Drs. Bull and Hall as the two candidates. Both are regarded as very bright, hard-working men. From what I hear, the chances are in Hall's favor, he being backed by Drs. Sands, McClean, and the

Presbyterian Church, his father being the renowned divine of that name.

At the German Hospital, Dr. Gerster, Professor of Surgery in the New York Polyclinic, removed a lot of gummata (tuberculous) from the sheaths of the extensor tendons at the wrist. The operation was done under strict antiseptic precautions (bichloride). In the dissection, one of the smaller tendons was divided. Dr. Gerster tacked the ends together with a gut suture. After the entire mass had been removed, the sheath was closed with gut sutures, the vessels ligated, two short rubber drainage-tubes introduced over the joint, and the integumental wound thus neatly closed. Iodoform was sprinkled freely over the parts, the bichloride gauze applied, and the arm and hand bandaged to a splint. All of this was done before removing the Esmarch bandage. The opposite wrist had been operated upon just eight days before, and, while the first dressing had not been disturbed, things had gone on uninterruptedly, with neither fever nor pain, the use of the fingers being well preserved—all of which went to show that no suppuration had occurred.

It is such cases as this, when all the tendons at the wrist joint are laid bare, a lot of vessels tied, a large mass taken away, no suppuration occurring, healing going on rapidly, and perfect motion of the parts preserved, that should convince the doubting Thomases of the priceless value of antiseptics in surgery. Without them it is almost needless to say that inflammation would almost certainly have ensued, suppuration would have followed, and in very many cases amputation would have been resorted to; or, if the hand had been saved, it would have been useless.

I also saw at the hospital a number of knees that had been resected by Dr. Gerster. In one case the patient was walking at the end of four weeks. His method of operating is exceedingly simple. He first gets from a hardware store ordinary wire nails, four inches long, and as large as a parlor match. These he cleans first with soap and water; then he dips them in alcohol and burns them, then boils them in a five-per-cent solution of carbolic acid, and keeps them in this solution ready for



use. In operating, he makes a cut directly across the top of the joint, extending a little more than half way around it. He now removes the patella, and saws off the requisite amount of bone from the femur and tibia. He then fastens these bones together with the nails, using from four to six nails, two or three above, and the same number below. He will enter the femur on its side, passing the nail through the skin, about an inch from its (femur's) extremity, and driving it diagonally through the bones, well through the upper part of the tibia, leaving the head of the nail protruding so that it can be easily extracted. Then he will pass one through the tibia, well into the femur, and so on. One short drainage-tube is now introduced into each angle of the wound, behind the line of union of the two bones. He brings the soft parts together by gut sutures, and applies antiseptic dressing; the limb is then incased in a plaster-of-paris bandage, and left undisturbed for four weeks, when the nails are withdrawn. He told me he never had suppuration in any of his cases, notwithstanding the fact that many of them were phthisical subjects.

I saw him remove a nail that had been in eight weeks—one that had slipped beneath the skin, and hence escaped detection when its companions were taken out—and there was not a drop of pus any where in its track.

Dr. Charles K. Briddon, of the Presbyterian Hospital, instead of applying the nails as does Gerster, drives one through the femur and one through the tibia, and then holds the bones steady by twisting wires around the nail.

Dr. John A. Wyeth uses a special form of nail or drill, which is worked into the bones by means of a handle, the handle being then disconnected from the nail and the latter left *in situ*. Gerster's plan is the simplest, and I think the best.

Catgut is used here exclusively for both ligating vessels and suturing wounds, except where extreme tension renders wire necessary. I have seen no one practice torsion. Every thing that bleeds is tied, the size of the ligature being determined by the size of the bleeding vessel. Both operators and assistants wear long gowns, sleeves rolled up to the elbows,

arms and hands well scrubbed with a brush previously disinfected, and the parts operated upon treated in the same way.

There are two Kentuckians here, both graduates of the University of Louisville, classmates, I may say, who occupy very enviable positions as surgeons—Dr. John A. Wyeth, who is Professor of Surgery in the New York Polyclinic, and Dr. V. P. Gibney, for many years connected with the Hospital for the Ruptured and Crippled. The former will be married to-morrow to Florence, youngest daughter of Dr. Marion Sims. Dr. Gibney, it pains me to say, has been confined to his room for many weeks by an attack of pneumonia. He expects, however, to get out when the soft days come, and, with a brief run to the country, to be able to resume his practice, which is very large.

To-morrow, I sail on the good ship Umbria. My next will be from Liverpool, where I shall hope to see those two very capable surgeons, Mr. Reginald Harrison and Mr. Mitchell Banks, at work at the Royal Infirmary. It will tell of what I see there.

W. O. ROBERTS.

NEW YORK, April 6, 1886.

ARKANSAS STATE MEDICAL SOCIETY.—The eleventh annual session of this Society will be held in Helena, on Wednesday and Thursday, April 28th, and 29th, commencing Wednesday at 10 A. M.

*Committee of Arrangements*—Dr. D. A. Linthicum, Chairman, Helena.

*Committee on Medical Education*—H. H. Turner, Chairman, Ozark; W. W. Hipolite, J. M. Keller, A. P. George, N. Rector, J. A. Fordyce, D. Christian, F. E. Jeffrey, H. B. Williams.

*Committee on Practice of Medicine*—W. P. Hart, Chairman, Washington; J. J. McAlmont, J. W. Adams, B. S. Zachary, J. S. Shibley, Z. Orto, J. A. Pipkin, J. W. Jones, J. P. Mitchell.

*Committee on Surgery*—D. A. Linthicum, Chairman, Helena; W. B. Lawrence, J. A. Dibrell, jr., T. J. Woods, J. M. Keller, W. H. Hill, E. V. Deuell, E. R. Weaver, J. F. Blackburn.

*Committee on Gynecology*—J. T. Jelks, Chairman, Hot Springs; L. R. Stark, J. A. Dibrell, sr., J. H. Gaines, S. L. Vaughan, S. M. Carrigan, W. A. Amis, Thos. Stephenson, C. E. Robinson.

*Committee on Medical Legislation*—J. S. Shibley, Chairman, Paris; Z. Orto, H. L. Routh,

H. H. Turner, J. A. Dibrell, jr., A. G. Henderson, D. S. Mills, R. G. Jennings, D. A. Linthicum.

*Committee on Neurology*—J. W. Hayes, Chairman, Marianna; D. S. Mills, C. Watkins, Edward Meek, D. Christian.

*Visitors to the Medical Department of the Arkansas Industrial University*—W. B. Lawrence, Chairman, Batesville; D. S. Williams, W. W. Hipolite, I. Folsom, Z. Orto.

*Committee on State Medicine*—W. W. Hipolite, Chairman, De Vall's Bluff.

*Committee on County and Municipal Societies*—L. P. Gibson, *ex-officio*, Chairman, Little Rock.

Every member who expects to read a paper is requested to send the title of the same, together with a very brief synopsis of its contents, to the Secretary at once.

Secretaries of local societies are requested to send, as soon as appointed, a complete list of the delegates to the State Medical Society.

Arrangements will be made for reduced rates to all who will attend the meeting.

L. P. GIBSON, M. D.  
Secretary.

**CHANGE OF PLACE OF MEETING.**—In consequence of the terrific fire and cyclone with which Helena has been recently afflicted, and the probability of an overflow cutting off communication with that city at about the time of the meeting, the committee of arrangements have given notice that it would be advisable to change the place of meeting.

The eleventh annual session of the State Medical Society of Arkansas will, therefore, be held in the Council chamber, at Little Rock, on Wednesday and Thursday, April 28 and 29, 1886, commencing on Wednesday at 10 A. M.

W. H. HAWKINS, M. D.  
President.

LITTLE ROCK, April 10, 1886.

**NATIONAL SANITARY CONVENTION.**—A sanitary convention, the object of which will be to afford an opportunity for an expression of opinion on matters relating to the public health, and the discussion of methods looking toward an advancement in the sanitary condition of the commonwealth, the prevention of sickness and avoidable death, and the improvement of

the conditions of living, will be held in Philadelphia, under the auspices of the State Board of Health, on Wednesday, Thursday, and Friday, May 12, 13, and 14, 1886.

The address of welcome will be delivered by his excellency, Hon. Robert E. Pattison, Governor of Pennsylvania.

The following will be among the subjects that will be discussed by prominent sanitarians:

1. The Sanitary Needs of School Buildings and Grounds;
2. The Water-Supply of Towns and Cities;
3. The Water-Supply of Philadelphia;
4. The Disposal of Slops, Garbage, Refuse, etc.;
5. The Prevention of Communicable Diseases;
6. The Influence of Clothing on Health;
7. Ventilation;
8. The Drainage and Sewerage of Cities and Towns;
9. The Drainage and Sewerage of Philadelphia;
10. The Influence of Diet on Health;
11. The Relations of Christianity to Health;
12. Mistakes in School Architecture;
13. Defective Vision in School Children—Causes and Management;
14. The Necessities of Physical Education;
15. Drainage and Sewerage in Country Districts;
16. Sanitary Science in Villages;
17. Municipal Sanitation;
18. Artificial Feeding of Infants;
19. Condensed Milk;
20. Various Artificial Baby Foods;
21. The Inheritance of Disease;
22. Hygiene of the Home;
23. Sanitary Plumbing and Drainage;
24. Tests for Impurities in Water—The Use of Filters;
25. Germicides;
26. Vaccination;
27. The Hygiene of Old Age;
28. Cholera;
29. City vs. Country Life, from a hygienic point of view.

The public are cordially invited to take part in, and help to make a success of this convention. At a later date, a circular of details will be issued.

JOSEPH F. EDWARDS, M. D.  
Chairman Committee of Arrangements.

224 S. Sixteenth St., PHILADELPHIA, PA.

**CHICAGO MEDICAL SOCIETY.**—At the stated meeting of this Society, April 5, 1886, the following officers and standing committees were elected: Dr. Edm. J. Doering, President; Dr. Wm. T. Belfield, First Vice President; Dr. J. F. Todd, Second Vice President; Dr. Liston H. Montgomery, Secretary; Dr. Harold N. Moyer, Treasurer; Dr. John Bartlett, Necrologist.



Committee on Judiciary, Dr. Addison H. Foster (1889), Dr. Wm. E. Quine (1888), Dr. Truman W. Miller (1887).

Committee on Membership, Dr. G. C. Paoli (1889), Dr. D. A. K. Steele (1888), Dr. E. F. Ingalls (1887).

Committee on Library, Dr. Edmund Andrews (1889), Dr. F. C. Hotz (1888), Dr. D. W. Graham (1887).

Committee on Publication, Dr. John A. Robinson (1889), Dr. E. Wyllys Andrews (1888), Dr. Robert Tilley (1887).

*Editors American Practitioner and News:*

SANDAL-WOOD OIL IN GONORRHEA.—Appreciating the many untoward results that usually follow the treatment of gonorrhea and its sequelæ, I would respectfully call the attention of the profession to my experience with the oil of sandal-wood in the treatment of these cases. I have used this remedy almost exclusively in the treatment of gonorrhea for the last four years with success surprising to myself. The oil is applicable in all stages of the acute disease. I have seen the discharge of the second stage cease in from one to three days after exhibition of the remedy; but gleet, and in fact any chronic inflammation of the urethra, is not readily benefited by the oil. I generally administer twenty drops on sugar three times daily before meals, and supplement the treatment with alkalies when the condition of the urine demands it. The capsules of oil of sandal-wood of the shops are not, in my hands, as efficacious as the fresh oil. The exhibition of the capsules is generally accompanied by nausea and intestinal disturbances if persisted in for any considerable time. The oil, I may add, when taken and continued as recommended above, does not produce any unpleasant effects. ARTHUR M. SPEER, M.D.

PERRY TEXAS, April 3, 1886.

At the Commencement of the Bellevue Hospital Medical College, held on Monday evening, March 15th, Professor John C. Dalton paid the following graceful tribute to Dr. Flint's memory. He said:

"Gentlemen of the Faculty and of the Medical Class, I am sure there is but one thought

in the minds of all who are here in this room this evening. A familiar and venerated presence no longer meets your eyes from its accustomed place. A voice to which you have listened, always with delight and profit, for so many years, is suddenly quiet on this returning anniversary; and yet I doubt whether our departed friend and counsellor ever wielded over his colleagues or his class such an overwhelming influence as he does at this moment.

"He speaks to you to-night, not with the imperfect utterance of an occasional discourse or a momentary topic, but with the complete and unmistakable language of a life-time. He stands before you now in his entire character, ennobled by the record of his qualities and deeds, as the acknowledged representative of all that is best in the study, the teaching, and the practice of medical science and art. It was the universal verdict, from which I have never heard a dissenting voice, that among all the eminent men of the profession in this wide country, his was the one name which would be inevitably selected as the first. His single-minded devotion, untiring industry, and indomitable strength of purpose raised him long ago to the position which he held to the last day of his life. And now, after conducting your studies through the session just closed, he has graduated before you, he has taken his final and highest degree, conferred by the Power that is supreme over us all; and the parchment of his biography now bears the stamp of Emeritus.

"For you, gentlemen of the medical class, I am sure that Dr. Flint's teachings are far from being ended. I can wish you nothing better than that you carry them with you throughout the future, and that you never cease to remember his instructions and to emulate his life."

THE PHILADELPHIA POLYCLINIC AND COLLEGE for Graduates in Medicine has established a hospital for operative and other cases at the college building, Broad and Lombard streets, Philadelphia. A number of ward patients have already been treated in the new hospital. Indorsed by John B. Roberts, Secretary.

**THE KENTUCKY PHARMACEUTICAL ASSOCIATION.**—The ninth annual meeting of the Kentucky Pharmaceutical Association will be held at Bowling Green, Kentucky, on Wednesday, May 5, 1886. Special rates may be had on railroads and at hotels. Further information may be had on application to William H. Turner, local Secretary, Bowling Green, Kentucky, or Henry W. Evans, President.

JAMES T. COOKE,  
*Recording Secretary.*

**TREATED QUITE ENOUGH.**—"Good morning, Mrs. Gilligan; how is Patrick this morning." "Sure, he's no better, sir." "Why don't you send him to the hospital to be treated?" "To be treated, is it? Faith, an' it's the delirium trimmins he has already."

**CHANGE OF PLACE.**—Dr. T. Gaillard Thomas has removed from 294 Fifth Avenue, New York, to 600 Madison Avenue, between Fifty-seventh and Fifty-eighth streets.

**A MAGNIFICENT BEQUEST.**—A Hamburg merchant has left 450,000 marks (\$90,000) for the erection of a sea bathing establishment at the mouth of the Elbe.

**THE DEATH OF A PHYSICIAN FROM HYDROPHOBIA.**—Dr. Brinton H. Warner, of Baltimore, bitten a few weeks since by a strange dog which he had picked up wounded in the street, died a few days since of hydrophobia.

**A MONUMENT TO DR. FLINT.**—It is announced that, on the recommendation of the Medical Board of Bellevue Hospital, the Commissioners of Charities and Correction have decided to erect a mural monument to Dr. Flint in the hospital.

**LOUISVILLE DEATH-RATE.**—There were 269 deaths in Louisville during the month ending April 2d—190 white, and 79 black. Among these 52 persons died of consumption and 28 of pneumonia.

**LEPERS AT LARGE.**—A San Francisco paper states that three leprous Chinamen have recently been discovered in that city. Will they spread the disease? is the question of the hour.

### Army and Navy Medical Intelligence.

**OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from April 4, 1886, to April 10, 1886:**

*Maj. Albert Hartsuff*, Surgeon, granted leave of absence for fifteen days. (S. O. 71, Dept. East, April 7, 1886.) *Maj. Henry McElderry*, Surgeon, U. S. Army, ordered for duty as Post Surgeon, Ft. Wayne, Mich. (S. O. 69, Dept. East, April 2, 1886.) *Capt. James C. Merrill*, Assistant Surgeon, granted leave of absence for three months. (S. O. 81, A. G. O., April 7, 1886.) *Capt. Victor Biart*, Assistant Surgeon, sick leave of absence still further extended one year on account of sickness. (S. O. 79, A. G. O., April 5, 1886.) *Capt. John V. Lauderdale*, Assistant Surgeon, from Dept. Dakota to Dept. Texas. *Capt. George W. Adair*, Assistant Surgeon, from Dept. Dakota to Dept. East. *Capt. Jas. A. Finley*, Assistant Surgeon, from Dept. Texas to Dept. Dakota. *Capt. H. S. Kilbourne*, Assistant Surgeon, from Dept. Dakota to Dept. Columbia. *Capt. E. F. Gardner*, Assistant Surgeon, from Dept. Columbia to Dept. East. *Capt. Wm. W. Gray*, Assistant Surgeon, from Dept. East to Dept. Dakota. *Capt. J. M. Banister*, Assistant Surgeon, from Dept. East (upon the expiration of his present leave of absence) to Dept. Columbia. *First Lieut. E. C. Carter*, Assistant Surgeon, from Dept. Arizona to Columbus Barracks, Ohio. *First Lieut. R. W. Johnson*, Assistant Surgeon, from Dept. Dakota to Dept. East. *First Lieut. George F. Wilson*, Assistant Surgeon, from Dept. Columbia to Dept. Dakota. (S. O. 79, A. G. O., April 5, 1886.) *Capt. H. P. Birmingham*, Assistant Surgeon (Camp Grant, New York City), temporarily assigned to duty at Fort Columbus, New York Harbor. (S. O. 72, Dept. East, April 8, 1886.) *Assistant Surgeon R. L. Robertson*, on expiration of his present leave of absence, will be relieved from duty in Dept. Texas and will report in person to Commanding General, Dept. Dakota, for assignment to duty. (S. O. 78, Dept. Dakota, April 3, 1886.)

**OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department United States Army, from March 28, 1886, to April 3, 1886:**

*Major Henry McElderry*, Surgeon, relieved from further duty in connection with New Orleans Exposition, and ordered, on the expiration of his present leave of absence, for duty in Department of East. (S. O. 71, A. G. O., March 26, 1886.) *Leonard Y. Loring*, Assistant Surgeon, granted leave of absence for one month, provided that during his absence he furnishes the necessary medical attendance at San Diego B'ks, Cal. (S. O. 19, Dept. Cal., March 24, 1886.) *John R. Van Hoff*, Assistant Surgeon, granted one month's leave of absence. (S. O. 29, Dept. Mo., March 29, 1886.) *J. M. Bannister*, Assistant Surgeon, granted leave of absence for one month, to commence on or about April 2, 1886. (S. O. 63, Dept. East, March 26, 1886.) *Aaron H. Appel*, Assistant Surgeon, granted leave of absence for one month. (S. O. 66, Dept. East, March 30, 1886.) *Richard W. Johnson*, Assistant Surgeon, relieved from duty at Fort Buford, D. T., and ordered for duty (temporarily) at Fort Snelling, Minn. (S. O. 28, Dept. Dak., March 29, 1886.)



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. I.  
[NEW SERIES.]

LOUISVILLE, KY., MAY 1, 1886.

No. 9.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### LISTERISM SEVERELY TESTED.\*

BY DOUGLAS MORTON, A. M., M. D.

*Visiting Surgeon to Female Wards of the Louisville City Hospital.*

A few weeks ago a benevolent lady friend asked me to see a poor woman who feared she had cancer of the breast. I found this woman and her two grown sons living in a flat-boat on the river side. The cubic measure of the room in which they lived—the only one the boat contained—was found to be about one fourth of what is given to a single bed in any modern hospital. The woman was about fifty years of age. She, as well as both of her sons, were strongly marked with malarial cachexia. The tumor was found to be scirrhus and seemed to involve the whole of the left mammary gland. It was freely movable, and the axillary glands unaffected. Considering the tumor and its connections alone, it was by the rules a very good case for operation; the woman's bad general condition, however, and her non-hygienic surroundings, of a kind greatly to depress her resisting power, made it a decidedly bad case. She utterly refused to go into a hospital. I determined to operate, and hoped by thorough application of Listerism to compensate for bad conditions. As my method is simple and yet includes all essentials requisite in a large class of incised wounds, I will give it: After removal of the tumor I made thorough irrigation with a 1-1500 bichloride solution—

had this part of the operation required a long time, I should have thought it better to make repeated irrigations during its progress. I then laid in the wound a bunch of some twenty-five horse-hairs that had been washed in the same solution. Drainage was considered important, as considerable oozing was going on. After this the sutures were applied. These consisted of iron-dyed silk, carbolized, waxed, and then placed in a twenty-per-cent carbolic solution. At this point, by means of a syringe with a nozzle small enough to be inserted between the sutures, the cavity under the flaps was distended with the bichloride solution, and before this had ceased entirely to escape through the spaces between the sutures, a small roll of absorbent cotton saturated in a solution of the same strength was laid along the line of incision and over the horse-hair, projecting at each end. The skin was then dried, and since the tension on the sutures was slight, strips of india-rubber plaster were considered sufficient support without the aid of deep sutures. The strips were applied so as to press together the edges of the flaps and hold the roll of absorbent cotton firmly in place. The guiding idea in this dressing was to allow the wound no interval of exposure to air between the last irrigation and the final sealing with the roll of cotton, and to secure this protection by keeping the cotton in place. I am sure that if this method is carefully carried out, it will be found sufficient, in private practice at least, for a very large class of wounds. The horse-hair drainage in this class of wounds has served an excellent purpose in my experience; a bunch of filaments of silk-worm gut would be more elegant perhaps, and in certain conditions, when absorbable material is desired, catgut would be better. For several days after the operation, although the patient had no fever,

\*Read before the Louisville Medico-Chirurgical Society, March 19, 1886.

she did not seem to be doing well; her tongue became coated, her complexion more sallow than ever, and at times she was bathed in perspiration, and complained of feeling chilly. This state of things was no doubt due in part to her keeping her little apartment so thoroughly closed up, from fear of "catching cold" in the wound, that the air became foul and the temperature about 85°. The dressing was removed on the sixth day, and the result found to be perfect union throughout and not a drop of pus. The sutures and horse-hair were removed. Upon drawing out the latter, the end that had to be drawn through the tissues was first disinfected with bichloride. The ligatures, which were not cut short, were allowed to remain several weeks, and when removed were found to have caused no trouble, and broke, on being drawn, in a way to suggest that they were undergoing absorption.

The proneness of operations in the presence of malarial cachexia to result badly is well known, and the unhealthy environment in the present instance certainly increased this tendency. Under old methods a good result could hardly have been hoped for, and the perfect one obtained must, I think, be accredited to Listerism. In this view of the case, the antiseptic method was without doubt subjected to a severe test.\* The successful issue from this test leads to the important and perfectly legitimate inference that, other things merely equal, in *all* cases of the same class, indeed in all involving the same amount of trauma, the careful application of the method justifies us in confidently *expecting* a like good result. And, if a *perfect* result is obtained in a case so low down in the scale, *a fortiori* we are the more fully justified in expecting the same in all cases higher up.

This is a high degree of confidence, but it is a significant fact that it is the confidence that characterizes the class of surgeons who are not only the most thorough believers in the principles of Listerism, but are the most thorough in the application of its methods; while, on the other hand, those who have not

kept apace with the science of germ-life, and have not realized the important part taken by the germ in all decomposition of organic matter, and above all, have not tried Listerism, or have tried it in an imperfect perfunctory way, "because it is the fashion," are the unbelievers.

In a late edition of his work on surgery, Bryant expresses his belief that the confidence on the part of believers in Listerism comes from a sanguine temperament and blind deference to the authority of the great inventor. Let us subject the method to a severe test in another field of surgery and try if there be no other grounds than those which are merely subjective. The results in compound fractures treated in hospitals afford an excellent test. First, in order to get a term of comparison, let us place the conditions and results of simple and compound fracture respectively side by side. In the former suppuration never occurs; in the latter, without antiseptics, it occurs (in hospitals) as a rule. In the former we have illustrations of ideal asepsis; in the latter the suppuration that occurs is caused by contact with germ-laden air. In the former the subcutaneous trauma may be extensive, and detached matter (extravasated blood) be present in abundance, and still absorption of blood and healing occur without the production of pus. In the latter, if air has found its way into the wound, and it generally does, all detached matter must be removed to secure a mere probability of union without suppuration; but, as a matter of fact, this thorough cleansing under methods in former use was mechanically impossible. Ample experience, on the other hand, has demonstrated that by the early and thorough application of antiseptics, the compound fracture may be rendered as perfectly aseptic as the simple, and may with equal certainty heal without suppuration.

But the application must be thorough, for it is true here in exactly the same sense of the parable uttered eighteen centuries ago, that "a little leaven leaveneth the whole lump." The leaven that finds its way into wounds and, if left alone, baffles the best surgical skill now, is, just as was the leaven then, made up essentially of enormously prolific organisms. And in order to secure perfect asepsis, and that the

\*This case is considered a test, not with reference to the state of the air in the patient's room, but to her state of health. Any operation done in the surgical ward of a large hospital is considered, in another sense, as a severer test.



surgeon may attain to *expectation* of perfection in result, this little leaven, it matters not how infinitesimally little it may be, must be sought out, and found by the destroyer in all the innermost recesses of the wound.

How well this severe test has been borne, and the assumed standard of perfect asepsis been realized, is shown by some recent statistics in the antiseptic treatment of compound fractures. Volkmann reports from his own practice 135 cases, and only 2 deaths, one of which was caused by alcoholism and the other by fat embolism. Cheyne gives, as a summary of the work of several surgeons, 1,239 cases with 5 deaths; and it would certainly be right to suppose that some of those five deaths were due to defect of technique rather than fault of the principle. Since there is identity in some important conditions, it is proper to add here Brun's report of 20 cases of excision of knee-joint, 19 of which healed by primary union under one dressing.

But it is only by comparison with results under old methods that the significance of these figures is duly appreciated. Before the introduction of antiseptics the mortality in hospitals from compound fractures varied according to the locality of the injury and the place where treated, from 40 to 80 per cent. Erichsen, in the American edition of his work for 1873, says of compound fractures, that they are "infinitely more dangerous" than simple, and that, should an "injudicious attempt have been made at saving the limb, the surgeon must wait until suppurative action has been set up before he can remove it;" and adding to the gloom of the situation, he says, further, on the question of expediency in amputation, "It is true that primary amputations are very commonly fatal." (Vol. I, p. 325.)

How very strangely these sentences, published less than twenty years ago, read to us who are now forced by the logic of unquestioned results to consider amputation for compound fracture, in any save extremely rare conditions, as bad surgery, and the occurrence of suppuration as the result of either an accident or a blunder. The fatality following compound fractures, that justified Erichsen in describing them as *infinitely* more dangerous

than simple, has been reduced to 5 in 1,239 cases, or less than one half of 1 per cent. Can any one reasonably suppose that this change comes from a mere improvement in surgical methods, especially in the matter of cleanliness, and not from a complete revolution?

In former times the great mortality following operations was regarded as a necessary evil, and surgeons made no attempt to explain it. Later on the trouble was called "hospitalism," which meant merely an unknown something about hospital buildings that caused much greater mortality in them than followed the same operations in private practice.

This was "a move in the right direction." For some time, however, little or nothing was accomplished toward remedying the evil. Yet surgery was even then called an art, though it differed in the important respect from all other arts, that the character of its results bore no special relation with the skill and painstaking put into the work. A mysterious *tertium quid* came between the man and his results and marred them in spite of the greatest care and the greatest skill, as care and skill were then bestowed. Note the difference now: care and skill are exercised as they have always been, but they are directed mainly to the application of the antiseptic method, with what effect the figures I have given, drawn from a narrow field of surgery, are sufficient to show. The unseen thing of evil, hospitalism, is exorcised and the ceremonial is Listerism.

It would be a very grateful task to me to show at length what Listerism has done for surgery; and, since assaults have recently come upon it from respectable quarters, there would seem to be occasion for my doing so. I did not, however, set out to write a defense of Listerism, for surely at this day none is needed, and will devote the remainder of this paper to some curiosities of literature and of logic I have occasionally seen in the criticisms of unbelievers. I wish to state here that I use the term Listerism, not in the narrow sense of the use of any particular agent or method, but in that sense in which it recognizes in the germ the great enemy to success in surgery, and wages war upon it by a variety of methods and agents, both offensively and de-

fensively. I feel very sure that had Sir Joseph Lister been disposed to bestow his name, not any special method, but the underlying principle would have received the honor. I am confident too, that much of the opposition to Listerism has come from misconception of its meaning. I was told only a short time since that Lister himself had abandoned Listerism; but I found my informant meant that he had ceased using the carbolic spray. Even so distinguished an author as Bryant, who claims not to be a believer in Listerism, speaks of a class of surgeons who utterly disregard germs, "yet highly value means for purifying wound surfaces, and will use antiseptic irrigation with a lotion of carbolic acid, 1 to 20." (Page 33, last American edition.) He writes, further on, that "the value of antiseptic irrigation of wounds is not at the present day likely to be disputed by any surgeon." Thus, though opposing Listerism, he emphatically recognizes its underlying principle. Now it must not be forgotten that Lister began the antiseptic method only after becoming convinced of causal relation existing between the presence of microbes and the morbid processes peculiar to wounds, and that, in the parlance of the present day, "sepsis" implies germs. What then can be the relevancy of using antiseptic irrigation in case either that germs do not exist, or are harmless, or are not destroyed by the antiseptic? Of what does Mr. Bryant more effectually "purify wound surfaces," with a lotion of carbolic acid than with pure water?

Five years ago, before the International Congress at London, Mr. Keith stated that he had had eighty consecutive recoveries under Listerism, but that in the next twenty-five ovariectomies he had lost seven cases; three from carbolic poisoning; one from renal hemorrhage, and one from septicemia. He said, moreover, that he had been quite badly poisoned himself in using carbolic acid. He had therefore abandoned Listerism.

In ovariectomy, the very large absorbing surface exposed puts in the way of Listerism a difficulty peculiar to all abdominal surgery, the danger of general poisoning by the agent used. Yet in the light we have now of accu-

mulated experience with a great many agents, Mr. Keith's course in abandoning germicides altogether appears illogical. He, however, profiting by the revelations of Listerism, hedges his patients about in a private hospital with such safeguards as were unknown in pre-Listerism surgery, and impracticable in general surgery now. He clearly recognizes the danger from germs, and wages against them a most careful, defensive warfare. He operates in air kept as aseptic as possible, prepares instruments and sponges with the greatest care, debar access of germs to wounds that have been scrupulously cleansed of all detached matter by essentially the same dressing used in Listerism. The same can be said of Mr. Tait, who, I have been assured by a distinguished laparotomist in New York, personally spends hours in washing his sponges in hot soda-water, etc. All this is an unequivocal recognition of the principles of Listerism. I have considered it important to state clearly the methods of these gentlemen, because their splendid record in ovariectomy associated with their supposed opposition to Listerism has materially interfered with its universal acceptance.

As an illustration of the illogical generalizing that followed Mr. Keith's announcement, an American editor wrote, "Listerism is dead; in America no one uses it, while, in England, Lister himself is about forced to apologize for its creation." In an eloquent obituary he tells us "The ism is dead; it will be some little time before all its friends throughout the world become aware of its untimely demise, but in due time a suitable tablet will be erected to its memory, and the system itself laid away in its niche in the grand old mausoleum where repose so many kindred delusions." This comes from a man who says he had opposed Listerism "from the very inception of the idea," and fairly represents the tone of many others that opposed it and had not of course fairly tested it. Let us compare the above with the language of a man who has tried it thoroughly and on a great scale. Stephen Smith, writing in the *Medical Record* for October 17, 1885, of the results of Listerism in Bellevue Hospital, five



years after the death of Listerism, according to the belief of the American editor quoted, says that such "vast changes . . . have taken place," "so complete the revolution undergone that one of the older surgeons would scarcely realize that he was in the same hospital where he had practiced a decade ago." "Compound fractures," he says "were formerly regarded as proper cases for amputation, if the local injury exceeded a single fracture with a simple penetration of the soft tissues. And even the simplest cases of compound fracture were reserved for treatment, with many misgivings as to the result." But "to-day, compound fractures are welcome to the wards of Bellevue as a class of cases which give the most satisfactory results." "Amputation is not thought of unless arteries and nerves are so far destroyed that death of the extremity must follow." "Amputation wounds" he reminds us, "rarely if ever recovered at Bellevue, except after long-continued suppuration;" but "except for the unfavorable conditions incident to the injury, amputations are now among the most successful operations at Bellevue. Death by suppuration and its results does not occur."

A very remarkable paper from the pen of Dr. Frank Hamilton appeared in the Medical Record for January 2d, of this year—remarkable, coming from Dr. Hamilton—indeed, remarkable coming at this day from any one at all. The title of this paper is "The Art of Primary Union, or Union by Adhesion in Large Incised Wounds," and its aim to show that Lister "turned back the tide" of dismal failure in surgery and restored the standard of success attained more than a century ago by Edward Alanson, of Liverpool. The best record of this eminent surgeon was a series of thirty-five amputations of the thigh and leg without a death—unquestionably a good record for that day. Nothing is said as to whether suppuration occurred in these cases; and, as has been suggested, we are constrained by our knowledge of what conditions surgeons then believed to necessitate amputation, to suppose that many of these amputations were unnecessary. It is, therefore, manifestly unjust to modern surgery to bring up these cases in comparison at all. Dr. Hamilton thinks that in

essentials the methods of Alanson were just the same as those of the surgery of to-day, and that the details of the antiseptic method "serve no other purpose than the walking, talking, and gestures of the prestidigitator. They abstract the attention and conceal the adroit manipulation by which the trick is actually performed." The gist of Dr. Hamilton's criticism is substantially this: "Listerism has certainly restored surgery to a high standard, its results (and results are the only criterion of success) are as good or better than any that have ever been obtained, but through the rôle of antiseptic detail they are reached in an unnecessarily round-about way."

Consistently, and in view of indisputable facts, the critic might go on and say our results in general surgery, thus far, are not nearly so good as yours, "but it is because we have not been able to attain to the degree of cleanliness incident to the Listerian method. When we can do this they will be equally as good, and our method more simple. It will suffice for the believer in Listerism to reply: "When your results reach our standard throughout the whole range of surgery, and especially in large general hospitals, we will dispense with our method."

Much has been said and written throughout the history of Listerism about the cleanliness involved in the method. The results from the method, it is alleged, have revealed that filth is the chief obstacle to success in surgery. This is unquestionably true. Cleanliness in the surgical sense, coming from the use of antiseptics, is tantamount to cleanliness in the ordinary sense, coming from the use of soap. All filth in its relation to wounds falls in three classes: the mechanically irritant, the chemically irritant, and that which is irritant by the presence of micro-organisms. A mechanical irritant, pure and simple, gives no trouble. If in sufficient magnitude or quantity to be visible, it can be readily removed; if it can not be seen, it will not interfere with the healing of wounds. A simply mechanical irritant does not cause suppuration. Chemical irritants may doubtless be found sometimes associated with the filth in which surgery is interested, but only those produced in the vital processes of organisms

connected with the decomposition of organic matter have any practical bearing in the question. Hence the conclusion seems inevitable, that *micro-organisms constitute the only "filth" with which the surgeon has to deal.*

Sew up a thoroughly cleansed wound in a hospital ward with new, white, and clean (in the ordinary sense) surgeon's silk, and then protect the wound with cotton-wool. In a few days pus will be found, as a rule, in the track of the suture. Treat the same thread with a solution of some good antiseptic and use it as a suture, and then protect the wound with cotton-wool, preferably disinfected, and suppuration as a rule will not occur. What is the difference? Both may be called mechanical irritants, and the disinfected silk contains in its fibers a chemical irritant besides. The essential difference may readily be demonstrated. Put a piece of the silk in a sterilized infusion of meat (without of course admitting air) and in a short time the latter will be found to be decomposed and teeming with bacteria. Put a piece thoroughly disinfected in the same kind of preparation, and it will remain unaltered indefinitely. [The bacteria that cause putrefaction in this experiment may not be of the kind that do most injury in wounds—the decomposing infusion would be found to be infested with a number of varieties.] But would it not be sufficient to wash the silk in pure water? The response from the same experiment is, no. Bacteria do not thrive well in pure water, but still, however thoroughly applied to the silk, the infusion in which it is put will, as a rule, decompose. Assuming it proven that microbes constitute the filth with which the surgeon has to deal, cleansing means disinfection, and the difference between pure water and an antiseptic lotion is a difference of efficiency, with odds immensely in favor of the latter. The objections used to be made that antiseptics themselves are irritants. But they never cause suppuration; and, further than to occasion some afflux of blood to the part, which may really be an advantage in causing an increased supply of plastic material, they do not irritate. In my experience this question of injury by irritation has been thoroughly tested. I have repeatedly injected a solution

of iodine into the synovial sac of the knee-joint, from forty to eighty times the strength of that which has been found efficient as an antiseptic, without causing suppuration. It thus appears that the objection to Listerism based on the fear of irritation, as the "cleanliness" argument, proves to be fallacious.

LOUISVILLE, KY.

## PELVIC ABSCESS.\*

BY F. C. LEBER, M. D.

*One of the Visiting Surgeons, Louisville Marine Hospital.*

In treating of pelvic abscess, I wish to be understood as limiting the term to pelvic abscess proper, that is, to collections of pus, the result, chiefly, of pelvic cellulitis, and possibly, in rare cases, of pelvic peritonitis. Of course there are many other diseases which may give rise to collections of pus in the pelvic cavity; and the treatment of which, so far as the abscess is concerned, does not differ materially from that of pelvic abscess proper, yet such cases can not be properly included under this head.

Pelvic cellulitis, terminating in pelvic abscess, is often a very insidious disease, and may remain unrecognized until in an advanced stage of its progress. The actual seat of the disease is, in the majority of cases, the meshes of the cellular tissue surrounding the uterus, between the folds of the broad ligaments, and extending thence in various directions toward the pelvic walls, but there is no doubt that in some cases the peritoneum itself is involved.

Pelvic abscess occurs during the puerperal state, after delivery at term, or after abortion; it is often the result of operations on the external and internal generative organs, such as the introduction of instruments into the uterine cavity, Emmet's operation, etc. Grailly Hewett states that it is hardly known as an idiopathic affection.

It is interesting to note the paths along which the pus travels toward its outlets. Koenig, of Germany, has made some careful experiments on this point. Injections of water into the cellular tissue under the broad liga-

\* Read at a meeting of the Louisville Medical Society, March 25, 1886.



ments, near the ovaries and fimbriated extremities of the fallopian tubes, took a course in the direction of the psoas and iliacus muscles, and then into the pelvis proper; injections into the antero-lateral portion of the cellular tissue, where the body of the uterus joins the neck, first fill the cellular tissues of the true pelvis laterally to the uterus and bladder, then pass with the round ligament toward Poupert's ligament, and thence to the iliac fossa externally and backward. Thrown in at the base of the lateral ligaments, posteriorly, the posterior and lateral parts of the pelvis are filled; namely, Douglas's *cul-de-sac*. In accordance with these observations of Koenig, we find that pelvic abscess points most frequently in the direction of the mucous outlets, the vagina, rectum, and bladder, or externally in the iliac region above Poupert's ligament, and these observations are, therefore, in perfect harmony with clinical experience. Other points of exit are the greater and lesser sacro-sciatic foramina, and sometimes the pus may make its way along the recto-vaginal septum, the abscess pointing in the perineum.

The majority of cases of pelvic cellulitis and pelvic peritonitis terminate in a gradual and complete absorption of the exudation, leaving either no traces behind, or only slight immobility of the uterus, together with some fullness of the parametrium; the occurrence of abscess may be looked upon as the exception to the rule, only about twelve per cent, according to Mundé, terminating in this way. Frequently small pelvic abscesses run their entire course without being recognized, or their existence even suspected, perforating and discharging through some one of the pelvic outlets and giving rise to the belief of the existence of disease primarily located in those organs.

When pelvic abscess is about to terminate in suppuration, irregular rigors, some pain, with a sense of fullness in the pelvis, quick pulse, irritative fever, and symptoms of rectal and vesical irritation manifest themselves; often, however, these decided symptoms are absent, the patient complaining only of a sense of fatigue with slight febrile exacerbations toward evening, loss of appetite and restlessness; under these circumstances a thorough

and critical examination of the patient's condition will prevent our being misled.

It is well to remember that abscesses pointing in the posterior *cul-de-sac* may be confounded with suppurating dermoid cysts, this being their most usual locality, and also, that when the abscess points externally, high up in the iliac region, it may be mistaken for perityphlitic abscess; both mistakes have been made, but are of little consequence, since the surgical treatment is the same in both cases.

The treatment of pelvic abscess includes the antecedent condition of pelvic cellulitis, and is both general and local. Of the latter I do not here wish to speak, further than to observe that it is often within our power to limit the amount of exudation by appropriate treatment. The means at our command for the accomplishment of this desirable result, are absolute rest in the recumbent position, the continuous application of cold in the form of ice-bags, and the administration of opium, either internally or by hypodermic injection. Ice-bags and opium are the means chiefly employed by German gynecologists, and often with remarkable success.

When suppuration has occurred a change in the constitutional treatment becomes necessary; quinine, iron, cod-liver oil, and a liberal allowance of food and wine are the remedies which prove of most benefit. Many cases, under this treatment, terminate favorably by spontaneous rupture and discharge of the contents of the sac into one of the natural mucous outlets of the pelvic canal. When this favorable termination does not take place we must have recourse to surgical measures, the *noli me tangere* plan of the older gynecologists must be abandoned.

The treatment of pelvic abscess by surgical means and the brilliant success attending it are mainly the result of the labors of the younger generation of American gynecologists. Such men as Paul F. Mundé, Sanders, and Polk, of New York; Reeves, Jackson, and Fenger, of Chicago; Cushing, of San Francisco, and a host of others whose names have slipped my memory, have contributed largely to bring about this favorable change. This statement is more especially true of the first-mentioned surgeon.

In all cases of suspected pelvic abscess, before resorting to the knife, the diagnosis should be verified by means of the aspirator. Indeed, in many cases, where the abscess is small, containing but a few ounces of pus, aspiration and subsequent washing out of the abscess cavity with some antiseptic lotion, by reversing the current, is alone sufficient to effect a cure. In larger pelvic abscesses, or in abscesses which have perforated spontaneously with contracted opening, the knife, the establishment of proper drainage, and frequent irrigation are indispensable to permanent success.

There is, certainly, no good reason why the surgical treatment of pelvic abscesses should not be conducted on the same general principles which guide us in the treatment of abscesses elsewhere.

To the question, when should these abscesses be opened? the answer should be, as soon as decided fluctuation can be detected. There is certainly greater danger in waiting than in early opening, because the abscess sac may rupture into the peritoneal cavity, and because serious constitutional consequences may result from retained pus. The proper locality of opening these abscesses admits of but little choice; they should be opened wherever pointing and fluctuation demonstrate the presence of pus. If a choice can be had, no doubt the vaginal vault is the most eligible site, because of the great facility with which drainage can be established at this point. Whatever spot be chosen, the opening should be sufficiently large to give free exit to the pus and admit of the ready introduction of a moderately large drainage-tube, since thorough drainage is the one essential condition upon which the success of this method depends.

Sufficient care ought to be exercised in opening these abscesses; when pointing toward the vaginal roof there is some risk of wounding a branch of the uterine artery or the ureter. The former may be avoided by careful digital examination before operating, and the latter by remembering that the ureters run about one inch to either side of the cervix. The only danger in opening an abscess in the iliac region is in the possible wounding of some branch of the superficial epigastric artery; should this

occur, torsion or ligature should be resorted to. In opening an abscess in the anterior or posterior *cul-de-sac* of the vaginal vault, an exploring or aspirating needle should be first introduced, followed by a grooved director, upon which the abscess may be opened by means of a probe-pointed bistoury; the opening so made may be further dilated by the finger or dressing forceps, the abscess cavity thoroughly cleared and washed out, and a drainage-tube then introduced.

To insure retention of the tube, a perforated cross-bar, or a flange of rubber tubing, is inserted transversely at its upper end. The further treatment consists in washing out the abscess cavity, once or twice daily, with mild antiseptic solutions, such as a two-and-a-half or five-per-cent solution of carbolic acid, or salicylate of sodium; or a solution of bichloride of mercury, 1 to 5 in 10,000. When the discharge is offensive, an eight-per-cent solution of chloride of zinc, or permanganate of potassium, will be more beneficial. In some cases, the insufflation of iodoform gives most excellent results. Pelvic abscess, pointing in the iliac region, should be similarly handled. When the abscess has burrowed deeply into the pelvic cavity, between the rectum and uterus, or uterus and bladder, a counter-opening ought to be made through the vaginal vault, and a long drainage-tube inserted through both openings. This may be readily accomplished by introducing the tube through a cannula, or by slipping one end of the tube over the extremity of a long sound or stout probe. Care is necessary in doing this, as rupture of the bladder sometimes takes place in consequence of the adhesions of this viscus to the abscess walls. This accident has occurred twice in the practice of Dr. Mundé, without, however, being followed by serious consequences, the introduction of a retention catheter, and careful irrigation of the bladder and abscess cavity, insuring a perfect closure of the rent in both instances.

It is often extremely difficult, or even impossible, to properly deal with abscesses opening high up into the rectum. Such abscesses discharge their contents periodically, and for that reason often lead us to suspect chronic



rectal disease. The difficulty arises from the fact that the floor of the abscess cavity is on a much lower level than the opening into the rectum. The indication in these cases is, either to enlarge the opening in the rectum, or to make a counter-opening in the most dependent portion of the abscess cavity in the vagina. This can be accomplished by passing a long, bent probe through the rectal opening down to the floor of the abscess cavity as a guide. When this can not be done, our means of treatment must be limited to the strict observance of a proper hygiene, absolute cleanliness, and the frequent resort to hot vaginal and rectal douches, with frequent emptying of the abscess cavity by digital pressure. The constant wearing of a globular, soft vaginal pessary may be of use to keep the abscess cavity empty and to contribute to its ultimate obliteration.

Pelvic abscesses opening into the bladder should be treated by the retention catheter and by frequent irrigation, recovery in these cases being the rule.

LOUISVILLE, KY.

## Societies.

### CHICAGO MEDICAL SOCIETY.

Official Report of Stated Meeting, April 19, 1886, the President, E. J. Doering, M.D., in the chair.

Dr. G. C. Paoli read a paper entitled the Reasons why Female Physicians are Desirable in Insane Asylums. He demonstrated that the most eminent specialists in psychiatry in the United States are a unit in maintaining that female physicians are best qualified for treating the female insane. Many States have passed laws requiring one female physician to be allotted to each one hundred female insane in their asylums.

Dr. J. G. Kiernan said eminent authorities had already pointed out the relation which exists between uterine disease and insanity. Popular opinion is growing in favor of the employment of female physicians in the treatment of the female insane.

Dr. Wm. T. Belfield reported nine cases of impermeable stricture treated by electrolysis. During the past two years he has treated thirty-

seven cases of stricture by electrolysis; and except for strictures located within an inch of the meatus, and for strictures of large caliber elsewhere, considers it preferable to dilatation and urethrotomy for the following reasons: (1) It will pass through any stricture, however tight, rigid, long or tortuous. (2) As a rule it causes no pain, bleeding, chill, nor urethral fever. (3) It is always devoid of danger. (4) Its effects are lasting.

In certain numerous cases electrolysis is not merely a preferable, but really the only practicable treatment. Such are, (1) old, rigid, cartilaginous strictures in men of middle or advanced age, where urethrotomy is dangerous and dilatation ineffectual; (2) impermeable strictures; (3) tight and rigid strictures with perineal or scrotal fistulæ.

Dr. Belfield then narrated the successful treatment by electrolysis of nine such cases. In three of these there was complete retention of urine, the bladder being distended above the umbilicus; these strictures were absolutely impermeable to urine from within as well as to instruments from without. In each case a No. 10 electrode (French) was passed into the bladder in less than twenty minutes, permitting the immediate introduction of a catheter. In each of these cases perineal section would have been, without the battery, inevitable.

In the remaining six cases Dr. Belfield, as well as other surgeons, had failed in attempts to pass bougies into the bladder; yet, as the patients were still enabled to force a feeble, dribbling stream outward, these strictures were theoretically permeable, though practically impermeable. In these also a small electrode readily entered the bladder in one or two sittings.

In one case, seen in consultation with Dr. Miller, the patient had a series of tight, rigid, impermeable strictures, and twenty-seven fistulous openings in the scrotum and perineum; he had submitted to both internal and external urethrotomy, and to numerous unsuccessful attempts at dilatation; was urinating every half hour, day and night. In fifteen minutes a No. 10 bulb entered the bladder; that night patient rose only once to urinate, and for the first

time in several years the urine flowed entirely from the meatus and not from the fistula.

The unfavorable results obtained by various physicians in their attempts at electrolysis have been caused by the use of improper currents, whereby heat was generated and the urethra cauterized, causing violent inflammation and even extensive sloughing. When properly used, the heat produced is insignificant; with six to fifteen small cells and a weak fluid, the cicatricial tissue constituting the stricture is dissolved away but not cauterized. Since cicatricial tissue is but scantily supplied with blood, and is therefore poorly nourished, it yields to a dissolving current which is insufficient to disturb the healthy urethral tissues.

Dr. L. L. McArthur said he had treated with success by electrolysis one case in which numerous operations had already been performed. When patient came to him he could pass a No. 8 sound; used No. 9 electrode, and the patient can now pass No. 15 American sound. Never had any pain or difficulty in micturating since the operation.

Dr. M. B. Brown detailed two cases of impermeable and two of permeable stricture, in which he used electrolysis with good result.

Dr. C. Fenger said he must confess that he was somewhat surprised by seeing the announcement of Dr. Belfield's paper, "Nine Impermeable Strictures treated by Electrolysis." He had tried electrolysis a few years ago, but never had any success from it. It surprised him that Dr. Belfield should meet with nine impermeable strictures in a very short period of time, while Sir Henry Thompson has only met with three impermeable strictures in his whole life. By hearing the paper read, however, he understood that Dr. Belfield does not mean to say that the strictures were impermeable in the strict sense of the word—the only correct one—but only meant that it was difficult to pass any instrument through these strictures, Sir Henry Thompson, in his "Diseases of the Urinary Organs," 1882, page 28, says: "Impermeability can not be held to describe a character, a physical quality of the stricture itself, but rather indicates the quality of the surgeon who has treated it." Impermeable stricture is a contradiction in terms; it

is not heard of so much now as it was twenty years ago. Dittl, of Vienna, in speaking about relative and absolute impermeable strictures, says a stricture may be impermeable for one man, or at a certain time, and permeable for another man, or at another time. Other modern authors on surgery, as König and Albert, speak about the matter in a similar way.

The second surprise to him was the advocated treatment by electricity, or electrolysis. There has always been in his mind a suspicious halo of mysticism about the electrolysis, whether applied to the different forms of surgical tumors or to strictures of the urethra. He understands from the paper, that the electrolysis does not mean galvano-caustic treatment, although quite recently Jardin, of Paris, uses a small galvano-cautery knife for passing slowly through the stricture. Dr. Belfield warns very justly against cauterization. The non-caustic electrolysis is to me a very mystic process. Dr. Fenger remembers, years ago, of one of Billroth's clinics, in which he spoke about electrolytic treatment of venous angiomas of the face, that he expressed as the result of his experience the following: "The electrolytic needle has no more or other effect on the tumor in question than the mere mechanical disturbance of the tissue-elements, that is, than any other needle not connected with a battery, would produce."

Frankly, Dr. Fenger said that the historical fate of electrolysis in strictures, as well as elsewhere, up to date, has invariably been the following: Ever since Tripier, in 1864, and Mallez, in 1872, applied the electrolysis in strictures of the urethra, this method of treatment has come to the surface once every two or three years only to disappear again, and it has never been able to take any hold on the profession; not because it has not been tried, but rather because it has not been found superior, or even equal, to the other methods. Littel states that, on the rather promising representations of Tripier and Mallez, he tried electrolysis in three cases of very narrow stricture. It proved of no effect in any of the cases, and in one of them a local inflammation followed. Sir Henry Thompson does not even mention the electric treatment any where in his writ-



ings about strictures, but warns very emphatically against any method of cauterization. König says, in a very short appended note, that only the short and soft strictures depending upon a polypus or warty growth of granulation tissue are proper objects for cauterization, either chemical (Duchamp), or galvanocaustic (Middeldorf). Otis, our American authority in this line of surgery, does not mention electrolysis by even a word.

Newman, of New York (Medical Record, August 12-19, 1882), is not only the advocate of electrolysis in this country, but has written so assiduously and specified the method so minutely as to have it termed, in the foreign literature, "Newman's Method." In 1882, Newman's old and new cases numbered twenty-three only. In reporting Newman's articles for Virchow's *Jahresbericht*, Güterbock, of Berlin, says that "Newman's method has already, in 1872 and 1876, been criticised so thoroughly that not much more can be said about it." Dikmann, in New York Medical Record, January 5, 1884, reports twenty-eight cases. Gräb, in Norway, reports, in 1884, two cases treated by "Newman's method," and Verneuil, in 1884, recommends Jardin's "*electrolyse lineaire*"—that is, cauterization.

Thus the electrolytic treatment of stricture has been tried, off and on, for over twenty years, but has only taken hold here and there, sporadically, and for a short time. It has in the urethral, not any more than in the other fields of surgery, as yet to any extent replaced the more rational treatment by mechanical means. The electrolysis may, however, have a further trial, and if the success in extensive resilient strictures, as in one of Belfield's cases, should prove to hold good for other cases of that kind, it is possible that this treatment will have better fate in the future than it has had in the past.

Dr. Tilley said he did not consider electrolysis to be the proper term to be used in connection with the use of electricity in the manner suggested. Electrolysis, in the ordinary acceptance of the term, means the decomposition by electricity of water, or tissues, being in the nature of a chemical decomposition. He would like to know how far apart the electrodes were placed. (Dr. Belfield replied that

the negative electrode was placed in the urethra, and the positive pole in any position on or near the penis, according to the effect intended.) He could not see how electrolysis could be produced with the electrodes so far apart and a weak fluid, without a cauterizing effect. From his extensive experience of cocaine in producing contraction of the tissues in the nose, he would expect to secure as good, if not better, results, reasoning by analogy, in its use in strictures of the urethra as in the use of electricity. He would think its internal application would be followed by wonderful results.

Dr. W. T. Belfield closed the discussion by saying that, in reply to Dr. Fenger's criticism that these strictures were not impermeable, he would remind him that he called six of them "theoretically permeable, practically impermeable;" that is, a feeble stream was forced through, but no instrument could be introduced. The remaining three were absolutely impermeable to urine as well as instruments. They were water-tight, the bladder in each case being immensely distended. Dr. Fenger, in the case where he attempted electrolysis, evidently made the usual mistake; he employed a strong current and *cauterized*, but did not electrolyze, the stricture. With a proper current he would probably have a better result. Sir Henry Thompson and Prof. Dittel do not, it is true, indorse electrolysis; but he knows that neither of them has ever fairly tried it; they have contented themselves with the vague, unfavorable verdict of those who, having once or twice misused the current, attribute to the battery the faults which belong to themselves. Thompson's conservatism and intolerance are notorious; he bitterly opposed Bigelow's litholapaxy (without trying it) until it was adopted by every body else.

Possibly, as Dr. Fenger says, there is no "urgent necessity" for any other method than urethrotomy and dilatation; but surgeons who have to treat many such strictures as those described in the paper under discussion think otherwise. These methods certainly possess one point of national economic value which electrolysis lacks, namely, they assist in repressing the excess of population by quietly removing many patients.

Electrolysis "bobs up" and down only when ignorantly used; when properly employed it comes to stay.

To Dr. Tilley he would say that the action is properly termed "electrolysis;" it is the same effect as is seen in the decomposition of water, and is produced by the same current. During the action of the current a white foam and bubbles come up alongside the instrument. Cocaine causes contraction of the blood-vessels in the urethra as well as in the nose; but it can not, so far as he is aware, remove cicatricial tissues in either locality.

In conclusion, he would repeat that the secret of success lies in securing chemical force and avoiding heat; the former removes the stricture easily and painlessly, the latter causes violent inflammation and sloughing.

*Osteo-Plastic Resection.* Dr. C. Fenger presented a case illustrating the results of an operation called "osteoplastic resection of the foot," and devised by Wladimnoff and Miculicz. The operation consists in removal of the heel, soft parts and bones, and then uniting the remainder of the foot to the tibia in the position of an artificial *pes equinus*. The patient wears a plaster cast from the toe to below the knee, and is able to walk in this cast without crutch or cane. He limps because the leg operated upon is two inches longer than the other one, and not because of inability to step on the leg. He will have in future to wear a high sole or heel under the well foot.

The patient had suffered for one year from a chronic traumatic osteomyelitis of the tarsus resulting in ankylosis of the joints, fistula on dorsal side of tarsus, and a loss of substance of the skin of the heel. Pirogoff's or Syme's operation being out of the question, the choice was only between a supra malleolar amputation and the osteo-plastic resection. This operation was performed fourteen months ago. Union of the bone took place in four to six months, and it is only the subsequent small operations for bringing the toes in dorsal flexion that have required so long a time before the patient could walk.

The plaster cast being now removed, the foot is found in the axis of the leg in *equinus* position, the toes dorsally flexed to a right angle

with the foot. There is active flexibility of the toes and some active mobility of the foot. This mobility, however, does not take place between the united surfaces of the tibia and the fibula on the one side, and the scaphoid and cuboid bones on the other, as can be seen by examining the prominences representing the rudimentary newly formed malleoli—but the mobility takes place in the joints of the metatarsus. As to the question whether these joints will be able bear the strain of the weight of the body during the walking with the foot in this abnormal position, this patient of course proves nothing as yet. But from the other cases operated upon, in all nineteen, we can conclude that we have the right to expect a useful foot for walking. A patient operated upon by Socin, in Basle, is able, without boot—the boot devised by Miculicz—or cane, to walk, but with the boot can walk all day long, and perform a farmer's work in the field. The walking surface of the foot, being the plantar surface of the heads of the metatarsal bones and the toes, is considerably larger than the surface which either a Syme's or a Pirogoff's operation would leave the patient to walk on. This, together with the active mobility of the toes, is regarded as an advantage that functionally places the osteo-plastic resection superior to the two other operations mentioned.

We find, by examining, the foot every where painless on pressure, and consequently there is nowhere any recurrence of the disease.

Miculicz feared that the anterior tibial artery might not be sufficient for the blood supply of the foot, his method of operating dividing all the branches of the posterior tibial artery. I had the same apprehension, and changed the incision so as to save one of the terminal branches of the last named vessel, namely, the internal plantar artery. This fear is not unfounded, as in one of Sodina's cases, operated upon according to Miculicz's description, gangrene of the foot necessitated supra-malleolar amputation on the fourth day. The mortality of the operation is as yet none, but as all the nineteen cases have fallen within the last few years except Wladimnoff's, and consequently have been treated antiseptically, it can not be said that the danger is less than either in



Syme's or Pirogoff's operation. There is no doubt that the functional results are far superior to that of supra-malleolar amputation, even if the patient will always have to wear the Miculicz boot. Consequently it may be safe to say that osteo-plastic resection has already a legitimate place, although perhaps as yet not strictly enough defined, in the surgery of the tarsus.

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## Reviews and Bibliography.

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**The Field and Limitation of the Operative Surgery of the Human Brain.** By JOHN B. ROBERTS, A.M., M.D., Professor of Anatomy and Surgery in the Philadelphia Polyclinic. 8vo, pp. 80. Philadelphia: P. Blakiston, Son & Co. 1885.

This work of Dr. Roberts is, more than any thing else, a plea for the extension of the bolder surgery which has of late been so fearlessly applied to other injuries of the body to those met with in the brain. It covers a field in which the author has been an efficient worker, and the plea is well put indeed. Dr. Roberts regards surgical interference as fairly comparable in safety in such cases with that of the simplest amputations involving bone structure in other situations, and presents a number of statistics fairly maintaining his position. The work is well up to a good standard.

D. T. S.

**Materia Medica and Therapeutics for Physicians and Students.** By JOHN B. BIDDLE, M.D., late Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Philadelphia. Tenth edition, revised and enlarged with special reference to therapeutics and to the physiological action of medicines. By CLEMENT BIDDLE, M.D., United States Navy, and HENRY MORRIS, M.D. With numerous illustrations. 8vo, pp. xix and 524. Price, cloth, \$4.00; Sheep, \$4.75. Philadelphia: P. Blakiston, Son & Co.

To announce the tenth edition of a standard work on medical subjects, in the midst of the vast number of works that are now flowing from the medical press, is to say about as much in favor of a book as could be said.

Biddle's *Materia Medica* alone is not sufficient for the few whose tastes lead them to investigate to the utmost all the subtle action of drugs upon the system, but for a fair, plain, discreet, and at the same time sufficiently full treatment of the subject, it commends itself to every student and practitioner. It is decidedly refreshing to turn to a work on *materia medica* where not every drug is recommended with painful credulousness as having, in the hands of some obscure person, accomplished "good effects" in almost every form of disease.

For the purpose for which it is written, we would not lay aside Biddle's *Materia Medica* for any other.

D. T. S.

**A Manual of Auscultation and Percussion**, embracing the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism. By AUSTIN FLINT, M.D., LL.D. Fourth edition, thoroughly revised and enlarged, and illustrated with fourteen wood-cuts. 12mo, pp. 274. Cloth, \$1.63. Philadelphia: Lea Brothers & Co. 1885.

This *Manual of Auscultation*, though modest in point of volume, is conceded to be one of the most original and useful of the works of our greatest American physician. The book must now possess peculiar attractions for the profession in this country, since it received the finishing touch of the master but a few months before his death, and is probably his last piece of conspicuous systematic work.

The fifth edition is made considerably larger than its predecessor by the introduction of new matter, and the needed amplification of points now well understood, which were moot or but partially developed three years ago.

The pictorial illustrations, well designed and executed, are a valuable addition to the work.

**Drainage for Health; or Easy Lessons in Sanitary Science.** By JOSEPH WILSON, M.D. Second edition, with important additions. Octavo, pp. 82. Price, \$1.00. Philadelphia: P. Blakiston, Son & Co. 1886.

Of Wilson's *Sanitary Science*, one can say what can not by any means be said of every book, that "it ought to have been written." With eminent fitness does the remark apply to

the part devoted to land drainage, for the drainage of cities is not so much neglected. Besides its burden of interest, the book is a genuine literary treat.

D. T. S.

**How We Treat Wounds To-day.** A treatise on the subject of Antiseptic Surgery, which can be understood by beginners. By ROBERT T. MORRIS, M.D. 12mo, pp. 162. Price, \$1.00. New York: G. P. Putnam's Sons.

This book, as the author well says, is modest only in size. It gives many things in a plump style that every one having any surgery to do at all should know. At the same time to one who is in the habit of placing matters in a judicial balance, it is very plain that the author is not of the class that discovers, but one of the class that adopts and handles crystallized opinions. If Keith and Tait were losing all their patients, and Lister growing more the partisan of antisepsis every day, the author might be justified in greater arrogance for his style; he would be puzzled, however, to know what to do with it.

D. T. S.

**The Disorders of Menstruation; a Practical Treatise.** By JOHN N. UPSHUR, M.D., Professor of Materia Medica and Therapeutics in the Medical College of Virginia, Richmond, Va. 12mo, pp. 185. New York and London: G. P. Putnam's Sons, Knickerbocker Press. 1886.

In the little volume at hand, Dr. Upshur has collected all the leading points bearing upon the treatment of the diseases in question. Though the author has failed to stick so closely as he might have done to his text, and shown something more of gush than tallies best with a judicial state of mind, the work compares well with others of its class.

D. T. S.

**Facts and Mysteries of Spiritism,** with a sequel, by Joseph Hartman. 12mo, pp. 378. Cloth, \$1.50. Philadelphia: Thomas W. Hartley & Co., 420 Franklin Street. 1885.

**Third Annual Report of the United States Civil Service Commission.** January 16, 1885, to January 16, 1886. First edition. 8vo, pp. 126. Paper. Washington: Government Printing Office. March, 1886.

**The Disorders of Menstruation:** a practical treatise, by John N. Upshur, M.D., Professor of Materia Medica and Therapeutics in the Medical College of Virginia, Richmond, Va. 12mo, pp. 200. Cloth. New York: G. P. Putnam's Sons. 1886.

**The Principles and Practice of Surgery,** by Frank Hastings Hamilton, A. M., M. D., L.L. D., late Professor of the Practice of Surgery, with operations and Clinical Surgery in Bellevue Hospital Medical College. Illustrated with 472 engravings on wood. Third edition, revised and corrected. 8vo, pp. xxxii, 989. Cloth. New York: William Wood & Co. 1886.

**A New Surgical Dressing for Wounds,** by S. C. Gordon, M. D., Portland, Maine, Visiting Surgeon, Maine General Hospital. Reprint. **Operative Treatment of Hyperplasia of the Uterus and Vagina,** with special reference to the Cure of Displacements. Read before the Obstetrical Section of the International Congress at Copenhagen, by S. C. Gordon, M. D., Portland, Maine. Reprint.

## Foreign Correspondence.

### LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Money is flowing in rapidly for the Pasteur Institution, the want of which is evident, if the number of persons who appeal to the Professor for treatment goes on increasing as it has been doing recently. The latest arrivals at his laboratory are a batch of Russian peasants, nineteen in number, all of whom have received fearful injuries from an infuriated wolf. He was telegraphed to by a doctor of the locality where the accident occurred, inquiring whether he could receive them, and with his well-known urbanity he replied by telegraph: "I am waiting for my Russian friends, let them start at once." It is regrettable in the interests of science, that the wolf which attacked and injured the Russian peasants was destroyed, and its carcase burnt, without the fact that it was really rabid being attested by medical examination of the remains. It seems, however, that a popular superstition prevails in many parts of Russia that the madness with which an animal is afflicted exhales itself through the pores of the skin, infects the air, and thus



communicates the terrible malady to persons who have been neither bitten nor scratched by the infuriated beast. The authorities in many rural districts labor under the same mistaken belief as do the peasantry, and hence the carcass of a rabid dog, wolf, or other animal is burnt directly after the animal has been killed. It was owing to this superstition that the remains of the wolf which attacked the Russians now under M. Pasteur's care were incinerated without loss of time.

In connection with a recent case of poisoning of several persons, some with fatal results, by mussels, somewhat extensive investigations have been made, and it has been discovered that perfectly pure mussels, when placed in the stagnant water of a harbor, very rapidly acquired poisonous properties. In the same way poisonous mussels, on being removed from the harbor and placed in pure water, soon lost their dangerous qualities. Where the experiment was carried out no sewage escaped into the harbor, the evil being wrought entirely by the stagnant water. Inquiries elicited the fact that the poison was secreted in the liver; and the public are therefore advised, firstly, not to eat mussels at all in a raw state, as there is no means of telling if they be poisonous or non-poisonous but through after symptoms, when it is somewhat late to make the discovery; or, secondly, to remove the liver before eating, a matter of no small difficulty. No support whatever is given to the old theory that the poisoning is due to the presence of copper, presumably from ships' sides. It is stated that mussels are rendered quite harmless by being boiled in a solution of soda.

The intentions of the Government with regard to the revision of the legal regulations for the sale of poisons are naturally anticipated with much interest in professional circles as well as by the public at large. Experience has sufficiently demonstrated that the law, in its present state, requires amendment in at least two distinct directions. On the one hand the list of articles included in the schedule of poisons is certainly defective, while, on the other, the formalities connected with the retailing of poisons to the public are not sufficiently stringent. In the list of poisons the

Pharmaceutical Society of London has expressed itself in a formal resolution in favor of the addition of a number of substances hitherto omitted. Among these are nitroglycerine and its medicinal preparations, a compound which has already necessitated an amendment of the law in regard to explosives. The other articles which it is recommended to add to the list are Indian-hemp, lobelia, nitrobenzol, digitalin, savin, and other preparations, together with soluble oxalates. It is noticed that the Society, which officially represents the chemists and druggists of England, make no mention of chloroform among the substances it would add to the existing catalogue of poisons. On the other hand, the frequent fatalities following from the present unrestricted use of carbolic acid as a disinfectant have not escaped notice, and the desirability of its being included in the second part of the poison schedule has again been recommended to the attention of the Privy Council.

At the last meeting of the Medico-Chirurgical Society, Mr. Bruce Clarke, of St. Bartholomew's Hospital, read an interesting paper upon Exploration of the Abdomen; he considered the question chiefly with regard to the relief of chronic or acute intestinal obstruction. The author quoted cases to show that it was not the opening of the abdomen which was a source of danger, for a case of acute peritonitis which did not recover was benefited and the pain was relieved even though the patient succumbed at last to the effects of peritonitis. It was the prolonged handling of the bowel which constituted the chief danger. Although such handling was frequently necessary, it added to the severity of the operation, and had in some cases given rise to death on the operating-table. The principal indication for operative treatment was the relief of the paralysis of the bowels, and the bowels should be handled as little as possible. A careful examination must necessarily take up much time, so long as the bowels were distended. It was therefore advisable to incise freely the first bit of bowel that would come out, so as to let out flatus and fluid as rapidly as possible, taking, however, good care that no intestinal contents entered the peritoneal cavity. The abdomen

was by this means at once rendered easy to examine, and the paralysis caused by the distension relieved. After this, the cecum should be first examined to ascertain whether it were distended, so as to localize the position of the obstruction. If it were in the large intestine it could be easily and rapidly found; if in the small intestine, it would probably lie not very far below the piece of intestine that had been opened, for the intestine just below the seat of obstruction was generally most distended. If this proved the case, the wound in the bowel could be made an artificial anus; if not, it must be closed and an artificial anus made close above the obstruction.

The port of London Sanitary Committee have, through their medical officer, Dr. W. Collingridge, drawn attention to the dangerous practice of sending home, without disinfection, the effects of seamen who have died from infectious diseases, and instructions have been issued to English consuls in foreign ports asking them to destroy all such clothing.

LONDON, March, 1886.

### Translations.

**PREMATURE LABOR WITH ATRESIA VAGINÆ.** Before the Paris Society of Gynecology and Obstetrics, February 11, 1886, Dr. Doleris reported a case of premature labor in the person of a woman, twenty-eight years of age, who was at the same time the subject of congenital atresia of the vagina. The woman had menstruated since her sixteenth year. The flow had been very irregular and accompanied with severe abdominal pains. Her hygienic surroundings at this time were bad, and when these were bettered her physical condition improved. At twenty she had a sudden attack of right hemiplegia—doubtless hysterical—coincident with a temporary amenorrhea; this disappeared with the return of the flow. After the twentieth year menstruation ceased to be painful; but not so the act of coition, which, since the day of her marriage, had been extremely painful.

When Dr. Doleris first saw her she was pregnant; she could not fix the date of her

last menstruation, but said she had felt the fetal movements four weeks previously. Several days afterward she had severe pains, and at the same time noticed a flow of a fluid, at first whitish, and then greenish, which stiffened the linen. A digital examination, requiring the use of chloroform for its completion, revealed the following conditions: The hymen, widely perforated in the center, remained as a perfect annular membrane without myrtiform carunculae. From the vulva inward the canal was an infundibulum of a few centimeters only in length, and closed by a diaphragm. This diaphragm had a concave surface looking outward, and showed an aperture that, during the first examination, proved too small for the introduction of the uterine sound.

The woman was evidently in labor. At the second examination, two days later, this orifice was dilated to the dimensions of a five-cent piece. The margins were extremely thin, and one could feel, with the finger across this opening, the small fetal parts.

The patient was anesthetized, and Dr. Doleris dilated the aperture with the fingers, but this being insufficient to admit of the extraction of the fetus, he resorted to incision of the constricted part, and completed the delivery. The fetus weighed twenty-seven ounces. The patient made a good recovery. In commenting on the case Dr. Doleris noted:

1. The possibility of conception in spite of the great degree of atresia which existed.

2. The possibility in a like case of spontaneous delivery.

3. He believes that the existence of a hymen in a vagina affected with congenital atresia is incompatible with the theory of Budin, which holds the hymen to be the termination of the vagina in such cases. There exist, however, many facts which do not allow the speaker to accept this theory.

But recently he had been consulted by a *confrère* in a case of atresia in a young lady eighteen years of age. The hymen was semi-circular and unbroken. He ruptured this membrane and attempted to introduce the finger, but found, at a point about a half inch below the hymen, the vagina completely closed by some obstructing tissue.



no aperture could be found that would admit even the finest probe. The theory of Budin does not explain these congenital atresias, which coexist with a normally developed hymen.

Dr. Martineau, in the discussion that followed, expressed the belief that, on the contrary, after confirmations which he had witnessed many times at the Lourcine, the ideas of Budin as to the real origin of the hymen are fully established. The perfect continuity of the radiating fibers of the vagina with those of the hymen, quite appreciable to the sight, pleads strongly in favor of the direct dependence of the two organs.

Doleris avowed that he did not propose to decide the question, but as Pozzi and Wertheimer had different views on the subject, and such facts as he had given could not be explained on the accepted theory, it was his opinion that new investigations ought to be undertaken on the subject.—*Nouv. Arch. d' Obstets. et Gynecol.*

**MICROBES NOT ESSENTIAL FACTORS IN DISEASE.**—Before the Paris Academy of Medicine, March 9, 1886, Dr. Colin (d'Alfort) read a paper in which he took bold ground against the theory of microbes, as applied to the pathogeny of septic and so called zymotic maladies. It will be fairly allowable to admit the existence and importance of microbial agents only when they shall be proved to produce their alleged effects when introduced into the system through the medium of pure water alone.

It is still permissible to doubt their influence as regards virulence when we see, as in hydrophobia, rot (in sheep), and vaccination, in the viruses of which they do not exist, things take absolutely the same course as in cases where they are known to be present.

The whole question is yet problematical, and though the microbe of Charbon has been well-nigh demonstrated, this is no sufficient reason for concluding that the same condition obtains in all infectious diseases. Even in anthrax itself, Dr. Colin has seen the blood become infectious before the appearance of the characteristic bacilli, from which he concludes

that the virulence may exist independently of the rods, or that even these bodies may be but a transformation of certain fine primitive granulations. Mechanical, chemical, and physiological functions have been ascribed to microbes, but are these sustained by adequate proof? Instead of demonstration, hypothesis has been adduced, every thing has given way before the microbe, and the power of the living cell of protoplasm to engender pathological conditions is no longer allowed.

In place of straining generalizations and inventing hypothesis, the first principles of which are often neglected, it would be better to face each particular fact and to seek out the conditions under which the organism creates or receives from without the disturbing principles or agents, and the means or methods by which it resists their action.—*Progrès Médical.*

**THE RESPIRATORY CENTERS OF THE MEDULLA.**—M. Wertheimer reported at the Academy of Sciences (March 1st) a large number of experiments made by him, bearing upon the determination of the respiratory centers of the medulla. It is generally admitted that these centers are exclusively located in the medulla; nevertheless M. Brown-Séquard demonstrated that, in the case of new-born mammalia, respiration may survive ablation of the medulla. M. Wertheimer has obtained this persistence of respiration even in the case of adult dogs. According to his views, the arrest of respiratory movements consecutive to operation have for their cause solely the momentary impotence of the medulla due to traumatism. To see it re-established, it is only necessary to wait until the spinal centers have recovered their activity and to practice in the meantime pulmonary insufflation. The return of respiration may be delayed for five or six hours, but ordinarily one or two hours only.

There exist then, in the medulla, nervous centers which preside, some over inspiration and others over expiration. The return of spontaneous respiration even during pulmonary insufflation, shows that the medulla, abandoned to itself, sends rhythmical impulses to the respiratory muscles, without having need to be solicited by any excitant whatever. On

the other hand, the characters which respiratory movements take, when the medulla no longer exerts its influence, prove that the latter acts as a moderator and regulator to the spinal centers, and that in respiration and in circulation its rôle is identical.—*Ibid.*

At the Anatomical Society of Paris (January 22d), Dr. Crespin presented a specimen consisting of the intra-vaginal part of the cervix uteri, spontaneously separated and expelled during labor in a case of rigidity of the os. The orifice on account of this rigidity would not dilate, and the fetal head, continuing to press strongly on the cervix, under the influence of uterine contractions, caused it to separate at the level of the vaginal attachment. The *cul-de-sac* was not involved, and the patient recovered.—*Ibid.*

UNDER the title of Clinical Contributions to Aural Therapeutics, a brochure reprinted from *Zeitschrift für Ohrenheilkunde*, has been sent us from Berlin. It embraces a translation of a report of three interesting cases made by Dr. Wm. Cheatham of this city.

### Abstracts and Selections.

RESORCIN IN GONORRHEA.—Munnich, in Amsterdam, treated 108 cases of the disease with three-per-cent injections of resorcin, and published the very favorable results he obtained from this treatment in the *Mon. f. prakt. Dermat.* His method is as follows:

The patients are recommended to drink much water and milk, so that the pus which has accumulated in the urethra may be thrown out with each discharge of urine, micturition always having to precede the injection. The injections are made by the patient himself, during daytime every two hours, and at least twice during the night; for experience soon showed that when the nightly injections were omitted the improvement obtained the previous day was lost again. It is further to be recommended that the patient do not retain the fluid injected into the urethra, but allow it to flow out again. Generally the fourth or fifth day the patients again presented themselves, when they were told to make the injections henceforth only three or four times daily, and but once during the night.

In 67 of the 108 cases the discharge had greatly diminished by the seventh day, and was totally cured on the fourteenth, and only in one single case the last small residue of the discharge had to be removed by a more astringent solution. In those cases which did not end so favorably, at least the acute symptoms rapidly yielded to the resorcin, and once the injections had to be omitted for a few days because an inflammation of the neck of the bladder had developed itself, in consequence of the patient's retaining the fluid too long in the urethra. All recent cases were cured within a fortnight.

Dr. Letzel tried the treatment with resorcin injections in fifty-six cases of gonorrhea. Among these thirty-three were recent cases, none of which had lasted longer than a week, while the other twenty-three represented chronic cases, the most recent of which had a duration of two, the oldest one of five months.

In seven of fifty-six cases, three-per-cent resorcin injections were not well borne, they causing severe pain; in two a painful priapismus set in, and in one the direct transfer of the urethral disease to the neck of the bladder was doubtless due to the irritating effect of the three-per-cent solution of resorcin. The other forty-nine cases evinced no trace of irritation. In consequence of this experience, he later invariably commenced the treatment with a two and a-half-per-cent solution, and only gradually passed over to a three-per-cent one. Thus all irritation was avoided, and in one very chronic case a four-per-cent solution was finally also tolerated.

Dr. Letzel observes that the quality of the resorcin is of the utmost importance. The pure article is snow-white and easily soluble in pure water, while resorcin which has the slightest yellowish or brownish color only acts as an irritant to the urethral mucous membrane. The remedy further must be kept in perfectly hermetically sealed vessels; a larger quantity of the solution than four ounces ought never be prescribed. This should be put in a dark bottle.

The chronic cases of gonorrhea did exceedingly well under a three to four per-cent solution. Ten cases, which had lasted from two and a half to five months, were all totally cured within from fourteen to thirty-two days by the resorcin injections alone, without the introduction of bougies.

All the cases reported by Dr. Letzel as cured were not pronounced as such until their morning urine evinced no longer gonorrheal bacteria. He does not doubt that with resorcin a great step has been made forward in our treatment of this, proverbially, so often intractable complaint.—*Medical and Surgical Report.*



**CHLOROPEPTONATE OF IRON.**—The *Bulletin Général de Thérapeutique* describes Dr. Jaillet's experiments which have led him to prescribe and recommend the use of chloropeptonate of iron. He injected ten grams of this salt into the veins of a bitch weighing twenty-one pounds. There was neither coagulation nor embolus. Two hours after the injection was made sixty cubic centimeters of blood were removed from the femoral artery, half of which was allowed to coagulate in order to analyze the serum; the other half was defibrinated. The dog remained alive more than two months after the experiment. The serum contained chloropeptonate of iron. The blood corpuscles, examined under the microscope, were found to be perfectly normal. Dr. Jaillet has experimentally ascertained, by hypodermic, rectal, and intravenous injection, and by ingestion, that chloropeptonate of iron enters the circulatory system and is absorbed into the blood. Chloropeptonate of iron is a chemical combination of peptone and iron-perchloride, which does not undergo any change from the gastric juice, nor from the alkalies of the blood. It is absorbed and assimilated just as it is administered, and produces, in consequence, a higher temperature, increased disassimilation, and more copious excretions. The appetite increases and the patient grows thinner, but the physiological qualities of the blood improve.—*British Med. Journal*.

**EXPLOSIVE DRUGS.**—It is well-known that the manipulation of certain pharmaceutical remedies or their preparation may, through ignorance or carelessness, give rise to explosions which, if they do nothing more, are calculated to make the manipulator seriously consider the desirability of changing his occupation. The list of them is rather formidable, and we may be doing good service in bringing a few of them to the notice of the profession, the members of which have quite enough worries of their own to be enabled to dispense with any unnecessary and avoidable sources of excitement. Without alluding to the elementary precautions to be employed in the manufacture and dispensing of nitro-glycerine, the now fashionable remedy, thanks to the advocacy of Dr. Murrell, we may call attention to the liability of mixtures of chlorate of potash and sulphur to explode on percussion or attrition. This is a constantly recurring accident, and yet it is one known to every school-boy. Further, a mixture of chlorate of potash and caoutchouc has been known to explode when used as a tooth powder. Not long since the fall of a bottle of *lycopodium* in a chemist's shop at Strasburg was followed by an explosion as a result of the

highly inflammable powder taking fire at the gas jet. Elsewhere a druggist who was engaged in drying some hypophosphite of calcium over a sand-bath was killed by the explosion. Oxalate and citrate of calcium are also liable to explode at a high temperature. Permanganate of potassium in combination with any organic substance is apt to explode spontaneously, and a mixture of chlorate of potassium, chloride of iron, and glycerine has exploded in the pocket of the patient who carried it. A chemist at Paris prepared ozone with powders composed of equal parts of peroxide of manganese, permanganate of potassium, and powdered oxalic acid. Every precaution was taken, but the powders had not long been mixed before the bottle which contained them was blown to atoms. Quite recently a medical man wrote a doleful letter to a contemporary narrating his experience when endeavoring to manufacture terebene by acting on oil of turpentine with pure sulphuric acid. An explosion followed, and although, owing to his having taken care to envelop the bottle in a towel, nothing worse happened than serious damage to a new pair of trousers, he thought it his duty to warn others against this particular experiment. Iodine, treated with ammonia, forms, when dry, a compound possessing violent detonating qualities which has several times proved fatal. *London Medical Press*.

**THE CURE OF FISTULE BY INJECTIONS OF OIL OF TURPENTINE.**—Cases of anal fistula in connection with carious bone, fistula in connection with the teeth, fistula of the duct of Steno, and atonic fistulæ of various varieties have all been treated with good results by Dr. S. Cecchini by the injection of oil of turpentine (*Wiener Med. Blätter*, January 14, 1886). The reason for the employment of this drug is attributed by the author to the fact that oil of turpentine, on the one side, is a powerful stimulant to the formation of granulations, and, on the other hand, is an antiseptic; while when employed with ordinary care it can produce no unfavorable results. His results are based on a large number of cases, which are reported with very great care and accuracy, and in every appearance seem to warrant reliance on the author's statement. A permanent cure was stated to have been procured in a large number of cases. First, as regards anal fistula, he details seven cases of fistula in four individuals in whom the injection was repeated several times at intervals of three days. The author recommends the employment of syringes with blunt nozzles, then the closing of the opening of the fistula with the finger after the injection has been made, so as to insure

thorough contact. The pain produced is slight, and is quite bearable, although, if necessary, the oil of turpentine may be diluted with olive oil. In five cases the fistulæ were completely cured. In one the patient stopped the treatment before a perfect cure resulted, as he was satisfied with the improvement that followed. In another case of a complete sinuous fistula in a decrepid man considerable improvement was produced, and, after finally being operated upon, the fistula was cured. In cases of fistula in connection with carious bone, four cases are reported in which cure was completely produced in from two to three months. It is hardly necessary to analyze his other cases, except to add that in all a favorable result appears to have been obtained. — *Therapeutic Gazette*.

**INFANT FEEDING.**—At the February meeting of the Medical Society of the State of New York, Dr. E. F. Brush, of Mount Vernon, read a paper with this title, and pointed out some simple methods of feeding an infant when it had been deprived of the breast. (New York Medical Journal.) He stated that one of the greatest elements of failure in the artificial feeding of infants was the desire to give one sort of food alone under all circumstances, and hence the blind prescription of patent foods. He advised, on the contrary, the preparation of foods from simple articles to meet the requirements of each case as it arose. When with food thus prepared there was a failure, the physician at least knew what the failure arose from. Commencing, then, with the child at birth, the author gave his formula for the best substitute for colostrum, and his further treatment of the cathartic effect was either excessive or defective. He then discussed the question of the best staple food. He had no hesitation in saying that it was cow's milk, which, however, was subject to many conditions that rendered it unfit, unless due care was exercised. In 1879 he had pointed out the difference between the milk of the ruminant and non-ruminant animals as regarded particularly the quantity and quality of the caseine contained in them, and the difficulty experienced by infants in digesting a milk intended for calves. When an infant vomited a hard curd, the indications were that the milk must either be prevented from coagulating in the stomach or coagulated and broken up before entering the stomach. He showed that it was inadvisable to use an alkali, and therefore preferred the latter course, that of coagulating and breaking up the milk before giving it. In other cases he recommended the addition of lime-water as the safest agent,

as it did not, like other alkalies, keep the stomach in an alkaline condition, nor cause an acid condition of the intestines. In case of diarrhea in children fed on milk, the indications were to stop the milk immediately. The milk was usually the cause of the trouble, and it was rendered unfit by the physical condition of the cow, such as rutting, gestation, the ingestion of poisonous herbs, cruel treatment, and the like, to all of which states many cases of diarrhea in infants could be traced. In these cases of diarrhea he recommended oat-meal-water, which his analysis had convinced him was somewhat similar to milk in composition. He insisted on the necessity of the medical attendant himself preparing or teaching the preparation of these simple foods. In all cases the child should be put back on its ordinary milk diet as soon as possible. As to the kind of cow best adapted to supply milk, he preferred the common-grade cow to the Jersey or fancy breeds. The latter were of a tuberculous tendency, the fat in the milk was not sufficiently emulsified, and they were of an excessively nervous temperament, while the common cow ordinarily was gentler and a good feeder. She should always be stall-fed. When milk was bought, that of one cow should always be avoided. In cases of constipation, raw malt-water, carefully prepared as a diluent of the milk, was efficacious.

Dr. Jacobi said that the tendency of cow's milk to coagulate in a very hard curd could be overcome by a method which he had some years ago learned from Dr. Loomis. It consisted in adding half a teaspoonful of dilute muriatic acid to a pint of water, mixing this with a quart of milk, and then boiling. The taste was pleasant, and coagulation would take place in fine particles, as in woman's milk. *Therapeutic Gazette*.

**ON TUNNELING THE LARGE PROSTATE.**—The operation of tunneling the enlarged prostate from the perineum, which I introduced nearly five years ago, has been so favorably received in this country and in America, as a means of relieving the more urgent symptoms sometimes attending this complaint, as well as of permanently reducing the size of the gland, that I am induced again to draw attention to this treatment and to notice some modifications which tend to simplify the performance of the operation. As it may be regarded as the only treatment which hitherto has been immediately followed by atrophy, or shrinking of the large gland, and the complete recovery of the patient, it is important that its value should be tested by others, who have not yet had the opportunity of doing so. Of the various authors



who have referred to this proceeding, I would quote the following remark from the writings of the late Dr. Gross, of Philadelphia:

"My conviction is that this operation is destined to come into general use in this class of cases, of such frequent occurrence in advanced life and a source of much suffering."

The operation consists in puncturing the bladder with a special trocar and cannula, made for this purpose for me by Messrs. Tiemann, of New York, one inch in front of the anus. The trocar is made to pass through the large prostate at a lower level than that of the normal canal, the object being to make a "low-level" urethra, and thus to favor a thorough drainage of the viscus. Where the bladder is largely distended with urine, the process is simple enough; when this is not the case, and the operation is undertaken with another object, I advise the following procedure: The patient being placed in the lithotomy position under an anesthetic, a catheter is passed and the bladder distended with tepid water; the beak of the catheter should then be reversed so as to lie in the dip above the large gland. A temporary ligature being placed around the penis and the escape of any fluid through the catheter being prevented, the trocar is then plunged from the perineum into the distended viscus; as the point of the trocar enters the bladder, it will be found to strike against the end of the catheter, toward which it should be directed.

A few words in reference to the instrument: The trocar is hollow, with an opening by the side of the point. Immediately the instrument penetrates, the prostate fluid escapes at the handle. The trocar is then withdrawn, and the cannula left behind. The latter is fitted with a movable collar, perforated at the sides for fixing with a T bandage. The collar is movable, so that by means of a screw it can be nicely adapted to the thickness of the tissues through which the cannula may have to pass, as it is undesirable to have too much of the tube projecting into the bladder cavity. The cannula being thus adjusted and fixed with an ordinary perineal bandage, a piece of tubing is attached to the end of it, by means of which urine is conducted to a vessel by the patient's bedside. After a few days in bed the patient gets up, and then tucks the end of his tube into a belt round his waist. A pair of bulldog forceps will be found to act as a convenient compressor. When the patient requires to pass water, all he has to do is to take off the compressor, and let the tubing fall between his legs; urine thus flows by gravity, and without any expulsive effort on the part of the patient. After six, eight, or ten weeks'

wear, according to circumstances, the patient will now and then be conscious that slight gushes of urine along the natural passage will involuntarily take place. Like as when urine passes along the urethra for the first time after lithotomy, I have known its first occurrence, after prostate puncture, followed by slight indications of reflex action in the form of a rigor, and some elevation in temperature. Where these involuntary gushes take place, they may be regarded as indications that the gland has undergone such an amount of atrophy as to cause the urine to prefer the natural to the artificial channel for its exit. The cannula can then be removed, when this wound speedily closes. One benefit the patient derives from catheterism being unnecessary, the easy way the bladder is washed out, the non-confinement to bed, and undisturbed repose, is obvious.

It is interesting to observe, in connection with this subject, how it sometimes happens in cases of large prostates, where catheterism has been found impracticable, and it has been necessary to empty the bladder by the repeated use of the aspirator for considerable periods of time, that both micturition and catheterism may again become permanently passive, circumstances which seem to point to some diminution of the size of the gland having in the interval taken place. In conclusion, I would urge the adoption of tunneling the prostate from the perineum as the best method of tapping the bladder in all cases of emergency, where retention of urine from an enlarged prostate occurs and catheterism is found to be impossible; and, secondly, this operation may be undertaken with the view of inducing atrophy of the gland in cases where the functions of the bladder are so disturbed as to render life almost unbearable. In the observation of a considerable number of cases of difficult catheterism and large prostates, I have often thought that, in some instances, far less damage would have been done, and the patient's chances improved, had the practitioner, on recognizing his difficulty, used a trocar in a suitable position, rather than persevered with the catheter.—*Reginald Harrison, F. R. C. S., Gaillard's Medical Journal.*

PURE TEREBENE AND TERPENE.—I have received so many letters from medical men, in different parts of the country, giving the results of their experience with pure terebene in the treatment of winter-cough, that practically there has been an informal collective investigation. I have before me brief notes of ninety-four additional cases, and in eighty-one of these a distinct success is recorded. In six of

the cases of failure a further investigation showed that there had been an incomplete diagnosis, the patient suffering from some complication, such as aneurism or aortic disease, the existence of which had not previously been suspected. In ten cases the patients complained of nausea after taking the medicine, and in several instances, when inhaled from lint, it excited the cough and apparently acted as an irritant. The explanation is, that much of the pure terebene now sold is of very inferior quality, and would be more accurately described as "impure" terebene. Medicines, as a rule, do not improve by keeping, but pure terebene is certainly an exception, for most of the old stock, which, in consequence of the small demand, must have been in druggists' shops for years, has now disappeared, so that greater care has to be taken in the selection of good specimens. Much of the pure terebene now sold is crude and irritating, and quite unfitted for medicinal use. My attention has been called to the fact that there is a terebene which is labelled "patent." I distinctly stated in my paper that the substance I employ is not a "patent" preparation. In almost every case I find the pure terebene has been given on sugar, and has not been used in the form of spray, probably from the difficulty experienced in obtaining the atomizing apparatus. The combination of oil of cubebs, oil of sandalwood, and pure terebene, which I used with success, has given good results in other hands. I have had no returns of cases of phthisis treated in this way, but most of my correspondents speak of having found pure terebene of benefit in acidity, flatulence, and other forms of dyspepsia. The smell of violets which the terebene imparts to the urine is often referred to, and in one instance it gave rise to complications. A lady called on her lover who was ill in bed with bronchitis, and was very angry because he would not show her his violets. She searched for them but did not find what she had expected. I am surprised that pure terebene has not been recommended for diseases of the bladder and urethra. My experience of its employment in these cases is limited, but I have certainly found it useful in cystitis and gleet. Delicate and fastidious women sometimes object to the smell and taste of pure terebene, and I then use terpene in the form of tablets with good results, although I do not think it is equal to pure terebene.—*William Murrell, M. D., British Med. Journal.*

ON THE TREATMENT OF RINGWORM.—Dr. R. W. Leftwich writes to the *Lancet*: Last August a lady asked me to examine her nursemaid's head. I did so, and found a well-

marked patch of ringworm about an inch and a half in diameter. The mistress was naturally unwilling to expose to the contagion her children, who presented no sign of the disorder, and almost equally unwilling to part with the girl for a time. After some reflection I told her I thought the difficulty might be gotten over with only very slight risk to the children, and treated the case in the following way. Having cut the hair close to the scalp, all round the patch, I first painted it with an alcoholic solution of iodide of mercury—an old-fashioned but excellent remedy, obtained by adding calomel to tincture of iodine and using the supernatant colorless fluid. As soon as the slight soreness it produced had passed off, I applied an iodine plaster, obtained from a formula in Beasley's book and attributed to Roderburg, an ounce of the plaster containing a half a dram of solid iodine. This spread on kid was carefully applied to the patch, which it overlapped all round. At the end of a fortnight it was removed, and the ringworm appeared practically cured. To make sure, however, it was again painted with the above-mentioned solution and a fresh plaster applied for another fortnight. Upon being taken off, the whole surface of the patch was found covered with short hairs. No other patch has made its appearance upon the head or elsewhere, and not one of the three children with whom the patient was in daily and hourly contact took the complaint. Possibly the plaster alone would have been sufficient, but I thought it safer to use the paint in addition, and I feared that if I used a more powerful plaster the irritation might tempt the patient to remove it. I might also have used a plaster containing oleate of mercury, but doubted whether it could be made sufficiently adhesive. The advantages of this mode of treatment are obvious enough, for by its means the risk of the disease being spread by actual contact, by means of caps and by the common use of hair-brushes, is reduced to a minimum. I find no allusion to this method in the ordinary works on the subject, and therefore infer that, if new, it is not widely known.

HEPATIC ABSCESS.—The three varieties of idiopathic, traumatic, and metastatic abscess of the liver occur in all countries and all climates, in varying proportions according to the relative frequency of their predisposing and exciting causes.

There is no such thing as a spontaneous hepatic abscess. Every suppurative of the liver has, if not a predisposing, at least an exciting cause.

The predisposing causes are of two kinds:



(a) A constitutional tendency to liver disease.  
 (b) An acquired tendency from an overindulgence in food and drink. The exciting causes are equally of two kinds: (a) One derived directly from without, as for example, chills, injuries, and parasites. (b) One generated within, suppurations, gallstones, and embolisms.

Pathologically speaking, all abscesses of the liver naturally divide themselves into two groups: (a) Those essentially primarily local, including the two forms of idiopathic and traumatic. (b) Those essentially secondary, including the pyemic and metastatic varieties.

The pathology of all forms of liver abscess is the same, though materially modified by the nature of their exciting causes.

Hepatic abscesses vary in size from that of a walnut to that of the whole liver. Two and a quarter gallons of pus have been evacuated from one. Sometimes the entire liver tissue is broken down and the capsule of Glisson simply forms the sac of the abscess.

Abscesses are far more common in the right, than in the left lobe of the liver. When multiple they are frequently met with in both lobes.

An abscess may form in the liver at any period of life between early infancy and advanced age.

Suppuration may occur in an atrophied as well as in an hypertrophied, in a fatty as well as in a cancerous liver.

Jaundice is in no case a necessary concomitant of liver abscess. Indeed, it is most frequently absent.

The signs and symptoms are nearly identical in the three varieties, the constitutional peculiarities of the patient alone modifying them.

Hepatic abscess is more common among men than women.—*Dr. George Harley, London Medical Press.*

**PATHOGENIC BACTERIA.**—In a paper upon the Practice of Surgery and its Results in the West London Hospital since 1880, Mr. C. B. Keetley says (London Medical Press):

Of course there are authorities who do not regard tetanus as a blood disease. There is no time to debate this. But I will just ask two questions: (1) How is it that tetanus so frequently attacks compound fractures, while there is probably not a surgeon here to-night who has ever seen it follow a simple fracture, however much the bones have been comminuted, and the nerves lacerated in the latter case? (2) How is it that the class of wounds which are most liable to bring on tetanus are just those which most commonly surrender to the recognized traumatic infective diseases, for example, lymphangitis and cellulitis?

But there are many powerful reasons for classing tetanus with the traumatic infective diseases. The general history of the epidemic in the hospital is scarcely consistent with any other theory.

As regards principles, I hold that the germ-theory of putrefaction has long been absolutely proved. Nothing can be more lame than the efforts of the persons with any pretense to be called scientists who have opposed this theory. Indeed, at this moment scarcely any such opposition may be said to exist.

With regard to the germ-theory of the origin of the traumatic infective diseases, such as erysipelas and pyemia, I do not say that the proof of it is exactly absolute, but I do say that the mass of evidence points all in one way, and I believe it to be for the good of my patients to act as if this theory were also proved.

With respect to the theory that there can be no suppuration without bacteria, that also is still an unsettled question. But it may be fairly taken as proved that the cases in which suppuration can possibly be quite independent of bacteria are rare.

With regard to means, during 1881, the ordinary eight-fold carbolic gauze dressing, with gauze packing, jaconet, and protection, were used exclusively, and the spray was only omitted where it could not possibly be used, *e. g.*, in operations on the face. This included the commencement of the most successful run of cases I have had. But the greater part of this successful run was during a time when I had begun to use iodoform powder and iodoform gauze extensively. There was a series of over one hundred operations without a death, broken at last by a double amputation.

I used the spray diligently for nearly three years, but, for nearly two years, I have substituted the douche. The latter, though more sloppy, is also much more convenient.

One grave objection to the spray is due to no fault of its own. It is the fact that it is apt to lead all young dressers and most stupid and careless people, whether young or old, to regard the spray as every thing. They then neglect far more important points. I have frequently used salicylic wool, but generally more with an eye to its mechanical use as so much elastic padding than as an antiseptic absorbent, in which respect it is not to be named in the same breath with iodoform gauze or with turf-moss.

All the cotton-wools have very grave faults as absorbents. Their power of absorbing water is no criterion whatever, for water is not an albuminous, coagulating fluid.

When I wished to lessen discharge, I often

used, instead of iodoform, a mixture of bismuth, zinc oxide, and iodoform in equal parts by weight. This can be dusted out of a pepper box, or mixed fresh with any form of lotion and injected.

The gauze and wool dressing I have constantly made strong at the edges with broad stripes of strapping, and I have covered the whole dressings with rubber bandages, a great protection against recurrent hemorrhage and diminisher of discharge.

For a year I have been using sublimate lotion (1 in 1000) to disinfect the hands, the site of the wound, the fresh wound itself just before covering with the first dressings, and, in the last three months, I have been using sublimate dressings entirely, consisting mainly of bags of turf-moss, soaked in 1-500.

The relative advantages of the different substances are very important and interesting, but much more important than the choice of a dressing is the careful and correct use of that which the surgeon does happen to choose.

**THE DIGESTION OF MILK.**—Dr. M. Reichmann draws the following conclusions from a number of elaborate experiments as to the digestibility of milk in the human stomach (*Deutsche Med. Zeitung*, No. 82, 1885):

1. Boiled milk leaves the healthy stomach more rapidly than an equal quantity of unboiled milk.

2. The digestion of boiled milk is more rapidly accomplished than that of unboiled milk.

3. The coagulation of unboiled milk in the stomach is complete in five minutes.

3. This coagulation is not caused by the acid of the gastric juice, but by the influence of a special ferment (milk-curdling ferment).

5. The acidity of the gastric juice is at first due almost solely to lactic acid, and, later in the process of digestion, to the presence of hydrochloric acid.

6. Hydrochloric acid first appears in perceptible amount forty-five minutes after the ingestion of half a pint of milk.

7. For the first hour and a quarter after the ingestion of milk the acidity gradually increases, and then decreases, until the milk has entirely left the stomach.

8. The curds of casein in digestion of boiled milk are much softer than in the digestion of uncooked milk.—*Therapeutic Gazette*.

**SOME FOREBODINGS OF INCIPIENT INSANITY.** The Medical World abridges the following from a paper by Dr. Sutherland, Lecturer on Insanity, Westminster Hospital, London:

(1) Irritability and tendency to take offense.

(2) Moroseness and silence, or sometimes fault-finding with servants. (3) Suspicion and jealousy of best friends. (4) Impairment of memory, forgetting hours of meals. (5) Inattention to exercise and state of bowels. (6) Neglect of personal appearance. (7) Altered facial expression, notably in melancholia, with marked furrows. (8) Prominence and brilliancy of corneæ, in hysterical and puerperal mania.

**Bodily Symptoms.** (1) Harsh, dry skin, as a rule, though sometimes perspiring. (2) Sometimes a peculiar odor. (3) Coated tongue, with offensive breath. (4) Constipation and feeble circulation. (5) Headache and pallor of face. (6) Sexual appetite, either in abeyance or abnormally strong. (7) Frequent suppression of menses in females. (8) Subjective deafness, or abnormal auditory sensations. (9) Altered conversational style, and talking to oneself. (10) Delusions and illusions later on.

**ENDOMETRITIS.**—Before the Glasgow Obstetrical and Gynecological Society, February 10th, Dr. Robert Bell read a paper on "Endometritis," in which he expounded some rather peculiar views regarding its etiology and pathological relations. He endeavored to make out that constipation of the bowels is a very common and important factor in its causation, especially in young women, leading not only to endometritis, but to displacements of the uterus and subsequent dysmenorrhea; and, moreover, is the most frequent cause of anemia, "from the constant absorption of fetid matter into the blood, which destroys the health and even the vitality of the red corpuscles, thus reducing their number and quality." In regard to treatment, Dr. Bell advocated the ordinary means for the removal of uterine congestion found in the text-books, such as the prolonged hot-water douche "at bed-time," and the use of his medicated tampons of glycerine, alum, and boracic acid, and the weekly introduction of iodine and carbolic acid into the interior of the uterus. Where constipation existed, "systematic and prolonged use of the enema."—*London Medical Press*.

**COCAINE IN OINTMENTS AND SUPPOSITORIES.** Cocaine being insoluble in oily and fatty substances, it is advisable, in cases where it has to form an ingredient of a pomade or suppositories, to first dissolve it in oleic acid, and afterward to add the other substance to it by small quantities at the time. Treated in this manner the cocaine will assimilate itself with the greasy substance, and a homogeneous preparation will be obtained.—*Druggists Circular*, February, 1886.



# The American Practitioner and News

"NEC TENUI PENNĀ."

Vol. I. SATURDAY, MAY 1, 1886. No. 9.

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

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## IMMUNITY IN DISEASE.

Notwithstanding the able discussions in our day elicited from various sources on the subject of immunity in disease, the scientific world has reached no definite explanation of the fact. Indeed, it is difficult to decide whether greater ingenuity has been expended by the various contestants in destroying the theories of others or in trying to establish their own. It is, however, certain that, of the two, the former task has been much the better done.

The first attempt at an explanation of the immunity conferred by disease was made by Pasteur. He found that when, in a culture fluid containing torulæ, the sugar was exhausted the micro-organisms perished. He thereupon concluded that the same principle obtained in the natural history of zymotic diseases; that the microbes in these affections set up a kind of ferment in the tissues; that as soon as this exhausts all the pabulum of a certain kind the germs die, and that the system, being never again able to reproduce it, remains ever after a soil sterile to their growth.

This theory was championed by Professor Tyndall, whose masterly researches in bacteriology are familiar to all, and who brought to its support the remote and incomplete analogy traceable between immunity in zymotic disease and circumstances attending the cultivation of certain crops in husbandry; it being a fact that the same kind of crop grown continuously upon the same soil will in time exhaust it of the elements necessary to the growth of that crop. But Pasteur observed that on adding a new supply of sugar to his exhausted fluid the yeast-plant flourished as before; and it is well known that by adding to exhausted soils the required elements fertility is also fully restored and can be always maintained. To complete the analogy, a continuous supply of the accustomed articles of food to the human body ought to enable it to produce successive crops of a given microbe indefinitely.

Chauveau, Klebs, and Klein, finding the difficulties of this explanation insurmountable, came to the conclusion that a material of some kind was secreted by the disease germs which, remaining in the tissues after the departure of the disease, proved poisonous to subsequent invaders.

Chauveau, however, found that a very large subcutaneous injection of the bacilli of anthrax in any animal that had survived a primary attack would give it the disease a second time. Smaller doses, such as would have been sufficient to engender the disease in non-protected subjects, had no effect upon it. This fact has been abundantly verified by Drs. Salmon, Law, Detmar and others in this country, who have proved that the exact degree of immunity possessed by an animal can be gauged by using a virus of standard strength. The lesson of the foregoing, well presented by Dr. R. G. Eccles (New York Medical Journal, May 23, 1885), is as follows:

"If immunity is due to abstraction, how can many microbes subsist and flourish where a few will starve to death? If due to the addition of something that would be fatal to a few, it would seem as if that would be also fatal to the many. If the many triumph over it by superior numbers, there still remains the question, how can such a substance, foreign to

the cells, avoid excretion in a life-time? It is either soluble or insoluble. If insoluble, it is inert and useless for such a purpose. If soluble, it must be subject to the laws of osmosis, and be all in time excreted."

Chauveau has proved, that if a dam has anthrax near the end of pregnancy, the fetus *in utero* is acted upon by the disease and acquires immunity. Davaine and others have demonstrated that however full of the bacilli of anthrax the blood of the parent may be, there are none whatever in the fetus, showing that it is not the bacilli themselves, but some products of the organisms that here give the immunity. Dr. Salmon, in making further tests, took both protected and non-protected animals and, making decoctions of their tissues in sterilized distilled water, impregnated the same with highly attenuated virus. Each kind of decoction showed an equal capacity for the production of microbes, and the virus produced from the one was equally as virulent as that from the other when tested upon the living.

Toussaint, appreciating the unsatisfactory character of both theories, suggested that the glands by inflammation undergo some structural change that would render them impervious to the microbes. But when it was realized that this structural change in the glands, if protective in one, must necessarily insure the immunity of the animal against all other infectious diseases (which is not the fact), this theory also fell to the ground.

The theory that the vital force acquires a power of resistance to the ingress of pathogenic microbes has been offered, but so crudely that nothing can be claimed for it beyond the suggestion of a possibility.

**DR. SALMON'S THEORY.**—The American theory of Dr. Salmon assumes that the blood of an animal at no time contains much more available oxygen than is needed by the cells, and that these pathogenic microbes can not live unless they have even more than the cells require. To procure an adequate supply on entering the host is possible only through intoxication of the cells, arrest of their functions, and robbing them of their wonted supply of oxy-

gen. This they can do upon a first attack, but after a time the cells become habituated to the poison excreted by the microbes. The tolerance to this poison remaining through life, its entrance in small quantity into the circulation can never again inhibit the activity of the cells, nor check their consumption of oxygen.

This theory is supported by Dr. Eccles in the discussion to which reference has already been made. As far as we can gather the facts upon which the theory rests are (according to Pasteur) that microbes are aerobic or air-living and anaerobic or not air-living, the extremes merging into each other through those that are amphibious; and that certain microbes lose virulence by being cultivated in the open air. But we will let Dr. Salmon state his theory for himself in language adopted by him from Dr. Eccles (*N. Y. Medical Journal*, September 19, 1885):

"The poison of the microbes intoxicates the cells. Retarded function [of the cells] allows oxygen to increase in the circulation, thus facilitating their gaining a foothold. Recovery is due to the ability of the cells to resist the poison, use up their own oxygen, and so asphyxiate the microbes."

But Dr. Eccles repeatedly states that the most virulent kind of septic bacteria are those that are developed without oxygen, or at least with a very limited supply of it. Is it not fair then to conclude that the more the cells turn upon the microbes and deprive them of oxygen, the more virulent and powerful the latter become? The nearer death the more deadly the foe, and in such a juncture the battle would be invariably against the cells. This alone seems to us a sufficient answer, to say nothing of the many unsustained assumptions which the theory involves.

The next theory is that of Professor Curtis, or rather it is a suggestion by him that the Darwinian theory of natural selection furnishes the desired explanation. Space forbids any thing like an extended analysis of his views. It is enough to answer that the plan of it does not come within the scope of natural selection, but belongs rather to Herbert Spencer's idea of adaptation to environment. Natural selection does not apply to the individual, but to



the succession of individuals. If the meaning of Prof. Curtis be that successive generations of cells in the same individual are subjected to the ordeal of the survival of the fittest, we must assume either that the whole system is changed at once and all become "fittest," or that the new cells are not fit; in which case the individual must be again susceptible upon the appearance of each generation of new cells.

**ANOTHER THEORY.**—Since all the theories hitherto proposed are unsatisfactory, we venture still another, even at the risk of turning confusion into chaos.

It is said that when the Gauchos of the South American plains pursue herds of wild horses, if one is caught with the lasso and then turned loose, it will be the first to be caught ever after when the herd is pursued. Conquering, by a quick process of violence, or a slow process of gentleness, may be accomplished throughout the animal kingdom. If the horns of a deer or elk or any other animal in which these appendages are deciduous be clipped off while yet tender, the matrix will receive such an impress as will prevent the development of horns during the remainder of the animal's life. The mare, as is well known, if first bred to a quagga, will impart quagga marks to all her subsequent offspring. Far back, then, we may suppose, in the sources of vital energy, where the impulses of thought and nutrition and physical activity have an origin in common, a conquering impress has been received that ever after renders the system submissive to invasion by a power with which it has once had a deadly conflict, so that when the germs of certain contagious diseases invade a second time it remains quiescent.

But it may be asked, how does it happen that these germs do not multiply in the system notwithstanding its submissiveness, and cause it to become a new focus of infection? To meet this objection we are compelled to assume that it is only in the case of febrile reaction, it is only during the *rage* of the organism that such material is formed as will support disease germs and enable them to multiply. The

aggravation which accompanies the bite of an angry animal, the deadly changes imparted to the milk of both human and animal mothers by anger, though not to be called proof, are in this regard more or less suggestive. The germs are, so to speak, received without protest and killed by kindness. s.

## Notes and Queries.

**SANITARY CONVENTION AT KALAMAZOO, MICHIGAN.**—Under the auspices of the State Board of Health, arrangements have been made by a local committee of citizens of Kalamazoo, acting with a committee of the State Board of Health, to hold a Sanitary Convention in Kalamazoo, Michigan, on Tuesday and Wednesday, June 1 and 2, 1886. There will be sessions the first day at 2 P. M. and 7:30 P. M.; on the second day at 9 A. M., 2 P. M., and 7:30 P. M.

At each session of the convention there will be addresses or papers on the subjects of general interest pertaining to public health, each paper to be followed by a discussion of the subject treated. President—Hon. H. F. Severens; Vice-Presidents—Geo. W. Buck, W. L. Eaton, D. O. Roberts, E. H. Van Deusen, M. D., J. D. Sumner, J. L. Stratton, John De Visser, Rev. F. A. O'Brien, Kalamazoo; L. W. Lovell, M. D., Climax; J. W. Hicks, Plainwell; Hon. J. T. Cobb, Schoolcraft; J. M. Rankin, M. D., Richland; A. D. Van Buren, Galesburg; S. D. Fisher, Cooper; William Strong, Kalamazoo; Orrin Snow, Oshkosh. Secretaries—H. B. Hemenway, M. D., and Rev. M. W. Haynes.

The admission to all the sessions of this convention will be free, and the ladies are cordially invited. The invitation is especially extended to health officers to be present and take part in the discussions.

**TRANSPORTATION.**—To delegates and others who will attend the meeting of the American Medical Association, St. Louis, May 4th to 8th. Parties located east of Buffalo, Niagara Falls, Pittsburgh, and Parkersburg, will apply by mail to Secretary of Trunk Line Com-

mittee, 346 Broadway, N. Y., for certificates. Parties west of points named above and east of the Mississippi River and north of the Ohio River, will apply to George H. Daniels, Commissioner C. P. C., Chicago, Illinois, for certificates. Parties south of the Ohio River and east of the Mississippi River will apply to M. Slaughter, Commissioner, Richmond, Va. Parties from Missouri River points and from Chicago will apply to E. P. Wilson, Arbitrator, Chicago. Points in the West and local points on the lines centering in St. Louis will be arranged for by the agent at the starting point or upon arrival here.

Delegates, in making application to the above-named persons for certificates, must not forget to inclose a two-cent stamp to pay postage on the return letter inclosing to them the certificate. This must be done to insure the certificate's being sent. Any delegate who fails, after making every effort, to get a certificate in due form, will take a receipt from the ticket agent, at the point from which he starts, for amount of full fare paid by him coming to the meeting; and in this receipt be particular to have named the form and number of ticket and the road over which he will come. If not directly on one of the lines entering into this arrangement of reduced rates, pay your fare only to it, and then pay your full fare from that point, securing your certificate or receipt as above directed. State, county, or city societies can apply for the number of certificates they may wish, and have the number wanted sent in one envelope instead of applying individually.

Round-trip tickets may be had from Chicago, Ill., also from New York, Richmond, Virginia, and Washington City, D. C., by Chesapeake & Ohio Railroad.

R. M. JORDAN, M. D.

Chairman Transportation Committee, St. Louis, Mo.

**MEDICAL ADVANCEMENT IN SOUTH AMERICA.**—The following abstract from a letter of Dr. Juan M. Byron, the correspondent in Italy of *La Cronica Medica*, of Lima, can not fail to interest the North American physician:

Limiting myself to the question of organization and the mode of life of the student, I am able to say that the Latin American may pursue his studies under conditions far more

favorable than those enjoyed by his *confrères* in old Europe. Here, as a rule, the students think lightly of societies established for the purpose of scientific study, the only object in joining them seeming to be the pursuit of pleasure, while those societies which are devoted to original research are never composed of students but only of the first figures in science.

Our Union Fernandini is certainly among the foremost institutions of its kind, and our investigators are constantly making valuable contributions to science; but, nevertheless, in some European countries the South Americans are regarded as a semi-barbarous people. Silence imposed on us by fear of unfavorable criticism, or want of enterprise, keeps our progress in learning and discovery from going before the world. And it is this very silence that has confirmed in Europe the opinion, long held by their savants, of our ignorance. By way of illustration two examples, recalled at the instant, may be cited. In 1860 Dr. Celso Bambaren demonstrated practically the *modus operandi* of the valves of the heart. Eighteen years later Marc Sée gave the same explanation before the Academy of Medicine of Paris, and claimed it as his own discovery. Again, the discovery of the bacillus of yellow fever, by Dr. Arosemena, was made fourteen years before it was proclaimed by Dr. Freyre, of Rio Janeiro, as his own.

It is only in France that any appreciation is found of our intellectual capacity and our thorough methods of instruction. Elsewhere, especially in Germany and Italy, we are regarded as standing scarcely above the level of pariahs.

**HEALTH IN MICHIGAN, MARCH, 1886.**—Reports to the State Board of Health, Lansing, by regular observers in different parts of the State, show the diseases which caused most sickness in Michigan during the month of March (five weeks ending April 3d), 1886, to have been rheumatism, neuralgia, bronchitis, tonsillitis, consumption of lungs, influenza, intermittent fever, pneumonia, remittent fever, erysipelas, diarrhea, inflammation of bowels, inflammation of kidney, whooping cough, scar-



let fever, diphtheria, typho-malarial fever, cerebro-spinal meningitis, dysentery, puerperal fever, measles, inflammation of brain, membranous croup, typhoid fever (enteric), cholera morbus, cholera infantum.

For the month of March, 1886, compared with the preceding month, the reports indicate that influenza increased, and that diarrhea decreased in prevalence.

Compared with the preceding month, the temperature in the month of March, 1886, was higher, the absolute humidity was more, the relative humidity was less, and the day and the night ozone were about the same.

Compared with the average for the month of March in the eight years, 1879-1886, intermittent fever, measles, pneumonia diphtheria, remittent fever, bronchitis, scarlet fever, and consumption of lungs were less prevalent in March, 1886.

For the month of March, 1886, compared with the average of corresponding months for the eight years, 1879-1886, the temperature was about the same, the absolute and the relative humidity were slightly more, and the day and the night ozone were much less.

Including reports by regular observers and others, diphtheria was reported in Michigan in the month of March, 1886, at forty-one places, scarlet fever at forty-three places, typhoid fever at fourteen places, and measles at eight places.

Reports from all sources show scarlet fever and measles reported at the same number of places, diphtheria at twenty-two places less, and typhoid fever at four places more in March than in the preceding month, February, 1886.

HENRY B. BAKER,  
*Secretary.*

LANSING, April 8, 1886.

**THE BLOOD PLAQUE.**—The chief interest of Professor Osler's Cartwright Lectures lies in the full consideration of the much debated third corpuscle for which the term plaque is suggested. This element has had a hard struggle for recognition at the hands of histologists, and even yet there are capable observers who are not convinced of its existence. The difficulty lies in the remarkable rapidity with which the corpuscles undergo alteration when the blood is withdrawn, fusing into irregular masses

in which the individual elements lose their distinctness. In order to see them clearly, they must be studied within the vessels, or in the blood-drop expressed directly into osmic acid or some fluid which will prevent their adhesion to each other. Under these circumstances it is easy to determine the presence of the plaques, and the conditions are such as to render it almost impossible that they should arise from the disintegration of the other corpuscles. The balance of testimony is strongly in favor of the views of Osler, Hayem, Bizzozero, that they are pre-existent, independent blood elements.

Their origin does not appear to have been determined, but their relation to the development of the red corpuscles, and to the process of coagulation, are questions which have aroused very considerable interest. Hayem gave the term hematoblast to the corpuscle, believing that it represented the early condition of the red corpuscle, of which the microcyte was an intermediate stage. The discoid shape, the gradations in size, the abundance in the blood in the young, and in the adult in conditions when blood-making is active, favor this view; but other observers have not been able to detect the gradual tinting of the plaques, and the intermediate forms which Hayem describes, and their relation to the regeneration of the corpuscles remains doubtful.

An important part of the work of the past few years on these bodies relates to their connection with coagulation and thrombosis, and the facts which are given in the third lecture, if corroborated, will necessitate a modification of the current views of the physiology of these processes. From the first, Hayem insisted that the hematoblast played an important rôle in coagulation, but his observations did not arouse the attention which they deserved. Since the issue, however, of Bizzozero's paper, in 1882, the subject has been very carefully studied, and the evidence has gradually accumulated in favor of the view that these bodies share, at any rate, with the colorless corpuscles in the formation of fibrin. That the leucocytes undergo disintegration as coagulation proceeds, would appear to be established by the experiments of Schmidt's pupils and of Wooldridge, and yet we are told in the study of the histo-

genesis of fibrin with the microscope, under conditions the most favorable for the detection of any changes in the colorless corpuscles, it does not seem possible to demonstrate their participation in the process. There is a glaring contradiction here which subsequent observations must explain. The evidence brought forward by those who maintain that the plaques are important agents in coagulation, may be thus summarized: First, they are the elements which immediately adhere to any foreign body within the vessel, or to its cut edges, if wounded; second, in circulating blood the plaques may be shown to be the bodies which aggragate upon any laceration and form the basis of the thrombi so produced; and third, they compose the structures known as white thrombi.

It is to be hoped that the presentation of this subject will stimulate further research, and enable us before long to pronounce more definitely on the relation of these elements to blood formation.—*Medical News*.

LA CRONICA MEDICA.—The first number of this journal, the organ of the Society "Union Fernandini," under the direction of Dr Leonidas Avendaño, comes to us from Lima, Peru. We are happy to place it upon our exchange list. To such as have not been privileged to associate with the better class of Spanish Americans, and thus to note their breadth of culture and depth of scholarship, this journal would prove a happy surprise. Published in a small city of 101,000 inhabitants, disturbed to the utmost for a number of years by foreign and civil wars, it suffers in no measure by comparison with the majority of our journals North and South. Our readers may see that we are steadily gathering in the best journals of every country, and may be assured of receiving, through our translations, the freshest and the best of medical discovery and thought in foreign lands.

AN IMPROVED CLINICAL THERMOMETER.—The New York Medical Journal of April 24th gives a full size picture and a description of Immich's metallic thermometer, a recent invention which bids fair to save the physician much

annoyance and some expense. Its shape and size permit of its being readily carried in the manner of a watch, while its construction of metal, the covering of the dial only being of glass, does away with the liability of breakage, the great objection to the ordinary glass clinical thermometer. The action of the instrument depends upon the expansion or contraction of a metallic tube which is filled with a highly expansive liquid, and it is exceedingly sensitive, as can be demonstrated by the movement of the indicator under the influence of the slightest degree of warmth. The instrument is practically self-registering, as several seconds elapse before the indicator moves backward after a temperature has been taken. No shaking down is necessary, as it accommodates itself readily to an altered temperature. The figures on the dial represent both the Fahrenheit and centigrade scales.

ARTIFICIAL COCAINE.—Mr. Merck, of Darmstadt, according to a German journal, has succeeded in manufacturing cocaine from benzoyl-ecgonin, a body previously discovered by himself. He proceeds in the following manner: Several grams of benzoyl-ecgonin, with a little larger quantity of iodide of methyl and a little methyl alcohol, are heated in a tube to 100°. The mixture is digested in a water-bath to expel the undecomposed iodide of methyl and methyl alcohol. From the syrupy residue cocaine is extracted as a hydriodate. From this salt, pure cocaine, dissolving at 98°, the same as natural cocaine, is produced. The artificial substance is found to answer all tests. *Medical and Surgical Reporter*.

AN AMERICAN DINNER TO M. PASTEUR. Mr. McLane, the American Minister, presided at a dinner which was given on April 14th to M. Pasteur. In proposing the health of the distinguished guest, Mr. McLane referred to him as a benefactor of humanity to whom America was truly grateful. M. Pasteur made an appropriate response, and closed by proposing a toast to the Union, and to the friendship existing between the United States and France. One hundred and twenty French, English, and American guests were present.



**MODERN ROMULUS.**—A curious story, recalling the myths of early Rome, is given in the Medical Press and Circular, of a woman of Toulouse who, while working in the fields, left her baby in a shady corner whither she went occasionally to nurse it. Meantime a bitch was left to protect the child. After a time, the latter not seeming to be as hungry for the breast as usual, the mother watched it, and found the bitch standing over the baby who was nursing with relish. The mother saw no objection to the proceeding, and allowed it to continue. The child thrived, and the arrangement proved eminently satisfactory to all concerned.—*Boston Med. and Surg. Journal.*

**PARENCHYMATOUS INJECTIONS OF HYPEROSMIC ACID.**—Delbastaillé recommends intraparenchymatous injections of hyperosmic acid in chronic lymphadenitis, congenital angiomas of medium size and in neuralgia. He reports eight cases of the latter description. Two cases of intercostal neuralgia were cured; four cases of trigeminal neuralgia and one of neuralgia of the brachial plexus were much improved.

No bad side-effects, local or general, occurred. A one-per-cent solution was employed in a dosage of  $\frac{1}{2}$ –1 syringeful daily or every other day.—*Weekly Medical Review.*

**ROYAL ANTISEPTIC SURGERY.**—Among the absurdities into which the arrogance of high station leads some men, is the following ukase issued by the king of Servia, on December 12th last: "Whereas, it is irrefutably proved by science that the so-called antiseptic treatment of wounds yields more beneficial results than all other methods, we are pleased to order that henceforward the said antiseptic plan of treatment be solely employed in all hospitals of our kingdom, and that corrosive sublimate and iodoform be used until our further dispositions."

**GOUTY INFILTRATION OF THE PENIS.**—A writer in the British Medical Journal reports the following remarkable case: A person subject to gout (past fifty years of age), has a thickening occupying the upper surface of the

penis; when erection or partial erection takes place, the organ is curved backward; there is no pain nor difficulty in micturition, but the glans and body appear to be atrophied to some extent. Sexual desire is not impaired, but intercourse has not been indulged in since the existence of the present condition.

**M. PASTEUR'S DEAD PATIENT.**—It appears, from the *post-mortem* examination of a Russian who died after having been subjected to M. Pasteur's treatment, that the traumatic element in the case was very considerable, probably enough to have caused the man's death. Two of the bites had taken away almost the whole of the upper lip, and a fragment of the wolf's canine tooth was found imbedded in the parts above the zygoma. The encephalon presented nothing notable.

**PROF. TYNDALL'S** theory of vaccination is having another run through the medical and secular press of the country. If the journals quote Prof. Tyndall as industriously for the next dozen years as they have for the past dozen, his views will probably be understood. They seem as popular as those of Prof. Agassiz were on the fish and brain question a decade or two ago.

**APPARENT HYDROPHOBIA.**—Arthur S. Parvin, a farmer at Parvin's Mills, near Vineland, N. J., died recently, after suffering great agony for two weeks, during which he manifested all the symptoms of hydrophobia, although his disease was supposed to be congestion of the brain. It is noted that about a year ago he was bitten by a dog.

**KENTUCKY DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.**—The names of Drs. T. B. Greenley, West Point, and D. W. Yandell, Louisville, should have been included in our previous list of delegates appointed by the Kentucky State Medical Society to the American Medical Association for 1886.

**DR. OLIVER WENDELL HOLMES** will pass the summer in Europe. It is just fifty years since he last crossed the ocean.

**LIFE AT HIGH PRESSURE.**—At a recent meeting of the Paris Biological Society, M. Regnard showed two cylindrical blocks of quartz, which are to be adjusted to an apparatus for submitting animals to a pressure of 1000 atmospheres. These blocks, owing to their excessive transparency, if they do not burst, will allow the observer to study all the phenomena which occur.—*Medical News.*

**CHOLERA ON THE CONTINENT.**—Telegrams of April 18th state that the Sanitary Board of Rome admits that Asiatic cholera has broken out at Brindisi, and has ordered that all arrivals at other Adriatic ports from Brindisi be quarantined one week. The Austrian Government has ordered one week's quarantine against arrivals at Austrian Adriatic ports from Brindisi.

**A NEW TEST OF MEDICAL COLLEGE STANDING.**—The Illinois State Board of Health has resolved to recognize no medical college as of good standing, the aggregate of whose graduates amount to forty-five per cent of its aggregate matriculates during a period of five years ending with any session subsequent to the session of 1885-86.

**YELLOW FEVER IN RIO DE JANEIRO.**—The bulletin issued April 20th by the Secretary of the National Board of Health states that the disease is reported prevalent, and that it has been steadily advancing since January 1st, during that month one hundred and thirty-two deaths from this cause having been reported.

**COCAINE IN NYMPHOMANIA.**—Prof. Parvin (Weekly Medical Review) reports a case of nymphomania treated with cocaine applied to the walls of the vagina. The result was a complete relief of inordinate sexual desire at the end of three weeks. The permanent effect, however, remains to be seen.

**Dr. FLINT'S SUCCESSOR.**—Dr. Edward G. Janeway has been appointed Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, in place of the late Dr. Flint.

**THE SOUTHWESTERN KENTUCKY MEDICAL ASSOCIATION** will meet in Paducah on Tuesday, May 11th. For information relative to the meeting address

W. M. COWGILL, M. D.,  
Cor. Sec'y., Paducah, Ky.

### Army and Navy Medical Intelligence.

**OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from April 11, 1886, to April 17, 1886:**

*Captain J. H. Patzki*, Assistant Surgeon, relieved from duty at Jackson Barracks, Louisiana, and ordered for duty as Post Surgeon at Mt. Vernon Barracks, Alabama. (S. O. 75, Dept. East, April 12, 1886.) *Captain John Van R. Hoff*, Assistant Surgeon, leave of absence extended eleven months, with permission to leave the United States. (S. O. 85, A. G. O., April 12, 1886.) *Captain Richards Barnett*, Assistant Surgeon, granted leave of absence for two months. (S. O. 16, Div. Atlantic, April 12, 1886.) *First Lieutenant Philip G. Wales*, Assistant Surgeon, granted leave of absence for two months. (S. O. 85, A. G. O., April 12, 1886.)

**OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the four weeks ending April 24, 1886:**

*Wyman, Walter*, Surgeon, to represent the Service at the meeting of the American Medical Association at St. Louis, Mo. April 12, 1886. *Sawtelle, H. W.*, Surgeon, detailed as chairman of Board for Physical Examination of Officers of the Revenue Marine Service, April 15, 1886. *Urguhart, F. M.*, Passed Assistant Surgeon, relieved from duty at Norfolk, Va., May 1, 1886, to assume charge of Cape Charles Quarantine, April 16, 1886. *Yemans, H. W.*, Passed Assistant Surgeon, detailed as recorder of Board for Physical Examination of Officers of the Revenue Marine Service. April 15, 1886. *Heath, F. C.*, Assistant Surgeon, appointed an Assistant Surgeon, April 15, 1886. Assigned to duty at Chicago, Ill., April 16, 1886. *Long W. H.*, Surgeon, granted leave of absence for seven days. April 24, 1886. *Banks C. E.*, Passed Assistant Surgeon, granted leave of absence for ten days. April 20, 1886. *Armstrong S. T.*, Passed Assistant Surgeon, granted leave of absence for five days. April 20, 1886.

**OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department United States Army, from April 18, 1886, to April 24, 1886:**

*Maj. M. K. Taylor*, Surgeon, granted one month's leave of absence, on surgeon's certificate of disability, with permission to leave the limits of the Department. (S. O. 39, Dept. Mo., April 16, 1886.) *Capt. Wm. W. Gray*, Assistant Surgeon, ordered to Fort Maginnis, M. T. *Capt. Ezra Woodruff*, Assistant Surgeon, ordered to Fort Missoula, M. T. *First Lieut. Reuben L. Robertson*, Assistant Surgeon, ordered for temporary duty at Fort Snelling, Minn. (S. O. 33 Dept. Dak., April 16, 1886.) *First Lieut. Philip G. Wales*, Assistant Surgeon, granted leave of absence for one month. (S. O. 56, Dept. Columbia, April 8, 1886.)



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. I.  
[NEW SERIES.]

LOUISVILLE, KY., MAY 15, 1886.

No. 10.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.*—RUSKIN.

## Original Articles.

### SOME POINTS IN BACTERIOLOGY.\*

JAMES T. WHITTAKER, M. D.

*Prof. of Theory and Practice of Medicine, Medical College of Ohio.*

"*Vere scire est per causas scire.*"—BACON.

There are three planes in the history of medicine. The first is the study of the symptoms or appearance of the disease. It is the period of the infancy of medicine. It is naturally the most crude period, and all irregular medicine still rests upon this plane. It gave us a pharmacopeia, and the highest expression of it made of the practice of medicine an art. The second plane begins with the observation of the effects or lesions of disease. It made us familiar with the natural history of disease, and thereby nearly destroyed the pharmacopeia. The third is the present plane, upon which are being prosecuted investigations into the cause of disease. Investigators have just set foot upon its threshold. When it shall have been fully attained medicine will be entitled to a place among the sciences which are called exact.

The progress made in this direction during the past year so completely overshadows all other work in range and promise of practical value as to justify in this report, to the exclusion of every thing else, a brief review of the conclusions reached.

The etiology of acute infections is comprised under the single term

### BACTERIOLOGY,

the bacterium having come in the course of time to include all pathogenic as well as many innocent micro-organisms.

The year just passed has not been as eventful in the definite discovery of new causes of diseases as several that have preceded it in the first half of the present decade. What has especially characterized the past year is the fixation of facts previously acquired, whereby the so-called germ theory of infectious disease has been brought from the realms of the ideal to the region of the real. Coemans said, several years ago, "The following up of a single bacterium through all its phases of development is far more valuable than the discovery of new germs," and this pursuit has now been made with such success in the case of many forms as to justify in our day the claim of Magni in the Roman Annals of Public Medicine, fifteen years ago, that the study of medicine should undergo a reform, making obligatory at least a three months' course with micro-organisms.

For it is now demonstrated beyond dispute that pathogenic micro-organisms do exist in distinct and definite entity. The views advanced by Beale, that bacteria are portions of diseased protoplasm from living tissues, and by Wigand, that they may spring up *de novo* in organic matter by transformation of organic molecules, are no longer held worthy of serious consideration. The view of Beale was never any thing more than an ingenious hypothesis, and it fell to the ground with the first studies of the life-history of bacteria, while Wigand's theory had no better support than any other.

### SPONTANEOUS GENERATION.

The fate which overtook the illustration of this theory may serve to show the danger of advocating spontaneous generation in our day.

\*Address of the Chairman of the Section of Practice of Medicine, etc., at the American Medical Association, St. Louis, May 6, 1886.

Wigand remarked that, for the purpose of dissipating all doubts concerning the spontaneous development of bacteria in the protoplasm of cells, he would call attention to the fact that moving bacteria could be seen at any time in the healthy living cells of the *Trianea bogotensis*, and in the hairs of the *libiatæ*. This statement was brought to the notice of the eminent botanist of Strasburg, De Bary, who thus describes his investigations. The trianea is a South American floating water plant. A piece of its living tissue removed from a fresh, healthy plant, examined under the microscope, reveals in fact the most exquisite picture of bacteria. Slender bacilli, alone or adherent in short rows, follow about the movements of the protoplasm and other contents of the cell in the liveliest way. Such a picture is a model—as a picture. But the addition of a drop of diluted nitric acid quickly dispels the illusion. Instead of maintaining itself like a true micro-organism, the bacteria of the trianea are dissolved away at once. The same is true of the rods in the hairs of the lip-flowering plants. The bacteria are nothing else than small crystals of oxalate of lime frequent in this form in the cells of plants. This story is instructive, the author says, in showing how far astray pre-conceptions may lead otherwise excellent observers.

Wigand saw micro-organisms develop in fluids after exposure to boiling heat for half an hour, a temperature and time sufficient, he thought, to destroy all germs. But the experiments at Koch's laboratory, at Berlin, prove that individual spores resist a boiling heat for several hours. Wigand's erroneous conclusions were based upon an imperfect sterilization.

What a contrast to these obscure conceptions is offered in the clear statements of Leeuwenhoek, the first individual to turn the lens, crude and imperfect as it then was, upon, and to discover, micro-organisms. It would almost seem as if great minds knew intuitively what is true and what is false, else how may we understand the observations, made by Leeuwenhoek as early as 1685, of the minute organisms found in water: "they do not arise in the water," he says, "they develop from germs."

The germ theory of disease was never really

in so much danger from its enemies as its friends. For many years it suffered ridicule and discredit because of the false conceptions of "undismayed pioneers" and overzealous advocates. The Germans still speak of the *überreifer Eifer* of this class. Thus the cholera-phyton proclaimed in England, and later again in Germany, turned out to be nothing else than eggs of intestinal worms; the animalculæ of variola eventuated in the common bacteria of putrefaction, and the palmellæ of malaria disclosed by one of our countrymen were unmasked as foreign bodies, impurities, not even germs.

#### CLAIMS OF CONVERTIBILITY OF ALL GERMS.

An original conception of this overripe zeal was the view of Hallier, that all kinds of germs, big and little, molds, ferments, bacteria, are mutually convertible. Micrococci, said Zürn, are only stages of development of molds. This view needed only the most accurate observations of Brefeld and De Bary to be entirely refuted. More serious was the claim of Grawitz, that innocent mold fungi, *aspergillus*, *mucor*, etc., could be converted into dangerous forms. Grawitz saw that the injection of *aspergillus* into the blood of rabbits remained without effect, whereupon it occurred to him to change its natural, cool, acid soil to a warm, alkaline soil, with a view of changing its form and action. Such general permeation of various internal organs, especially the kidneys, followed these experiments as to seem to have demonstrated the conversion of an innocent parasite into a dangerous one.

But when Koch and Gaffky came to repeat these experiments, with the precautions implied in control observations, it was soon discovered that the species of *aspergillus*, *mucor*, etc., included a whole series of pathogenic germs, some of which had entered with the injection of innocent forms. Grawitz's erroneous conclusions were based upon the use of impure cultures.

The field had now become limited to the bacteria proper. It may be said at once that all practical interest hinges upon the question of the constancy or inconstancy,



## MUTABILITY OR IMMUTABILITY,

of the forms of pathogenic micro-organisms. If they are not specifically different, as Nägeli claimed, but are forms of one or a few species, so that the same species, by assuming different forms, may in the course of years or decades effect at one time the souring of milk, the ageing of wine putrefaction, the decomposition of urea, the red coloration of starchy food, and at other times produce typhus, malarial or relapsing fevers, diphtheria, and cholera—if such mutability of form and action exists as this, if the myriad micro-organisms of the earth and air may at any time assume deadly properties—all effort at investigation is futile, if not foolish, and every effort at destruction is not only powerless, but paralyzed.

This idea of the unity of species, first advocated in our day by Ray Lancaster, met with warm advocacy at the hand of Billroth, who derived the different forms from variations in the soil or substratum, and later of Warming, who considered the different forms as so many different stages of development of the same species, like, to use a coarse comparison, the different stages of development of tapeworms in different hosts. Klebs was also inclined to accept this view, though with the reservation that certain forms occur preferably in the form of bacilli, others of micrococci.

## HAY AND MILZBRAND BACILLUS.

Perhaps no single statement seemed to lend such support to the negation of species as the claim of Buchner to be able to transform the innocent bacillus of hay infusion into the deadly organism of milzbrand. Buchner observed under continued cultivation the gradual change of the hay bacillus into the milzbrand bacillus, and with the reversal of this change, which he was likewise able to produce, maintained that the loss of virulence of the milzbrand bacillus was not an attenuation, as Pasteur had claimed, but a veritable transformation. Buchner was sufficiently well acquainted with the gross differences of the two bacilli, but he regarded them as accommodations of the same form to different soils. Hueppe credits Buchner also with a knowledge of the spore formation of the two bacilli—the most distinctive

characteristic of different forms—which Buchner considered identical, a consideration which misled Bredford to adapt Buchner's conclusions; but De Bary insists that with the gross differences in the spore formation of the two bacilli, it is doubtful if Buchner ever really studied the hay bacillus in this essential particular.

At any rate, it was easy for Koch, by pointing out these differences, as well as the difference in the resistance of the spores, the difference in the optimum and minimum temperatures in the process of reproduction, etc., to prove that Buchner was experimenting with two distinct species or forms, and that the apparent transformation was really a case of substitution or displacement of one form by the other. Inasmuch as no one has since succeeded in effecting such a transformation, this question may be regarded as definitely settled. Final disproof of Buchner's claim was made by Prazmowski in 1884, with the exhibition of such distinct differences in the two forms as to demonstrate their independence, so that whatever dispute remained concerned simply the possibility of attenuating the bacilli of milzbrand, a subject to be noticed again.

## BACTERIA OF MILK.

A much more simple and easily refuted illustration of the inconstancy of the action of micro-organisms was the observation of Nägeli, that fresh milk on standing becomes sour, but boiled milk bitter. Fresh milk becomes sour, Nägeli says, under the action of a certain bacterium. Boiling the milk changes the character of the soil and the action of the same germ. Here, then, is an every-day observation of the transformation of the same micro-organism.

That this illustration may not seem too trivial, it may be said that it was, up to the time of Buchner's experiments, just mentioned, the sole apparently indisputable proof of the change of one definite ferment into another.

The fallacy of it became obvious when it was discovered that milk is made sour by many causes, among others, by many varieties of bacteria, of which Nägeli assumed the existence of but one. It did not occur to him

to inquire if one variety might not get the upper-hand before another after boiling. The truth turned out even more simple than this, for Hueppe showed that, of the many forms of micro-organisms present in milk, one, the *micrococcus lacticus*, exuberates in a low temperature, and renders milk sour by the formation of lactic acid. Boiling kills this micro-organism with many others, but the spores of the butyric-acid germ, the *bacillus amylobacter*, also present, survive boiling heat to develop later into the mature form. This bacillus effects in boiled milk a decomposition of the albuminates, attended with a bitter taste. Neither form nor action has been changed in a single germ.

#### DEVIATIONS THAT DO OCCUR.

But the strongest advocates of constancy of form and function, Cohn and Koch, do not maintain that certain deviations may not occur. They claim only that these deviations occur within certain limits, such limits as are to be observed in structures higher in the vegetable scale. Gardeners, florists, farmers, succeed in effecting, under varying surroundings, marked variations from the primitive plant, but they may never change an apple to a pear tree, wheat into rye, or a sunflower to a rose. Koch himself admits the possibility of changing one form of micro-organism to a nearly allied form. He goes so far as to say that it is not without the bounds of possibility to convert a pathogenic into an innocent form. What he asks is simply that the specifiveness of one form shall not be surrendered until the proof is furnished. There are monomorphous and polymorphous bacteria. No one claims that every micro-organism shows itself under all circumstances in but one form, as Koch admits the occurrence of Finkler's vibrio in three forms, the curved rod, the lemon-shape and the spirilla, but he still insists that the individual preserves the reproductive form of its cells, that is, that it appears as a *micrococcus*, a *bacillus* or a *spirilla*, and that it does not change these forms. For, as Mittenzweig maintains, it has never yet been shown that a bacterium appears at one time as a genuine *micrococcus*, at another as a genuine *bacillus*, and again as a genuine *spirilla*;

and even if we admit the form changes which Buchner and Gruber have observed in the organism of Finkler, and Babes has observed in the cholera germ, we must also admit, as Buchner has himself observed, that in the cultivation of the different forms the typical curved rod invariably appears, so that all these secondary changes are to be looked upon simply as so many variations upon the typical form. With the experience of the botanist and florist cited, it is not a matter of surprise that micro-organisms have been seen to undergo changes of form which are not observed in nature. Attenuations of virulence, for instance, in virulent germs never occur spontaneously.

#### THE GERM, NOT THE FORM, ESSENTIAL.

The conclusion reached by the mycologists of the present day is, that under natural circumstances micro-organisms show themselves in the rule, not with variations but in permanent forms, but that disease is not produced so much by a distinct and definite form as by a distinct and definite germ. Most of the diseases of plants, De Bary says, are produced by parasites, and as investigations develop more and more distinct species it is seen that definite diseases are produced by definite parasites, whose specific properties are no more to be doubted than those of higher organisms or worms. This claim, the author concludes, is not simply convenient, as Nägeli observes, it is the only view which is consistent with acquired facts.

#### UBIQUITOUS AND INDIGENOUS GERMS.

The world of micro-organic life falls naturally into two great divisions. One is found every where, at all times and in all places, and, as has been shown, in abundance enough to realize the panspermatism of the ancients. Such germs are known as omnipresent, or, from the fact of their ability to obtain sustenance every where, as omnivorous germs. Halier proposed to call them cosmopolitan, but Cohn devised the best appellation when he spoke of them as ubiquitous. Myriads of these germs are entirely innocent to man. Others are injurious only under certain cir-



cumstances. Thus the ubiquitous germs of common putrefaction may penetrate the body, from a slough or a gangrenous part, to produce by their presence, or the chemical changes they induce, the condition known as septi-cemia. Thus the pus-producing micro-organisms, probably of many kinds, belong to the class of ubiquitous germs.

On the other hand, most pathogenic micro-organisms are indigenous to certain definite places. These are the epidemic germs. Thus the mouths of Ganges and Brahmaputra are the centers of cholera, Lower Egypt of the plague, the Antilles of yellow fever, Ireland of typhus. But just as plants of higher organization may be transplanted to other soils, may original endemics assume epidemic and finally pandemic proportions or extent. Thus smallpox first showed itself in Germany in 1493, an importation from the Netherlands, but it was not until 1527 that it was transported to our continent, making its appearance with wholesale slaughter in Mexico, and gradually extending thence over the whole of North America. Scarlet fever, which was first heard of in Arabia, was not seen in our country until 1735. It reached Iceland in 1827, South America in 1829, Greenland in 1847, and Australia in 1848. Measles had not been carried to Australia up to the beginning of our own decade. Cerebro-spinal meningitis, in all respects the most irregular of all epidemic diseases, first sprang up in Geneva, and first fell upon our country in 1806. Cholera was unknown with us until the memorable year of 1832. Even tuberculosis, which has long since assumed pandemic extent, was, as Liebermeister has shown, not originally ubiquitous, as it remained unknown to our own Indians, to the aborigines of Australia and the negroes of Central Africa until carried to them by more civilized races. There is, therefore, no longer question of the spontaneous, or so-called autochthonous, origin of infection. Typhoid and typhus fevers, dysentery, and diphtheria, pyemia, erysipelas and puerperal fever, appear only at times when lurking germs and spores from previous cases find favorable conditions for development or after fresh importations of the disease. All this disease, all infectious

disease, is of exclusively parental birth, and can no more originate spontaneously than can serpents and crocodiles originate from heat and mud, as Lepidus maintained, bees be produced from the putrefying entrails of steers, as Virgil described, or mice be generated from sawdust and old shirts, as Van Helmont claimed. In keeping with these theories were the views since maintained, that the plague arose from the putrefaction of corpses, yellow fever from the crowding of slave ships, cholera from decaying vegetable food, typhoid fever from the emanations of human excrement, consumption from bad ventilation, or oftener from a bad cold, and diphtheria from sewer gas. These are factors which do undoubtedly favor the spread of the infectious maladies, but never originate the birth of one. A fright may cause a premature birth, Juergensen remarks facetiously, but it would never conceive a fetus. So rabies and hydrophobia can no more arise spontaneously than dogs and men.

Thus is explained the specificness of acute infectious disease. Each one of these diseases produces itself alone. Measles begets measles, smallpox begets smallpox, cholera begets cholera. Figs would be born of thistles, or grapes of thorns, as soon as cholera of smallpox or diphtheria of typhoid fever. The introduction into the blood of a specific germ begets the specific disease, and the fact that each one of the acute infections has always presented the same characteristics proves conclusively that

#### NO CHANGE HAS OCCURRED

in the properties or peculiarities of the specific cause. For so long as observations have been recorded, measles, for instance, has always been the same disease, with the same period of incubation, the same prodromata, and the same eruption, the same complications and the same termination. New interpretations of the phenomena of the acute infectious diseases have been made from time to time, more searching means of study have developed new signs, but the characteristic features of each of the acute infections have always remained the same. The accurate observations rendered possible by the adoption of the solid culture soil are in thorough accord with these conclusions. The es-

sential nature of pathogenic bacteria is not changed by alterations in the soil or other surroundings. Bacteria may be shriveled or dwarfed, or reproduction checked by lack of oxygen, unsuitable nutrition, improper temperature, but they may not be changed in nature.

Up to the present time it has been found impossible to convert innocent into pathogenic forms, and the observations recorded which seem to lend support to the transmutation theory, as by Buchner, Bastian, Nägeli, and others, have been shown to rest upon inaccuracies or impurities.

#### ATTENUATION NOT CHANGE OF NATURE.

But the case is very different with the converse of this view, which opens up one of the most interesting studies in mycology. Is it possible to deprive the pathogenic forms of pathogenic properties? The belief is still maintained, by some clinicians at least, that vaccinia is smallpox which has lost its virulence by passing through the body of a cow, and the question of attenuation of the so-called virus of virulent disease with the view of inoculating it in milder form, occupies the attention of prominent mycologists at the present time.

Within the present decade this question has been answered in the affirmative with reference to the virulent bacteria of charbon; for it has been discovered by Pasteur and by Koch that, under the influence of high temperature and various chemical agents, the bacteria of charbon may be made to suffer loss of their pathogenic properties while they still retain all other characteristics, including the capacity of reproduction. Pasteur claims to have effected the same attenuation in the case of hydrophobia. But these observations do not support the view that any change of nature has been experienced in this way. Bacteria thus treated are not changed into innocent forms. They have simply lost the physiological property of infection. Baumgartner puts it pertinently when he says it is not a question of changing poisonous into innocent snakes, but of extracting the poison fangs from animals which otherwise remain the same.

#### THE MORPHOLOGY OF BACTERIA

is not simply a question of size and shape. The term is extended to include also motion, color and affinity for color, as well as the manner of growth or disposition of the colonies. In many cases such distinctive peculiarities are already demonstrated as to render it possible to absolutely diagnosticate disease in life by one or more of these points. As Hueppe says, this is the most interesting question for the clinician. May we make a differential diagnosis from morphology alone?

Bacteria vary greatly in both length and breadth, but are for the most part so small as to be on the confines of the visible with the microscope. In fact, it is chiefly by reason of the recent improvements in the illumination and magnification of the microscope, the oil immersion lens, and Abbe illuminating apparatus, that they have been rendered visible at all. Some of them are to be seen only with a power of 700 diameters, which is the magnification generally used in the study of all micro-organisms. Mycologists speak of micro-, meso- and mega-coccus, or bacteria, of the micrococcus prodigiosus, and of the bacillus subtilis, but these are all, of course, relative terms. Pathogenic micro-organisms vary in length from one to forty micro-millimeters, and in breadth from 0.5 to 7mm. Many micrococci are too minute to admit of any accurate measurement. The largest micro-organism is the spirilla, which may reach the length of .2 of a millimeter. Perhaps a better idea of size can be conveyed by comparison with a familiar object. The bacillus tuberculosis, which occupies in respect to size a medium place, varies in length .002 to .0035 of an inch, the smaller measure being the average diameter of a corpuscle of human blood.

Although some distinction may be made between pathogenic and innocent organisms by their size and shape, the most skillful mycologist would hesitate to express an opinion on this fact alone. But micro-organisms may look alike and yet be very different. Spermatozoids of different animals may present the same general appearance, but they are endowed with very different properties. We remain as yet at too great a distance to make out the distin-



guishing features even of innocent and dangerous micro-organisms. As Birch-Hirschfeld remarked, it would be impossible to declare of a man standing on the spire of the Strasburg cathedral whether he was black or white, and even the same configuration in every particular would furnish no more definite criterion than in the case of full grown serpents of the same appearance, some of which only are poisonous. We await now with intense interest the revelations which are to follow the experiments with the new lens, worked out by Prof. Abbé, which it is claimed already exhibits differences in the structure of bacteria.

The general construction of bacteria, so far as it can be studied, is simple enough. Bacteria are cells because they are constituted, grow, and divide like cells, and although nuclei have not yet been discovered in them, they are in this regard not unlike other low forms of vegetable cells. The protoplasm of the cell seems homogeneous in the minutest, but more or less granular in the larger and more distinctly visible forms. It shows the same reactions and takes up the same colors as other protoplasmic bodies, differing as they do in different forms. The cell is invested with a membrane which may be separated from the protoplasm by agents, like the alcoholic solution of iodine, which shrink the protoplasm. The membrane assumes prominence also at the period of spore formation. It is in most cases firm and closely applied to all contents, while in the spirochates it is extensible and elastic. Dark, transverse lines forming across the protoplasm indicate the division of a bacterium into daughter cells, which separate in the process of reproduction. Hence the name schizomycetes. A billiard-ball, a lead pencil, and a corkscrew indicate, in the homely comparisons of De Barry, the chief varieties of bacteria, as micrococci, bacilli, and spirillæ.

#### DISTINCTION OF BACTERIA.

A glance would reveal the difference between a bacillus and a spirilla, and there could be no question of mistaking a micrococcus for either. In many cases even gross morphological resemblances could create no embarrassment in the mind of the practitioner. What

possible doubt exists, for instance, as between the comma-bacillus of the stools and intestinal contents of cholera and the innocent comma-bacillus found in the mouths of healthy people? The condition of the patient decides it at once; or, if there could still be a doubt, it would be dissipated with a knowledge of the fact that the cholera bacillus is not found in the mouth. But in many cases differences in form alone are too slight, and variations in size too great, to be recognized by the clinician. In some cases these differences can be seen. Thus the slight deviations between the forms of the bacilli of milzbrand and malignant edema enable mycologists to separate diseases which are often confounded. But these distinctions may be made out only in the laboratories of experts. Hence, for practical use, appeals must be made to other factors in morphology. Thus the bacillus of tuberculosis, syphilis, and leprosy closely resemble each other, that is, closely to the clinician, though coarsely to the mycologist. But the tubercle bacillus distinguishes itself from all other bacilli, save one, by two peculiarities: first, lack of affinity for all dyes, that is, the resistance it shows to colors, and, secondly, when it is colored with alkaline dyes, by the persistence with which it retains its color in the presence of mineral acids. This persistence is shown only by the bacillus of leprosy, but the bacillus of leprosy may be differentiated by the fact that it may be colored with Weigert's nucleus color (hematoxylin, alcohol, alum, ãã 2, distilled water, glycerine, ãã 100), which has no effect upon the bacillus tuberculosis. The colored bacilli of syphilis are decolorized by mineral acids. By the method mentioned Gaffky discovered characteristic bacilli in the sputum of tuberculosis in 938 of 982 cases.

Considering the fallacies of the observations, and the stage of pre-physical signs, it is safe to say that the time is close at hand when we shall no longer think of using the pleximeter and the stethoscope in the diagnosis of tuberculosis.

A skilled mycologist would alone detect the fine differences in morphology of the bacilli of cholera and cholera morbus, but any one would notice at a glance the difference in the funnel

and cone of stocking-shaped colonies of the two varieties. As, however, the length of time that must necessarily lapse to make this observation precludes its practical value to clinicians, quicker conclusions can be reached by the physiological test, that is, the introduction of the germs, or matter containing them, into the stomachs of guinea-pigs. These animals are very susceptible to cholera morbus, but insusceptible to true cholera, without special preparations or precautions. Perhaps this test would be resorted to only in cases where doubt existed as to the commencement of an epidemic of Asiatic cholera.

The method in which the bacteria aggregate themselves in the process of growth in the culture soil, the process of colonization it would be called in the tissues of the body, or

#### THE FORMATION OF ZOOGLEA,

furnishes some, but uncertain information regarding the nature of the germ. Cohn thought at one time that the whole class of bacteria might be divided into two distinct species, one of which formed a mucus-like mass, the other fibrils or threads. These classes he proposed to designate as gleogenous or mucus-forming, and nematogenous or thread-forming families, but he was compelled subsequently to abandon the idea on observing the changes in the mode of growth in different soils and at different temperatures. Thereupon Koch observed that the formation of zooglea in the form of membranes or fibrils, squamous, dendritic, fenestrated, nodular, globular, circular, etc., immediately preceded the development of spores. Both Cohn and Koch soon reached the conclusion that while the form of the colony might serve to separate families and groups, estimates based upon such observations must be accepted with much reserve. But while it is admitted that the form of the zooglea varies in different soils, it is nevertheless true that a typical form is shown under the same conditions, a fact which, Hueppe remarks, essentially lightens a differential diagnosis. To give but one example, the bacillus anthracis may be macroscopically distinguished from the non-parasitic bacillus subtilis by the fact that the anthrax bacillus forms in its soil a flocculent deposit, while

the bacillus subtilis develops a dry membrane upon its surface.

The development of bacteria does not differ from the higher vegetations in requiring the necessities of life, food, heat, oxygen, water, etc.

The question of food is connected with the subject of cultivation in the so-called

#### PURE CULTURE SOILS,

which consists in selecting the food best adapted for the rapid multiplication of micro-organisms. The fact that bacteria remain sterile in certain soils and luxuriate in others does not surprise us when we reflect upon the predilections of higher forms of vegetation.

While, then, many bacteria may be cultivated in almost any kind of culture soil, they differ in the degree of development according to the nature of the soil. Thus Wilkommen has observed that the germs which thrive upon the South American potato can not be made to grow upon the European potato. The micro-organisms which give the peculiar piquancy to Stilton and Roquefort cheese grow better in certain cellars than in others. The first experiments in cultivating bacteria were in fluids, solutions of meat, beef tea, chicken soup, malt extracts, infusions of hay, etc., but fluids are open to the objection that they admit other germs to coalesce with and render impure the special variety to be studied. Pure cultivation became possible only with the use of the pure culture soil, first employed by Koch. Germs falling upon a solid surface remain fixed in the same place. The solid culture soil made practicable the absolute isolation of germs, without which accurate investigation is impossible. Koch made his first studies with the common potato. The potato was the key to the whole subject of solid cultures. We might say that what the apple was to Newton the potato was to Koch. Subsequently gelatine was employed, then aqueous humor, then gelatinized meat preparations, peptonized gelatine, etc., and as a climax for the epicures, gelatinized blood. Thus has been determined the peculiar soil in which the varieties of pathogenic bacteria thrive the best. Thus, while the bacillus of both forms of cholera develop upon both ani-



mal and vegetable soils (both being really ex-anthropic germs, the bacilli of tuberculosis will not grow in a vegetable soil as upon the surface of a potato, but will thrive in infusions of meat and luxuriate in the serum of the blood. The micrococcus of chicken cholera grows to swarms in neutralized chicken soup, and the comma-bacillus, which is really not a bacillus, but a form of vibrio or spirilla, develops in such luxuriance in alkaline meat soups as to have enabled Schottelius to detect it in minimum amount. In such cases, where but very few or doubtful specimens were present in the intestinal contents, Schottelius added to the contents two and a half times as much slightly alkalized infusions of meat, or ten times as much gelatinized meat peptones. In this mixture, preserved uncovered in a warm place at a temperature not above 40° C., cholera germs developed in myriads within twelve hours.

In this connection a remark may be made upon the

#### EFFECT OF BACTERIA UPON THE FOOD

selected, foreshadowing the local effects of micro-organisms upon the tissues of the body in the so-called local symptoms of disease. It is observed and distinctly tabulated if the gelatine or other food be fluidified, granulated, colored, decomposed, with or without the development of odors and gases, and the time required to induce these changes. Thus have the mycologists made us familiar with characteristic features of the vibrios of both forms of cholera which fluidify gelatine, while the micrococci of pneumonia have no such effect; have pointed out the nail cultures of pneumonia, the air vesicles of Asiatic cholera, the flat scales of tuberculosis, the fern leaves of the micrococcus of erysipelas, the acacia leaves of one form of the micrococci of pus. So, also, the effects of puncture or stick cultures show peculiarities different from plate cultures, and different effects are observed again with the same bacteria in different kinds of soil or food. Eisenberg has recently (Hamburg and Leipsic, 1886) published a *Bacteriologische Diagnostik*, which consists of a series of tables wherein are noted, in a form of inestimable value to the student

of bacteriology, all these peculiarities of all known germs.

#### CONCERNING TEMPERATURE.

Three cardinal points are recognized of the temperature: the maximum, the minimum, and the optimum. The optimum is the temperature most conducive to fructification, to spore formation. Excesses in either direction arrest certain processes, extremes destroy life. As might have been premised, non-parasitic enjoy much wider latitude than parasitic germs. Thus, according to Cohn, the bacterium *termo* grows between 5° and 40° C., with its optimum at 30° to 35° C., while the border temperatures of the bacillus tuberculosis, according to Koch, are 28° and 42°, with an optimum at 37°, the temperature of the human body. The conjoined influence of soil and temperature is shown in the conduct of certain bacilli (*tyrothrix*) found in cheese. The optimum temperature of this germ is 25° to 35° C. In a neutral fluid they are killed by a temperature of 90° to 95° C., while in a weak alkaline fluid they live at over 100° C. The mature spores of this species remain productive in a weak alkaline fluid after being boiled at a temperature of 115° C. *Tyrothrix filiformis* survives in milk a temperature up to 100° C., a degree fatal in one minute in an acid fluid. The spores of this species survive in milk a temperature of 120° C., while in gelatine they are destroyed at 110° C. This knowledge of the range of temperature gives a differentiation at once of parasitic from non-parasitic bacteria, as germs whose range is limited to 28° to 42° C. may not constantly find any where upon earth, outside of animal bodies, the necessary means of existence. Such differences prevail regarding the

#### NEED OF OXYGEN,

that Pasteur separated all micro-organisms into two classes, ærobes and anærobes. As, however, all known pathogenic micro-organisms must have oxygen more or less, the division is of more value to the mycologist than the clinician. One point of this connection regarding the ammoniacal degeneration of urine is of interest to the practitioner.

## BACTERIA OF URINE.

This degeneration, as is well known, results from the conversion of urea by the absorption of water into the carbonate of ammonia, during which process the originally clear fluid becomes cloudy and opaque. A drop of this urine under the microscope discloses myriads of germs of all descriptions. Cohn has shown that one of them, the micrococcus urea, is the prime cause of the ammoniacal change. Pasteur had already discovered that this micrococcus cultivated pure in a fluid containing urea induced in it the same change as in urine, and Musculus has since disclosed the fact that the change is induced by a chemical product, an enzyme separable by alcohol, excreted from this particular germ.

The presence of oxygen is a necessary condition of the life of the micrococcus urea, which can not, therefore, be the cause of the ammoniacal degeneration that in bad cases of catarrhal inflammation takes place within the bladder, a sac shut in from the outside air. It was then assumed that this degeneration must be effected by other anaerobic bacteria, and in fact minute forms are found in freshly voided urine.

It is interesting to know that Miquel discovered in dust a very delicate bacterium which vegetates in the absence of oxygen. This bacillus he named the bacillus ureæ, because it has the power of converting urea into the carbonate of ammonia. Hence the force of Teuffel's warning, "Put no soiled catheter into the bladder."

## THE FECUNDITY OF MICRO-ORGANISMS

has been so often demonstrated in explanation of the suddenness of appearance of them in multitudes, and of the virulence of infectious disease, as to require mention here only for the purpose of checking the riots of the imagination. It is known that a particle from a milzbrand bacillus, so small as to be invisible under an ordinary lens, introduced beneath the skin of a guinea-pig, multiplies sufficiently to kill the animal in forty-eight hours, and a drop of the blood of the animal thus affected, properly inoculated, destroys the largest ox in a few days. It is useless to dwell upon this point of

propagation. It was the recognition of it that more than another compelled the return to the germ theory of infectious disease when it seemed to have been routed even with contumely. No purely chemical substance possesses this property. The power of reproduction or self multiplication is limited to living things. Chemical substances admit of great subdivision, as best exemplified, perhaps, in the dissemination of odors, but such subdivision is attended always with gradual loss of substance.

Reproduction takes place in bacteria, whether by fission or spore formation, with a rapidity bordering on the marvelous. Cohn indulged himself in the pursuit of a calculation of this kind, reaching the conclusion that the progeny of a single bacterium, unchecked in growth, would in the course of three days reach the appalling weight of fifteen million pounds troy, and in five days fill up a space of 928,000,000 cubic miles, the estimated capacity of the entire ocean. But while some such calculations may be justifiable to convey some adequate idea of the degree to which the earth and the air may be filled in a few days during the prevalence of an epidemic, it must be remembered that it was flights of fancy like these that first brought the germ theory into discredit and derision. Check is put upon the development and reproduction of all bacteria by the lack of nutrition, which sooner or later must ensue, as well as by the inimical action of different varieties upon each other. Thus the bacteria of decomposition cease to multiply and perish by the myriad so soon as the material of their food is converted into inorganic matter; the bacteria of fermentation are destroyed, or their reproduction checked by the alcohol which they form; the bacteria of cholera with dessication, etc. The bacteria of most diseases perish with the death of their host, as well as from various other causes in life, as by the fever they evoke, or are themselves destroyed by the bacteria of putrefaction.

Thus it has been proposed to cure trachoma with the gonococci of gonorrhea, lupus and epithelioma with the micrococci of erysipelas, and tuberculosis by the inhalation of the bacteria of putrefaction.



## SPORE FORMATION.

The conditions affecting the process of fructification are of great importance to the proper understanding of the cause and prevention of acute infectious disease. A single bacterium is made up of several cells or parts, of which each cell forms one spore. Pasteur first recognized these "brilliant corpuscles," but it remained for Koch to determine their significance, and for Prazmowski and Hueppe to establish their supreme value from the point of view of differential diagnosis. The difference in the method of spore formation is also a chapter of itself which could find no discussion in the limits of this report. It is enough to say here that characteristics of specific bacteria are as definitely determined in the observation of these phenomena as in the effects of inoculation. Spores constitute the permanent forms.

## ENDOSPORES AND ARTHROSPORES.

There is now quite general acceptance of De Bary's division of all bacteria into classes, one multiplying by endospores and one by arthrospores. Endospores are spores evolved from protoplasm in the body of bacteria in such a way that the spore forms its own membrane, while an arthrospore is a transformation of an entire part or cell of a bacterium, the membrane of the bacterium forming the membrane of the spore. True bacteria develop by endospores. Such are the pathogenic bacteria, whether in the form of micrococci, as of erysipelas, pneumonia, gonorrhea, suppuration; bacilli, as of tuberculosis, syphilis, leprosy, diphtheria, milzbrand, glanders, and typhoid fever.

## SPORES

are distinguished from micrococci by their bluish, opalescent cast, their high refractive power, and their obstinacy to color, because of the impermeability of their membranes. Strong acids and extreme heat, which kill the protoplasm of the bacteria, injure the vitality of the spore membrane, to make it permeable and admit color. Under such conditions spores may be colored intensely while the body of the bacterium is only feebly or not at all affected by color. Spores of all kinds are characterized by extreme tenacity of life. Most endogenous

spores remain productive after exposure to 100° C., many even to 130° C. Anthrax spores survive a dry heat of 123° C. Endospores survive dessication on an average about one year; those of the bacillus subtilis, according to Brefeld, three years. Pasteur claimed to have kept spores in hermetically sealed tubes, capable of reproduction after twenty-two years. Such long sustentation of life is capable, of course, only under favoring conditions. Botanists generally admit persistence of vitality in seeds from ten to twelve years. Statements of persistence for centuries, as from mummies' tombs, are considered mythical. As a rule, as stated, spores perish in a few years, so that limit is to be put upon the assertion of an enthusiast in antiseptics that "time does not destroy septic dirt."

## BACTERIA OF THE ALIMENTARY CANAL.

The surface of the earth is the bottom of an ocean of air teeming with micro-organisms of every description. The origin, character and distribution of these germs is a subject of itself. Myriads of them, among others pathogenic germs, are ingested and inhaled every day. The alimentary canal throughout its length is described as a rich garden of vegetating bacteria. Most mature forms are destroyed in the stomach under the action of the gastric juice, but many spores, and some mature forms—sarcinæ, for instance—escape to reach the intestine with all the favoring conditions of a hot-house. The mycologists speak of the flora of the feces; in fact, masses of feces are almost wholly masses of bacteria.

Bienstock, who has made a special study of these bacteria, succeeded in isolating one bacillus endowed with the specific property of decomposing albumen and fibrin. Cultivated to obtain sufficient quantity, it separates albumen and fibrin through all the successive stages of decomposition with its gases down to its final products, carbonic-acid gas, water, and ammonia. No other bacteria have this property. Artificial albumen is not attacked, and casein is not touched by it. Hence it is that the stools of sucklings emit no fecal odor.

These bacteria of the intestinal canal belong to the class of

## SAPROPHYTES.

They have to do with the resolution of organic into inorganic matter, and hence they are the greatest friends of man. They have no power of penetration to the blood. It is now almost universally conceded that no germs exist in the physiological interior of the healthy body. No germs exist in healthy blood. An apparent exception proves the rule. In a number of observations with negative results, Klebs once found bacteria in the blood of an apparently healthy dog. It was subsequently learned that bacteria of decomposition had been previously introduced into this dog in an experiment on wound sepsis. The animal had long since perfectly recovered. The germs found by Klebs had still survived, and were remaining at the time of the observation quiescent. It was an observation useful also in illustration of the latent stage of disease. But even useful saprophytic germs become dangerous when they do enter the blood through breaks, sloughs or ulcers formed by pathogenic germs. Such secondary saprophytic immigration as occurs in diphtheria, typhoid fever, and smallpox has until recently occasioned much confusion in the recognition of the true pathogenic germs. Invasions of this kind, independently of these diseases, are probably responsible for many non-infectious septicemias of surgery and obstetrics, as well as for many vague "rheumatisms," "malarias," "colds," "teethings," and "gastric fevers" of internal medicine.

Pathogenic micro-organisms enter the blood through solutions of continuity in the surface of the skin and mucous membrane, including the lungs. The germs of tuberculosis, pneumonia and all the acute exanthemata probably enter the blood by way of the lungs, which permit the passage of larger and grosser matters in the dust of coal, iron, etc. Each micro-organism has its own history in its preference of site,

## MODE OF INVASION, DISSEMINATION,

and effect upon the tissues of the body. A notice of one or two of the best studied will serve in illustration.

The micrococci of erysipelas are deposited

upon the epidermis at some break of the surface, which break may have entirely healed by the time the disease is recognized, to distribute themselves chiefly in the lymph-vessels of the skin and subcutaneous fat. Hence the superficial character of the disease. They multiply, according to Fehleisen, in a direction opposite to that of the lymph currents. They are never found in the blood or in distant organs.

The bacteria of decomposition take quite a different course. One set, the staphylococci multiply in the connective tissue without entering the lymph-vessels; another set, the streptococci enter the lymph-vessels and follow their course to constitute the lymph—angiectatic processes. Suppurative phlegmonous tracts indicate their presence.

The micrococci of gonorrhea are endowed with the property, according to Bumm, of penetrating to and multiplying in the protoplasm of the urethral cells to effect their dissolution. Hence they are distributed by the lymph-vessels or are carried directly, to be found in the bladder, kidneys, Bartholine glands, peri-urethral abscesses, rectum, neck and body of the uterus, sacs of the conjunctivæ, and joints of the knee.

The bacillus tuberculosis, which is at the present time perhaps the most universally distributed of all pathogenic germs, finds less ready victims than that of cholera and milzbrand, because of its immobility, its slower growth and less poisonous products. On account of these factors the extension of the disease in the body remains, as a rule, circumscribed. Wandering cells sometimes carry it, but its transfer to distant organs, bones, joints, testes, meninges of the brain, etc., is chiefly effected by a quite accidental irruption into blood- and lymph-vessels. Thus, Weigert has demonstrated at local depots the erosion of and penetration into the walls of veins; Koch, a direct irruption into small arteries, and Ponfick, the perforation of the thoracic duct with the sudden inundation of the whole body to constitute the clinical picture of miliary tuberculosis. Thus, also, is easily explained the sudden aggravation of tuberculosis in latent, quiescent, and convalescent cases of the disease.



Eberth and Gaffky likewise describe the penetration by typhoid bacilli of the intestinal mucous membrane with subsequent infiltration of the submucous tissue, muscular coat, mesenteric glands, and escape thence into the blood to accumulate in the spleen. Hein claims to have discovered them in the spleen during life, but Fränkel and Simmonds (*Die aetiologische Bedeutung des Typhus Bacillus*, Hamburg and Leipsic, 1866) with good reason discredit this claim, though they were able to make pure flat cultures from the spleen *post mortem* in twenty-five of twenty-nine cases. The bacilli of typhoid fever increase in the spleen so rapidly soon after death as to render their detection easy.

#### THE EFFECT UPON THE TISSUES

of the body presents the same differences as the effect upon culture soils outside of the body, and here again each micro-organism shows its own peculiarities. The superficial catarrhal and diphtheritic processes, parenchymatous infiltrations, coagulation necroses, neoplasms, etc., coarsely correspond to the alterations observed in the artificial culture soils.

Erysipelas, again, a surface disease, open to inspection, offers in the studies of Fehleisen perhaps the most accurately recorded observations in this regard. Fehleisen found that he could distinguish four layers or zones of inflammation. The first, the peripheric, extended about one centimeter beyond the redened and elevated border wall. It showed no visible lesion, either in color or thickness, though its lymph-vessels were stuffed with micrococci. The wall mentioned is itself the second zone, the zone of inflammatory reaction. It consists of the rapidly multiplying micrococci with wandering cells, which have partly taken up, included or ingested the bacteria, to finally displace and substitute them altogether. A small-celled infiltration with a total absence of bacteria marks the third zone, while the fourth shows only pallor or anemia of the skin in process of restitution *ad integrum*. The accompanying fever and gastric catarrh—out of all proportion at times to the extent of the disease—are the results of chemical changes induced by the micrococci.

The fact that the same local phenomena are present in erysipelas migrans, without constitutional signs, would indicate that this disease is due to a different though allied germ. Rosenbach found this disease often in individuals whose avocation deals with animal matter. Slight wounds of the hands in butchers, tanners, cooks, are frequently points of origin for a brownish-red infiltration which takes the precise course of erysipelas. From this infiltration he was able to cultivate a special micrococcus, inoculable by puncture, to produce the same condition.

True erysipelas is entirely unattended with suppuration or other destructive change than fatty degeneration of the epithelial cells and restitution by new formation. Suppurative or phlegmonous processes indicate a mixed infection with the staphylococcus or streptococcus which produce this condition. The supervention of a still graver complication, gangrenous emphysema, is due to another micro-organism, this time a bacillus of entirely different nature, whose effect is to produce hemorrhagic infiltration of the deeper muscular structure with the development of the gases of decomposition.

A good illustration of the

#### ACTION OF MICRO ORGANISMS ON AN INTERNAL SURFACE

soil is offered by Löffler in the growth of the dumb-bell bacillus of diphtheria, which produces deep and extensive layers of false membrane in the fauces, pharynx, and trachea. The glutinous and pultaceous mass thus formed is a quicksand to catch and entangle the myriads of micro-organisms, ingested and inhaled, in such inextricable confusion as to have made it for a long time impossible to pick out the specific cause of the disease. Beneath this superficial layer Klebs and Löffler at last succeeded in finding a special layer containing numerous cells, among which, aggregated in small colonies, were special bacilli which admitted intense coloration with methylene blue. The layer beneath this, again, directly superimposed upon the dilated vessels, is a fibrinous mass composing the bulk of the false membrane. It contains but few cells and no bac-

teria, and represents the product of reaction of the mucous membrane to the virus of the bacteria. This deepest layer is produced by the coagulation of fibrogenous exudation which escapes from the blood-vessels and opposes a barrier to the further advance of the bacilli. Breaks in this barrier permit the absorption of the virus emanating from the bacteria, or their products, to produce the constitutional symptoms of the disease.

The bacilli of tubercle, leprosy, syphilis, and glanders affect the soil of their selection in the body quite differently, in that they produce granulation tumors,

#### NEOPLASMS,

characterized by a tendency to rapid dissolution by fatty or calcareous degeneration. The cellular element of these tumors resembles that of the lymph glands. Taking tubercle as a sample, they are round cells of various sizes, the medium size resembling a white blood corpuscle, with small, round, shining nuclei, provided with nucleoli. The large cells contain two, even up to twelve nuclei. Accumulation of these cells constitute the nodule which the old anatomists named tubercles.

A tuberculous mass, on schematic section, shows an outside ring of round cells provided with a single nucleus about a narrow ring of epithelioid cells, which finally incloses one or more giant cells. The bacilli of tuberculosis are found in all parts of the tuberculous mass free—that is, between the cells, as well as in the interior of the cells.

But the most characteristic as well as curious phenomena is presented in the behavior of the

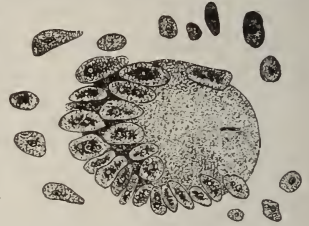
#### BACILLUS IN GIANT CELLS,

a question which brings the subject to its most intimate ultimate relations.

The giant cell, as is well known, is distinguished by the number of its nuclei as well as by its size. When, now, but a single bacillus penetrates to the interior of a giant cell, whose nuclei are disposed about the circumference of the cell, it is commonly found in the free space at or near the middle of the cell. But it is more common to find all the nuclei grouped together at one end, with the bacillus at the

opposite, often at the extreme opposite, end of the cell. The poles of the cell are thus occupied, one by the nuclei, the other by the bacillus. Thus they stand facing each other like foes, and it is impossible to resist the conclusion that there exists between them an antagonism which keeps them as far as possible apart.

When two bacilli are present it is not unusual to find one at each end or pole of the cell, while the nuclei are all grouped about the center or equator, or the relations being changed, the bacilli are disposed at the equator while the nuclei are



The Bacillus in the Giant Cell.

grouped at the poles. It looks, Mittenzweig says, as if each group of nuclei was holding a bacillus in check. When the number of bacilli is greater, they do not long remain in this



passive state, for they are soon to be seen at different places in the cell, close to and between the nuclei, with their long axes perpendicular to the surface of the cell.

The wall of the nucleus is thus broken down and the giant cell succumbs. Groups of bacilli are thus found arranged in stellate form, but no longer surrounded with nuclei.

Koch concludes, hence, that the penetration of an epithelioid cell by one or more bacilli is the first step or stage in the origin of a tubercle. The virus or poison emanating from the bacillus irritates the cell to lead to increase in its size and multiplication of its nuclei, in other words, directly to produce the giant cell. The irritation extends to neighboring cells, to induce hyperplasia, and to vessels, to lead to emigration of the white blood corpuscles. Meantime the struggle continues in the giant cell, to end occasionally in the destruction of the bacillus, but far more frequently in the triumph of the germ. They then break through the circle of nuclei, escape from the wall of the cell to attack new cells with similar fate. The ruptured cell suffers necrosis, the plasma current ceases, plasma and nuclei coagulate, nuclei are broken up into debris, and the whole



cell is converted into a homogeneous, inert, dead mass. The condition may be arrested at this stage, as in the spleen, or may, as is usual elsewhere, suffer a later conversion into caseous matter. Bacilli which have not escaped to other cells perish with the death of the cells, their hosts. Syphilitic neoplasms show the same phenomena, except that they are more prone to undergo fatty degeneration, resorption, and cicatrization. (Mittenzweig.) The conduct of

#### BACTERIA IN THE BLOOD

current itself, or their effect or action upon the elements of the blood, is but little known. In most cases the stay is too short for any permanent effect. But one curious observation has been made by Metschnikoff concerning the bacilli of milzbrand and the white blood corpuscles, which throws light upon the question of susceptibility and immunity of disease. With suspicion based upon the familiar fact of the absorption of food and foreign bodies into the interior of ameboid bodies, by protoplasmic protrusions and inclusions, and more especially upon the observation of a disease in small crustacea caused by the entrance or ingestion of a peculiar spore into the colorless blood corpuscles of the animal, Metschnikoff concluded to study the relations of the milzbrand bacillus to the white blood corpuscles of vertebrate animals. He soon discovered that the blood corpuscles of susceptible animals (ro-



Leucocytes as Phagocytes.

dents) only exceptionally incorporated virulent bacilli, whereas the blood corpuscles of insusceptible animals (lizards and frogs) took them up abundantly.

Being thus ingested or included, they soon perish in the interior of the cell, to finally entirely disappear. The same fate awaits milzbrand bacilli in the bodies of susceptible animals, when their virulence has been attenuated or abstracted in any way, as by artificial heat.

These observations, should they meet with wider confirmation, must throw light upon the obscure subject of

#### IMMUNITY

conferred by an attack of disease against its repetition as well as upon protective vaccination; for we lack as yet a sufficient or satisfactory explanation of the immunity thus conferred, though three plausible hypotheses have been proposed. The first is the theory of exhaustion, which assumes that the germs of the disease exhaust the elements in the blood necessary to their nutrition. Something analogous to this is seen in vegetation of higher structure, which can not be made to grow indefinitely in the same soil. The second is the antidote theory, or the theory of antagonisms, which supposes that certain products evolved from the soil in the multiplication or growth of germs react upon them fatally. The analogy here is found in the process of fermentation, whereby the *torulæ* cease to produce themselves, become quiescent and sink to the bottom of the vessel as soon as the proportion of alcohol reaches twenty per cent. There is reason to think that the fever evoked by micro-organisms is in some cases fatal to their growth and life. The third is the theory of accommodation, which maintains that the tissues in their first struggle with the micro-organisms acquire a higher degree of energy or vitality, whereby they are enabled to endure or resist future attacks. Perhaps a simile may be found for this hypothesis in the process known as acclimatization. The observations regarding the

#### INCORPORATION AND ABSORPTION

of non-virulent or less virulent germs tend to support the theory of accommodation. For it would follow from them that protective vaccination, or more properly inoculation of weak bacteria, must confer upon the blood corpuscles the power to incorporate and destroy virulent bacteria. When protection is not sufficiently secured at once by a certain grade of attenuation it might be accomplished by successive attempts with gradually increasing potencies. Thus successive inoculations of gradually increasing virulence would finally permit the introduction into the body of the most intensely virulent bacteria with impunity. It is upon this theory that Pasteur bases his claim to secure prophylaxis in hydrophobia, a disease

in which sufficient time lapses, as a rule, between the wound and the symptoms to make experiments even after the wound, in the hope of anticipating the attack of the disease.

The fact that virulent bacteria are not absorbed would indicate, in the absence of any morphological difference, the presence in these bacteria of some chemical substance which antagonizes the cell. Moreover, the character of the constitutional symptoms, sopor, stupor, coma, delirium, which supervene in cases of grave, acute infections speak in favor of this view, and against the belief that bacteria act mechanically or by the abstraction of oxygen. In fact, neither the local nor the general signs of infectious disease are ever produced or can be produced in this way. The question now arises,

#### HOW DO PATHOGENIC MICRO-ORGANISMS PRODUCE THE PHENOMENA OF DISEASE?

From the rapidity of their multiplication, it might be inferred that the symptoms and lesions of the infectious maladies were caused by the mere presence of these organisms as foreign bodies. But it has been observed that the bacilli of milzbrand alone multiply in the body in such number as to produce extensive occlusions of vessels. Further, it has been shown that no mere mechanical presence, no mere foreign bodies, aniline particles, or granules of cinnabar, ever induce the signs of fever or toxemia. The micro-organisms of disease live in the body, and must therefore be nourished at its expense, whereby they withdraw from the blood or tissues elements essential for their nutrition. Pathogenic micro-organisms require oxygen. In the processes of fermentation outside air is excluded, that the germs of fermentation may be compelled to withdraw oxygen from its soil. Pathogenic micro-organisms, multiplying in great abundance, seize upon the oxygen of the blood with such avidity as to develop in fulminant forms the symptoms simulated by prussic acid poisoning. But the other symptoms mentioned do not correspond either to deficient oxygenation or carbonic acid poisoning.

These symptoms indicate toxicemia; and, since the injections of fluids from which bacte-

ria have been separated by porcelain filters remains innocuous, it follows that the toxic agent inheres with the bacteria. Then, inasmuch as blood corpuscles show their reaction against bacteria on simple contact, it follows that the poison must lie upon or issue from their surface.

The only hitherto known poisons which may in such minute quantities induce such grave toxic signs are the poisons resulting from the action of the bacteria of decomposition upon organic matter. As these intensely virulent poisons were first observed only in dead organic matter, they were called

#### PTOMAINES

(from *πτῶμα*, the fallen, a corpse, hence more grammatically *ptomatins*). These matters, the ptomaines, though so newly known, have received so much attention in the past year as to form a subject in themselves. It may be said here that some cadavers develop no ptomaines, that ptomaines are developed, as putrefaction advances, in the course of weeks; next, that they are also found sometimes in animal products, as in cheese, urine, feces, etc., and lastly, that many ptomaines are perfectly innocent. Then it might be added that many phenomena attributed to their action have been found due to simpler causes. Thus the claim of Passet, that any one of the eight forms of bacteria which he cultivated from pus would coagulate sterilized milk were found to rest upon simple lactic-acid fermentations.

Brieger, who has made the most exact observations, operated with the Koch-Eberth bacillus of typhoid fever, which he cultivated from the spleens of fatal cases, and found to be identical with the pure cultures in the laboratory of Koch. These bacilli thrive in solutions of sterilized grape sugar, to which have been added the proper nutritious salts. This clear fluid, kept in sealed tubes at a temperature of 30° C., becomes opaque in twenty-four hours after introducing the bacilli, and emits on opening the tubes a distinct odor of ethyl-alcohol, which increases from day to day. Besides the ethyl-alcohol, there develop small quantities of volatile fatty acids, together with acetic acid in large quantity. The typhoid bacillus has also the property of inducing in solutions



of grape sugar the lactic-acid fermentation. Sterilized bouillon or minced meat used as soils soon become alkaline, but develop, even after the lapse of eight weeks, none of the products or gases of decomposition. From these, as from all albuminous cultures, Breiger was frequently but not always able to obtain a basic product which gave the chemical and physiological reactions of a ptomaine. In guinea-pigs it produced a slight ptyalism and an increased rapidity of respiration, to be followed later by a loss of power in the muscles of the extremities and trunk, without a distinct paralysis. There is diarrhea throughout; death takes place in twenty-four to forty-eight hours.

The same observer is now experimenting with the septic diseases whose abnormal temperature elevations, interruption of functions, benumbing of the intellect, perverse action of the digestive apparatus, indicate abnormal chemical changes in high degree.

Nicati and Rietsch, Villiers, Pouchet, have all made similar investigations with the bacteria of cholera. According to Pouchet, chloroform extracts of cholera dejections furnish an easily oxidizable and intensely poisonous oily substance which is certainly a ptomaine. Mere traces of it introduced into the bodies of frogs induce retardation of the pulse, with speedy death, attended by muscular rigidity.

Villiers also succeeded by the method of Stas in isolating a ptomaine from the intestines, kidneys, liver, and blood in two cases which had succumbed to cholera. It was abundant in the intestines, but very scant in the blood. It had a sharp taste and an odor like the flowers of the white thorn. It had no effect upon frogs, but caused in guinea-pigs retardation of the pulse, tremor, and death.

According to the same author, cultures of the cholera bacteria have a peculiar ethereal odor, which is not unpleasant. Solutions of this culture, not over eight days old, in bouillon or gelatine filtered free of bacteria, injected into the blood of dogs, induce diarrhea and great depression, with dyspnea, disturbances of motion and sometimes death.

These experiments are cited merely as samples to show the direction of research at the hands of the most advanced observers in the

past year. They indicate the lines of study by means of which we shall be able to combat the cause of infectious disease in a direct way. They show us that the time is at hand when, as Brieger observes, we may as practitioners of medicine no longer be compelled to rely upon a raw empiricism, when we may find a specific therapy, if not remedy, for a specific cause, since we have already learned that the accumulation of certain products of bacteria kill them. They show us that inflammation is not the cause but the effect of disease which is caused by infection. They show us the direct road to cure through comprehension of the nature of infection.

## Societies.

### AMERICAN MEDICAL ASSOCIATION.

The Thirty-seventh Annual Session, held in St. Louis, Tuesday, Wednesday, Thursday, and Friday, May 4, 5, 6, and 7, 1886.

#### GENERAL SESSION—TUESDAY, MAY 4TH.

At 11:15 A. M. the meeting was called to order in Music Hall, Exposition Building, by Dr. Le Grand Atwood, Chairman of the Committee of Arrangements, who introduced the President, Dr. Wm. Brodie, of Detroit. Prayer by Rev. Montgomery Schuyler, D. D.

The address of welcome was delivered by the Hon. D. R. Francis, Mayor of St. Louis. He stated that it was appropriate for the Association to hold its session in the healthiest city in the United States. He extended the most cordial welcome to all in behalf of the municipal government, stating that the physicians of St. Louis had made ample preparations. He regarded the art of healing as co-ordinate to the ills and accidents incident to mankind. He reviewed the growth of medicine from its practice by the priests to the present day, regarding its history as that of religion, science, and progress. He eulogized the practice of medicine, and alluded to the great advances made since the time of Esculapius and Hippocrates to the present. He concluded by extending to all the freedom of the city.

Dr. Atwood, of St. Louis, made an address in behalf of the local profession.

The Committee on Arrangements reported through its chairman.

#### *President's Address.*

The annual address of the President, Dr. William Brodie, of Detroit, Mich., was next read. He congratulated the members in meeting again and renewing old friendships, as well as making new ones. While most of the members have been spared, it was with sadness that he announced the decease of three ex-Presidents of the Associa-

tion during the year, Dr. W. K. Bolling, of Tennessee; John L. Atlee, of Pennsylvania, and Austin Flint, of New York. He reviewed the career of these gentlemen, and paid a fitting tribute to their memories. The past generation of our medical men is fast fading away, and may we hope that those who follow will fittingly represent their predecessors. The speaker proposed to confine his remarks to the progress of the Association. He reviewed its progress from the first meeting held in 1846, when 120 medical men met. Their object was to elevate the tone of the profession and the standard of medical colleges. It was deemed also best, at that time, that the teaching and licensing should be separated, and many other things equally valuable. But four of the originators are living to-day: Drs. N. S. Davis, A. Stille, Alonzo Clark, and Bush, the first two having been presidents. At the next meeting, in Philadelphia, in 1847, the committee reported the Code of Ethics and By-laws, which have scarcely been changed since, the code having stood the test of forty years, and constituting the rule of action for more than nine tenths of the physicians of the United States. What is remarkable is, that, of all the societies of this country, but one has repudiated the code, and it is the one that first invited the formation of the American Association—the New York State Association.

In no one subject is the people more interested than the medical profession. It is charged that this body has failed to carry out the purpose of its founders, and has, instead of being a scientific society, degenerated into a meeting of demagogues. Were its transactions reviewed, no justification of such a charge would be found. This charge is due chiefly to the New York Medical Journal and American Practitioner, and it would be well for these journals to change their editorial management, if they wish to retain the patronage of the members. Here the reader mentioned a number of papers by members which were of the highest value, and have served to make their authors eminent.

Before the time of this Association specialties were unknown; accretion of population had made them necessary. The ophthalmologists were the first to form a national association, then the others followed. These are all necessarily restricted, but the American Association knows no limits.

No pent up Utica contracts our powers,  
The boundless universe of medicine is ours.

He recommended new sections on Medical Jurisprudence, and Dermatology and Syphilis; that the secretaries of sections be made permanent. The Journal thus far has been a success. The plan of receiving members by application has also proven satisfactory. He called attention to section 4, article iv, by-laws, making all papers, addresses, etc., the exclusive property of the Association; reporters of journals, however, not to be excluded from the meetings of the general sessions and of the sections.

Called attention to the by-law referring to testimonials for patent and secret medicines, and as proprietary medicines had left open a door, this ought to be corrected, as practically patent, secret and proprietary medicines were the same.

He announced with pleasure that the arrangements for the Ninth International Congress in Washington, D. C., were progressing well.

Matters of importance may come and the very existence of the Association may be hazarded, and the speaker asked the members to do all they could to secure its stability. In conclusion, he asked all to co-operate with him to make the meeting a success.

The amendments to the constitution, laid over at the last meeting, were next considered.

#### *Amendments to By-laws.*

Dr. N. S. Davis read an amendment to change the present order of nominating chairmen and secretaries so that each section shall nominate its own officers on the second day of each annual meeting, their duties to commence at the close of the meeting. The amendment was adopted on a rising vote.

The delegates were instructed to elect their representatives on the Nominating Committee.

WORK IN THE SECTIONS, 3:00 P. M.

#### *Section on Obstetrics and Diseases of Women.*

Dr. Gordon, Chairman of the Section, said that he trusted in the ready co-operation of the Association, and defined the governing rules.

Dr. William H. Wathen, of Louisville, read a paper on Treatment of the Membranes in Abortion and Labor. He called attention to the division of opinion on the best mode, the expectant and the non-expectant.

Statistics speak in favor of early removal. He called attention to the danger of septicemia and hemorrhage by allowing secundines to be retained. In abortion, before the second month, the case should be left to nature. After that period the membranes must be removed unless the woman is in a state of collapse. Is radical in his treatment, and does not wait.

Drs. Fuller, of Maine, King, Reid, of Ohio, Potter, and Hunter, took part in the discussion which followed.

Dr. W. W. Potter, of Buffalo, N. Y., read a paper entitled, Some Observations on the Uterine Sound, with especial Reference to its Use in Gynecological Therapeutics. The writer called attention to the ancient armamentarium of the gynecologist. The sound is still retained, as an instrument of great value, and is of use in clearing up doubtful points in diagnosis. His experience has been that it should be very carefully used, and only in well-defined conditions. He asserted that he had seen inflammation of all the pelvic organs follow the use of the sound. The well-educated hand and finger tips are absolutely essential in diagnosis.

#### *Section of Ophthalmology, Otology, and Laryngology.*

Dr. Jackson, of Philadelphia, read a paper on Retinoscopy (shadow-test) for the Detection of Ametropia. He recommends for this method a flat mirror of a diameter of one inch and a half. He thinks it especially adapted for the detection of astigmatism; it is very useful in the examination of unruly patients and in nystagmus.

The second paper was read by Dr. Dibble, of St. Louis, introducing his perimeter, for which he



did not claim originality, offering it as an improvement on Foerster's, which it closely resembles, being, however, lighter and cheaper, and having a registering plate.

Dr. Wm. Porter read a paper on "Practical Points in the Treatment of Diphtheria." It elicited a full and free discussion.

#### *Section on Diseases of Children.*

1. Diphtheria. By J. M. Dunham, Columbus, Ohio.

2. Treatment of Diphtheria. By De Laskie Miller, Chicago, Ill.

3. The Non-identity of Membranous Croup and Diphtheria. By J. M. Towles, Columbia, Tenn.

4. Why Diseases of Children should be made a Study by Themselves. By Mary H. Thomson, Chicago, Ill.

At least fifty gentlemen interested in the department of diseases of children were present at the first session.

The paper of De Laskie Miller, of Chicago, on Diphtheria, was followed by a long discussion. The chairman, Dr. Haggard, took a position in favor of the individuality of diphtheria and croup. His treatment of diphtheria was essentially tonic and stimulant, and nutritive. In the administration of medicaments care should be taken not to overburden the kidneys. Believed the disease was originally constitutional, and the local expression followed the constitutional involvement. Believed tracheotomy was not usually resorted to early enough. Hoped very much from intubation. 'Dr. Franklin, of Chilicothe, O., Dr. Briggs, of St. Louis, and Dr. Pierson, of Louisiana, related cases and indorsed the paper of Dr. Miller.

Dr. Pierson spoke strongly in favor of chloride of sodium in solution locally applied.

Dr. I. N. Love, of St. Louis, desired to put himself on record as in favor of the specific germ being the cause of the disease, his treatment being antiseptic or germicidal, he gives broken doses of calomel, and infinitesimal doses of bichloride of mercury, .01 grain every two hours. No quinine, little iron, and positively no chlorate of potash. As a local application he preferred Listerine, well diluted.

#### *Section on Practice of Medicine, Materia Medica, and Physiology.*

Etiology of Disease was the subject of a paper by Dr. A. C. Haven, Lake Forest, Ills.

After a discussion of the various theories of life, the speaker said: Whether the theories be accepted or not, we must recognize that all vital phenomena are governed by law. All law tends to perfection. The origin of all disease can be traced to external sources.

Many unsatisfactory causes are given for disease, "exposure to cold," "malaria." And what is malaria? What is the carcinomatous diathesis? Theories, with a little smattering of science from which to weave the fabric of the etiology of disease! All true science is based upon the system of induction, observing nature, collecting facts, and deducting laws. What laws have been deduced? Where has there been more speculation and idle dreaming than in medicine?

There is a large number of diseases of whose

etiology the profession are as ignorant as a savage in the heart of Africa. There is no satisfactory classification of disease, Richardson having probably the best.

Dr. Draper has observed that inhalation of ozone caused catarrhal symptoms. Does this chemical agent sustain a causal relation to disease? Shall the ozone which has been heretofore considered healthful, be held to be harmful?

Rheumatism and neuralgia frequently result from increased atmospheric pressure.

The cause of zymotic disease has given rise to more discussion than all else perhaps, and the theorist, having tired of all other theories, now turns to the germ theory which is looming into prominence despite the obstacles thrown in its way.

The author then reviewed the great work of Pasteur and others in the field of bacteriology.

Dr. L. Bremer, of St. Louis, read on the subject of Essential Vertigo. Essential vertigo (Nothnagel), described by others as idiopathic or simple vertigo, that is, that form which occurs in the absence of a causal lesion, is generally met with in the neurasthenic. Prominent symptoms are the various kinds of phobias (agoraphobia, etc.) Essential vertigo is pre-eminently one of a mental hallucinatory kind, psychical symptoms constitute a prominent feature. Complications of sight, hearing, or digestion frequently accompany the disease, which must not, however, be confounded with aural, ocular, or stomachal vertigo. Neither pathology nor physiology have done much toward demonstrating the seat of the trouble; we can not, as yet, speak of an equilibrium center. Essential vertigo is generally brought on by a vaso-constriction in those arteries that supply the mid-brain, the recognized seat of the center of equilibrium. But the vaso-constriction is chronic, and with this a more or less permanent irritability and instability of the equilibrium ganglionic cells is brought about. In advanced and confirmed cases the highest sensory impressions suffice to bring on the vertigo without the vascular disturbance. The remote cause of essential vertigo is a neurotic disposition. The proximate causes are exhausting diseases, excesses of all kinds, the rays of the sun, overheated and badly ventilated rooms, indigestion, mental maladies, and, in a great many sections of the country, malaria. Even after malaria is cured, the vertigo caused by it may persist. The heat of the summer months is prejudicial to the victims of this disease. Therapeutic measures must be reconstructive in character. The food and clothing (wool) must be the chief objects in treatment. There is scarcely a case of vertigo without indigestion, usually nervous dyspepsia. Yet we can't call such a case one *a stomacho leso*, although the stomach, above all, has to be treated. Cold water is a useful and powerful remedy. Warm bathing and hot water are injurious. The bromides and quinine give temporary relief. Iron generally aggravates the trouble, although, judging *a priori*, it is indicated. Arsenic is often useful. Amyl nitrite and ergot seem to have no influence either on anemic or hyperemic vertigo. Electro-therapeutic measures have in my hands failed completely. The prognosis is good as to life but bad as to complete restoration. An ominous

symptom is loss of memory and confusion of thought. However complete the success of treatment in a case may seem, there always remains a tendency to relapse.

A paper on Physiological Principles in Aid of the Circulation of the Blood was read by F. N. Huston, of Rockland, Me.

Antipyretic Doses of Quinine in Typhoid Pneumonia was the subject of a paper by O. T. Schultz, of Mt. Vernon, Ind.

#### *Section on Surgery and Anatomy.*

Dr. J. H. Ransohoff, of Cincinnati, reported a case of aortic aneurism treated by the insertion of wire. He stated that the victim of aneurism need not, as a rule, longer consider himself an object of scientific interest solely, but can, at least with a fair prospect of a successful issue, rely upon one or the other methods recognized as *radical* in the treatment of this disease.

Dr. R.'s patient was an inmate of "Good Samaritan" Hospital, Cincinnati. A man, moderate drinker, always enjoyed good health, free from syphilis, while rowing a boat, evidently contracted aneurism of the aorta. Examination revealed a sacculated aneurism of the ascending aorta, with perforation of the chest walls, unattended by athroma or cardiac hypertrophy.

The treatment employed was restriction of diet, i. e. of potash and hypodermic injections of morphia with apparent benefit. This was dissipated two weeks afterward by a severe spell of vomiting, during which there was an aggravation of symptoms. Ergotine was given subcutaneously without benefit. Considering the introduction of a foreign body the only method which gave promise of success, a straight hollow needle, with the thumb screw attachment, was pushed into the aneurism from the right side. No technical difficulty was experienced; pain slight, during the introduction of the first four feet of wire; then serious symptoms appeared, after which reaction came on and the remainder of the wire (ninety-six inches in all) was introduced. No hemorrhage attended or followed the operation. Ice-bags were applied to and over the sac, and opiates given. The patient appeared to improve from day to day for two weeks, when, on July 5th, symptoms were aggravated. In the further hope of cure ninety-eight inches more of wire was introduced, but on July 13th the patient was found dead in bed. The autopsy showed, in the outer and upper third of the sac, a firm, laminated clot, of considerable thickness. Throughout the sac of the aneurism, imbedded in firm and recent clots, numerous coils of silver wire were found.

Here followed comments on the case:

1. Was the operation justifiable?
2. To what extent did it imperil patient's life?
3. Did it offer any prospects of radical cure?
4. Do the cases hitherto reported, in which this plan has been applied, warrant its repetition?

The author answers:

1. Yes.
2. It did to a limited extent.
3. He thinks it did.

4. Justified by the literature of the subject.

The author closed with a history of various cases of this character and kind.

Dr. William M. Mastin, of Mobile, Alabama, presented a paper upon Venous Blood-tumors of the Cranium.

A paper was read by Dr. Moses Gunn, of Chicago, on "The Value of an Attempt at Enucleation in a Neuroma which Seems to Demand Resection of the Nerve." The details were given of a case of a very large neuroma affecting the ulnar nerve; resection of the nerve was to be performed. Upon cutting down to the tumor, however, an exploratory incision was made. It was found that it was enveloped by a distinct capsule, nearly half an inch in thickness, which was split and the tumor turned out. Dr. Gunn explained his effort at nerve-grafting in this case, which he resorted to in the second operation on it, in which he resected, and said that at that time he thought he was the originator of the procedure, but has since discovered that an eminent French surgeon had, a few years before, resorted to the same means to re-innervate the parts necessarily paralyzed by the operation. He had taken the distal end of the divided nerve, the ulnar, and grafted it into the median whose sheath he had divided, thus establishing a different route for the transmission of nervous influence. In speaking of the approximation and union of particular sensory and motor nerve fibers after resection of a portion of the trunk, he said it was a result which could not possibly be brought about, and that it was the machinery at either end of the fiber which determined the kind of influence conveyed by it, and not the fiber itself. Said there was some restoration of the functions of the parts supplied by the ulnar nerve, both motor and sensory influences exhibiting themselves in them.

A paper, entitled Fibrous or Spindle-celled Sarcomatous Tumors, was read by Dr. B. A. Watson, of Jersey City, New Jersey, with the report of a case and presentation of a specimen.

The next paper was by Dr. E. Andrews, of Chicago, and entitled Incision and Drainage of Lumbar Abscess. It was discussed by Drs. Hamilton, Geiger, Miller, Ross, Byrd, and others.

#### *Section of Oral and Dental Surgery.*

The first paper was read by Dr. E. S. Talbot, of Chicago, "Pyorrhea Alveolaris." The writer took the ground that it was a local disease and would yield to local treatment, stating that ninety-five per cent of patients were more or less afflicted. He stated that the local causes were tartar, artificial partial dentures, tobacco, drugs, fillings under the gum, etc.

Dr. Atkinson, New York, stated that the disease, pyorrhea alveolaris, was a local manifestation of a systemic disturbance, and must be treated locally and with systemic tonics.

A paper, entitled Necrosis, was read by W. H. Atkinson. Dr. Atkinson gave a minute description of sponge-grafting, stating that he sterilized his sponge in a solution of bichlor. mer. 1 gr. to aqua 13, heated from 130° to 164° F., and kept it in the solution in a sealed vessel.



## GENERAL SESSION.—WEDNESDAY, MAY 5TH.

The Association was called to order at 10 o'clock A. M., by the President.

The Committee on Nominations was announced by the Secretary, as follows:

Alabama—  
 Arkansas—O. E. Hooper.  
 California—  
 Colorado—J. W. Graham.  
 Connecticut—W. C. Wile.  
 District of Columbia—T. W. Buckley.  
 Delaware—  
 Florida—T. O. Summer.  
 Georgia—J. W. Bailey.  
 Illinois—J. E. Owens.  
 Indiana—Wm. Watson.  
 Kansas—C. V. Mottrum.  
 Kentucky—W. H. Wathen.  
 Louisiana—Jos. Jones.  
 Maine—C. E. Webster.  
 Massachusetts—Cushing.  
 Maryland—G. H. Rohe.  
 Michigan—H. O. Walker.  
 Mississippi—F. H. Rowland.  
 Missouri—G. F. Dudley.  
 Minnesota—H. H. Kimball.  
 Nebraska—Wm. Knapp.  
 New Mexico—W. R. Tipton.  
 New Jersey—E. L. B. Godfrey.  
 New York—E. S. F. Arnold.  
 North Carolina—C. J. O'Hagan.  
 Ohio—H. J. Sharpe.  
 Pennsylvania—J. C. Lange.  
 Rhode Island—H. R. Storer.  
 South Carolina—R. A. Kinloch.  
 Tennessee—Duncan Eve.  
 Texas—J. F. Y. Paine.  
 Vermont—A. T. Woodward.  
 Virginia—G. B. McCorkle.  
 West Virginia—G. W. Baird.  
 Washington Territory—W. T. Gallaway.  
 Wisconsin—W. T. Gallaway.  
 United States Army—  
 United States Navy—W. T. Howard.  
 Marine Hospital Service—W. Wyman.

Address of Nicholas Senn, Milwaukee, Wis., chairman, on Present Status of Abdominal Surgery. The speaker reviewed the most important papers written during the year on penetrating wounds of the abdomen, gunshot wounds of the intestines, and penetrating gunshot wounds, it being necessary here almost always to open the abdomen and examine the intestines, and attend to them properly. The medico-legal bearing of the case may involve difficulties, but this should not deter the surgeon from performing his duty. Procrastination and transportation in such cases are most dangerous, as they promote hemorrhage and final extravasation. Abdominal section has for its objects: Positive diagnosis, arrest of hemorrhage, repairing the breach in the solution of continuity, and the prevention of extravasation. The details of the various steps were considered by the speaker.

Laparo-colotomy was next considered, and the subject of subcutaneous traumatic rupture of intestine, which is more common than generally supposed. The various opinions respecting the treat-

ment to be adopted were given, various operations having been suggested. The greatest difficulty is the making of a diagnosis. The reader thought that abdominal section and resection of the bowel is the best treatment. The treatment of abdominal obstruction by laparotomy is still in its infancy. The results of operations for internal strangulation will improve as the operative interference is performed early.

Until recently operative treatment of intussusception has been regarded as almost criminal. Where no adhesions exist, reposition will often reduce the invaginated bowel. If these measures fail us, no time should be lost to open the abdominal cavity and reduce directly; and, if this is not successful, resection of the bowel or a preternatural anus must be resorted to.

Entero-lithiasis and entero-stenosis were noticed. In the latter the obstruction is not difficult to find, but it is difficult to locate the site. Enterectomy is an operation whose results depend upon the condition of the tissues cut. There is also a certain limit in the amount which can be removed. Rupture of the diaphragm; the treatment of peritonitis by incision and drainage; tubercular peritonitis; peritonitis with effusion; gastrotomy for malignant and non-malignant disease of the esophagus and for cicatricial stenosis; pylorotomy; gastro-enterectomy for malignant and non-malignant disease; jejunostomy, etc., were considered. The speaker said that, however interesting these operations might be, they ought to be limited to the lower animals. The conclusion of the address included the evidence of the good work done in abdominal surgery, but its greatest achievements belonged to the future. Diagnosis will improve as well as the operative procedures and methods of treatment. Abdominal surgery is of American origin, and it is an important and sacred trust which has been left to us to develop.

Dr. S. C. Gordon, of Maine, chairman of Section of Obstetrics and Diseases of Women, delivered the address. The speaker alluded to the fact that a great many pet theories have been exploded. One of these is that an accoucheur who has been exposed to septic influences should not attend a woman. Absolute cleanliness, however, is necessary to protection. The speaker did not attempt to review the progress made during the past year. He had recently applied Hegar's test to determine pregnancy. For obstinate vomiting there is no better method than dilating the cervix and raising the uterus. For induction of labor prematurely he preferred a bougie, and regarded the eighth month as best, where deformity of pelvis exists. He regarded the *post-partum* treatment of women as important to the highest degree. Especially is this applicable in the matter of food.

He was in favor of diminishing the suffering and shortening the time of labor, as American women seem not to be able to bear as easily as the British. The treatment of the placenta as given by Pajot recently is the best. Prompt and gentle traction on cord, and finger passed up along cord to determine the amount of traction, is the method. In abortion do not forcibly remove the secundines.

The removal of the uterine appendages, Battey's,

Tait's, and Hegar's operations, were next considered. Much difference has existed as to the propriety of performing these operations, and the indications calling for them. The speaker considered hysteria and its relations to diseases of the uterine appendages. He said that the week pending and following the flow, including the period, is the time when we are to expect to see the nervous phenomena most developed. The etiology of the disease was next considered. Until within a comparatively late period hysteria in the male had never been mentioned. The causes of hysteria in the female are numerous, and the speaker proposed only to give a few cases having varied causes. In the first case mentioned the illness had existed eleven years. The patient became so wild that it was proposed to send her to an insane asylum. All the symptoms were aggravated at each approach of menstruation. Sharp retroflexion existed, and prolapse of the right ovary. June 20, 1883, ovaries removed; cystic degeneration existed. Recovery resulted.

In the second case reported, the disease had existed from the beginning of menstruation, and was severe. The tubes and ovaries were removed. Recovery.

In case third, a girl of seventeen had violent pains for two years, flooding, etc. She was operated upon and entirely relieved. Scarcely any normal tissues existed in the removed appendages.

Several other cases were detailed. Has operated twenty-five times, with only one death. Four or five were for uterine fibroids, many for excessive hemorrhage, with complete relief. In only one instance did he fail to remove the entire substance of the ovary, and this is the only one which has continued to menstruate. In all cases the appendages were diseased. With two exceptions, he had no reasonable doubt that they will completely recover in time. He did not claim that in all cases of hysteria there is disease of the uterine appendages, but in the cases related there was no doubt that these conditions had the relationship of cause and effect.

In regard to unsexing the women, all those operated on either never had been pregnant, or had borne no children since the inception of the trouble. He concluded that:

So-called hysterical symptoms occur almost exclusively in women.

Due to disease of some organ or organs peculiar to women.

All modes of treatment, other than operation, have failed to cure or even ameliorate.

Majority operated on have been cured by the operation, or vastly improved.

Very few diagnosed by the touch alone.

Where other means fail the operation ought to be recommended, as it does not diminish sexual desire; and as most of those requiring it are sterile, sterility does not militate against this operative procedure.

That the mortality from the operation is so small as to amount to almost nothing.

Dr. A. L. Gihon, U. S. N., Chairman of the Committee on Monument to Dr. B. Rush, reported that the committee would forthwith proceed to collect money for the purpose of erecting a monument to Dr. Rush, in Washington City. The

amount is limited to one dollar from each physician.

#### WORK IN THE SECTIONS.

##### *Section of Surgery and Anatomy.*

A paper was read, by Dr. Maclean, on Amputation at the Hip-joint for Diseases at that Point. The speaker believes that in cases of morbus coxarius, in which the femur is extensively involved, amputation at the hip-joint is often preferable to excision, and leaves the patient in better subsequent condition.

Dr. J. McF. Gaston, of Georgia, read a paper on the Surgical Relations of the Ileo-Cecal Region.

The committee appointed to report on the paper presented for the prize, stated that it was not considered worthy; the subject was Ununited Fractures and Their Treatment.

Dr. Henry H. Mudd, of St. Louis, was elected chairman, and Dr. John B. Roberts, of Philadelphia, as the secretary of the section.

Dr. Henry H. Smith, of Philadelphia, read a paper on the Proper Treatment of Penetrating Wounds of the Abdomen, which was followed by the formal discussion, conducted by Drs. B. A. Watson, of Jersey City, and E. H. Gregory, of St. Louis, and Yandell, of Louisville. Dr. Watson, who was supported in his remarks by Dr. John B. Hamilton, Dr. Henry O. Marey, and Dr. Yandell, favored the exploratory incision in penetrating wounds of the abdomen, citing as justification of the procedure the small amount of risk incurred, and the benefit of discovering absolutely the trouble. Dr. Gregory was opposed to the indiscriminate opening of the abdomen now so generally resorted to, and said he thought it was only because it was easy of execution and brilliant in its report that it was so frequently performed. He said that the symptoms presented themselves as the pivot-point upon which turned the question of opening or not the abdominal cavity.

##### *Section of Diseases of Children.*

A paper by Dr. Mary H. Thompson, of Chicago, with the title, Why Diseases of Children Should be made a Study by Themselves, was read, and elicited earnest discussion.

The attendance was not large. The election of officers occurred at 5:30 o'clock. Dr. Mary H. Thompson, of Chicago, was elected chairman.

The old secretary, Dr. W. B. Lawrence, of Batesville, Ark., was re-elected.

##### *Section of Ophthalmology, Otology, and Laryngology.*

The first paper was read by Dr. Bishop, of Chicago, on the good effects which perforation of the membrana tympani had had in a large number of cases at his hands. Even in cases of labyrinthine trouble he had succeeded in improving the patients by the use of electricity and mechanical perforation of the drumhead. The cut he made lay in the lower anterior quadrant, or, beginning at the upper anterior quadrant, the incision went through the lower anterior into the lower posterior quadrant of this membrane.

Dr. Fletcher Ingals, of Chicago, then reported a very interesting case, the removal of a large



pharyngo-laryngeal fibroma. He particularly dwelt upon the value of the wire snare in similar operations.

Dr. Chisolm, of Baltimore, stated that since he had used catgut for the similar purpose of removing polyps from the ear, he did not think wire as useful.

By invitation of the section Dr. Chisolm made some remarks on iridectomy.

Dr. Thompson, of Kansas City, reported a case of exophthalmus with no appreciable cause, although the orbit was, under ether, examined with probe and syringe.

Dr. Alt exhibited Dr. H. Culbertson's prisoptometer for the detection of ametropia of all kinds. He stated that the few trials he had been able to give the instrument had convinced him of its usefulness, especially with children, and he thought he could recommend it.

The doctor then read a paper on Some Points in the Management of Trachoma.

The last paper was read by the president of the section, Dr. Eugene Smith, of Detroit. It referred to the successful transplantation of rabbit's conjunctiva into the conjunctival sac of a patient for the cure of symblepharon.

#### *Section of Practice of Medicine, Materia Medica, and Physiology.*

S. S. Laws, Columbia, Mo., read a paper on "The Life and Labors of Louis Pasteur." No discussion.

The paper on Potassium Chloride, by A. J. Pattee, of Boston, Mass., developed some interesting therapeutic suggestions. No mention of the use of this salt is made in the United States Dispensatory. Formerly it was generally considered that the corresponding salts of potassium and sodium had the same physiological action upon the animal body; and that it was a matter of indifference which salt was used. Important and well defined distinctions do exist in the two salts. Arterial blood, mixed with a dilute solution of potassium chloride, becomes brighter than when mixed with a solution of the sodium salt.

Potassium chloride in twenty-grain doses three times a day, after meals, causes an increase of elements in muscular tissue, and enlarges the number of red blood corpuscles. It is useful in anemia, restoring the blood to a normal state in some cases after other remedies have failed. In cirrhosis (commencing stage) due to alcoholic excess, and in glandular enlargement, the author had found it useful. Exudations of lymph after inflammation (*e. g.* cellulitis) have rapidly resolved under its action. In stomatitis of pregnant women, or from mercury, it is equal in effect to the chlorate. In ovarian neuralgia and menstrual headache, accompanied with wakefulness, it has given better results than the bromide, or ammonium chloride. Combined with mercuric chloride, it is one of the best of anti-syphilitics. It makes also a valuable combination with muriated tincture of iron.

An able paper on the Clinical Aspects of Renal Cancer, by John A. Oosterlony, of Louisville, Ky., was received with warm applause. The disease is very rare. Roberts had met with but four cases

in his ample experience. The great difficulty of diagnosis in this class of cases was duly set forth. The clinical history shows little similarity in any given two cases. Hematuria is perhaps present in a greater number of cases than any other given symptom.

*Etiology.* Renal cancer may be congenital; has occurred in children of twelve or thirteen months of age. Calculus, by irritation, may be an exciting cause. External violence appeared to be the cause in one of the speaker's own cases. Heredity as a cause is barely possible. One case had been seen in which this seemed likely.

*Diagnosis.* The disease predominates largely in males. Renal cancer may end fatally, without giving evidence of renal disease, or without the slightest appreciable tumor. Hematuria may be so profuse as to endanger life, or so slight as to require the microscope for its detection. The tumors some times reach huge proportions. Roberts has reported a case in which the tumor weighed twenty-five pounds. In the author's experience the temperature was constantly more or less elevated, although cases occur in which it is below normal. Anemia is extreme, the patient dying from asthenia as a rule. The pressure upon the ileum sometimes produced constant nausea, but vomiting was exceedingly rare. Ascites was a very rare complication, but it did occur and was present in one of his cases.

Peritonitis was also recognized by some observers.

The diagnosis, for apparent reasons, was often impossible before death. The differential diagnosis between renal cancer and cancer of stomach, tumors of the spleen, etc., was noticed.

The *treatment*, so far as therapeutics go, is essentially palliative; but surgery had achieved some brilliant, if not permanent, victories in this rare and interesting disease.

Dr. Philip Zenner, of Cincinnati, read a paper entitled, Value of the Knee Phenomenon in the Diagnosis of Diseases of the Nervous System.

This phenomenon has been known to the profession since the simultaneous publications of Erb and Westphal in 1875. Its clinical significance is attached to the fact, pointed out by Westphal in his earliest publication, that it is present in health, and is absent in cases of locomotor ataxia, usually disappearing at the very commencement of the disease. It may also be absent in anterior poliomyelitis and neuritis, when the lumbar portions of the spinal cord or its nerves are the seat of disease. It may also be absent in many cases of diabetes mellitus, and is sometimes temporarily abolished in chronic alcoholism and after attacks of diphtheria.

Various examinations have been made to determine whether it is absent in health, and a very large number of observations have demonstrated its almost universal presence.

Westphal has shown that, in cases of insanity, the absence of this phenomenon, even when there are no other symptoms, is strong presumptive evidence of disease of the posterior columns of the cord, and it thus becomes of special value in diagnosing the form of insanity. Of the twenty-eight cases of insanity with abolished knee phenomenon, ten were cases of general paralysis, and in two

it was doubtful whether there was general paralysis or not, notwithstanding the fact that there were at that time very few cases of general paralysis in the asylum. Absence of knee phenomenon and presence of refractory rigidity of the pupils are of great assistance in diagnosing obscure cases.

The fact that the phenomenon is absent in other pathological conditions does not lessen its significance in locomotor ataxia, for the other conditions can be easily differentiated. In the author's experience it is not so often absent in diabetes mellitus as some observers believe.

The author then spoke of his method of eliciting the knee jerk. After careless examinations it is often said to be absent, when it can be readily elicited. Jondrassik has recently pointed out another method of eliciting the knee jerk. The patient is seated as usual, and while the examiner strikes upon the ligament he is requested to link the bent fingers with one another and pull as hard as he can. This augments the muscular tonus and the response increases.

The author believes the phenomenon always absent in well-developed locomotor ataxia.

#### *Section of Diseases of Children.*

Dr. Mary Thompson, previously elected chairman of the section, declined the honor, whereupon Dr. De Laskie Miller, of Chicago, was elected to fill the vacancy by acclamation.

#### *Section of Obstetrics and Diseases of Women.*

The paper of Dr. Potter was discussed. Dr. L. H. Dunning, of Indiana, indorsed the views of the author relative to the use of the uterine sound, contending that no instrument should be introduced into the uterine cavity, except in cases of extreme necessity, and that when so used it should be manipulated with the utmost care and gentleness.

Dr. Hurlbert, St. Louis, considered the use of the sound and similar instruments to be simply a matter of judgment. Dr. Reid, Ohio, thought the paper too extreme in its warnings. Dr. Miller, Ohio, stated that the dangers were overdrawn; that old inflammatory conditions are present in those cases where acute symptoms develop after the use of the sound, and that other manipulations would arouse the same trouble.

Dr. Marcy's paper on Perineal Lesions was next discussed by Drs. Gehrung, St. Louis, and Wathen, Louisville.

Dr. F. H. Marten, Chicago, read a paper on Electrolysis in Gynecology. Dr. Van de Warker, New York, reported negative results with electrolysis. In one case, fibroids and abscess developed. Dr. Newmann, New York, deprecated the reckless use of electricity. Drs. Hurlbert and Englemann spoke to the paper. Both favor electrolysis, but insist upon measured doses and short sittings.

Dr. Gustave Zinke, of Cincinnati, read a paper on Puerperal Fever and the Early Employment of Antiseptic Vaginal Injections. The author considered the question of the value of and indications for the use of antiseptic, or simply warm-water injections, in normal labor, and in illustration gave in detail the points of an erratic case. A woman, aged twenty-six, in the eighth month of

pregnancy, having previously suffered from retroversion and old pelvic cellulitis, came under his care. The progress of gestation was normal until the end of the eighth (calendar) month, when she was delivered of a healthy child, the labor being normal in every stage. On the third day the patient had a chill, followed by a temperature of 106°; no pain; the lochia free and inoffensive. Two hours later she had another chill and the temperature went up to 107.5°; pain was now felt in the left inguinal region. Council was held, and the presence of retained secundines being excluded by the history of the case quinine was prescribed, uterine injections withheld, and the effect of the drug awaited. The temperature fell to 101°, but soon arose to 103°. Still slight tenderness in the hypogastric region; the lochia free from odor. Temperature reached 104.5° when the uterine cavity was washed out with warm carbolized water by means of the reflex uterine catheter. The temperature was not reduced by this measure, nor was any thing brought away which could have acted as an irritant in the uterine cavity. Under the use of tincture veratrum viride and salicylate of sodium the temperature fell.

The local manifestations being out of accord with the range of temperature, the theory of the local origin of the fever was deemed untenable. True, there had been present physical signs of cellulitis, but these diminished as the case progressed, while the pulse and temperature continued high, with distinct morning remission and evening exacerbation.

The history of the case excluded a diagnosis of typhoid. The author thought it remittent fever, but in this opinion his consultant did not concur. Seventeenth day after confinement the temperature was 99.5°; next day 101.4°, and still rising. The doctor's orders not being followed, he retired from the case, which, under the care of another physician, after two months recovered.

The questions which the case presents are:

1. Was the disease puerperal septicemia, or remittent fever?
2. Could it have been avoided by the early use of antiseptic vaginal injections?
3. To what extent is the use of antiseptics practically justifiable, or necessary?

The author concludes as follows: Antiseptics in normal labor mean ordinary cleanliness. Washing out the vagina immediately after normal labor is meddlesome midwifery; it does no good, and may do harm. In prolonged labor or instrumental delivery, if the hand has been introduced into the uterus, or if injuries have been sustained, vaginal injections are always necessary, but uterine injections rarely indicated.

He called attention to a death after vaginal injections in normal labor in the practice of Dr. Cleveland, of Cincinnati, and referred to the writings of Drs. Lydston and Bartlett against the routine injection.

As further testimony to these conclusions, he cited several cases in his own practice in which ill effects were observed after vaginal injections most carefully performed. Out of nearly four hundred deliveries made by the essayist, the case reported was the only one which could be suspected of being puerperal fever.



After the reading of this paper the section proceeded to elect its officers. Dr. F. N. Johnson, Kansas City, was chosen president; Dr. W. W. Jaggard, Chicago, secretary.

#### THURSDAY, MAY 6TH—GENERAL SESSION.

The Association was called to order at 10:20 A. M. by the President.

The Chairman of the Committee of Arrangements made a report.

The Committee on Nominations reported as follows:

President—E. H. Gregory, St. Louis.

First Vice-President—B. H. Miller, Stillwater, Minnesota.

Second Vice-President—W. B. Welch, Arkansas.

Third Vice-President—W. H. Pancoast, Philadelphia.

Fourth Vice-President—W. C. Wile, Connecticut.

Permanent Secretary—W. B. Atkinson, Philadelphia.

Assistant Secretary—J. Nevins Hyde, Chicago.

Treasurer—Rich. Dunglison, Philadelphia.

Librarian—C. H. A. Kleinschmidt, Washington.

Next place of meeting, Chicago, Illinois, first Tuesday in June, 1887.

The committees on Necrology, State Medicine, Members of Judicial Council, were announced. The Trustees of the Journal are P. O. Hooper, of Arkansas, A. Garcelon, of Maine, and L. S. McMurry, of Kentucky.

#### *Officers of the Sections.*

Practice of Medicine—Chairman, J. S. Lynch, Baltimore; Secretary, J. B. Marvin, Louisville.

Obstetrics and Diseases of Women—Chairman, F. M. Johnson, Kansas City; Secretary, W. W. Jaggard, Chicago.

Surgery and Anatomy—Chairman, H. H. Mudd, of St. Louis; Secretary, John B. Roberts, of Philadelphia.

Ophthalmology, Otology, and Laryngology—Chairman, F. X. Scott; Secretary, J. H. Thompson.

Diseases of Children—Chairman, DeLaskie Miller, Chicago; Secretary, W. B. Lawrence, Batesville, Arkansas.

Oral and Dental Surgery—Chairman, J. S. Marshall, Chicago; Secretary, E. S. Talbot, Chicago.

State Medicine—Chairman, G. H. Rohe, Baltimore; Secretary, W. Wyman, U.S.M.H.S.

Committee on Necrology—Chairman, J. M. Toner, Washington, D. C.

Dr. A. L. Gihon read the report of the Committee on the Recommendations in the President's Address. Committee is in favor of memorializing Congress to send three medical men to inquire into yellow fever. Not agreed as to the proposed recession from the metric system. Approves of making a section on dermatology and syphilis, and approves the action which has been taken in creating the section in medical jurisprudence; also agrees that sections should elect their own officers, and in-

dorses the President's opinion that papers belong to the Association. The committee says that no members should be permitted to give recommendations to proprietary medicines or instruments, and that the Judicial Council should take up the matter without formal presentation of charges. Earnestly echoes the wish of the President to make the meeting of the International Congress a success by burying their private piques and quarrels and sacrificing all that may be in the way.

On motion, the report was adopted.

The report of the Standing Committee on Meteorological Conditions and their Relations to the Prevalence of Diseases, and concerning the subject of Collective Investigation of Disease, in co-operation with the Committee of the British Medical Association, was made by N. S. Davis, Illinois, chairman.

Progress has been made, and as far as practicable work has been done; but on account of the apparent tendency of cholera to spread over Europe and into this country it has been deemed best not to present the results of the committee's work until the next meeting. In regard to the collective investigation of disease the committee has distributed a large number of blanks, to be returned on or before the 1st of January, 1887, when it will be tabulated for the next meeting of the Association or the International Congress. Adopted.

Dr. J. M. Keller, of Hot Springs, made the report of the Special Committee on Cremation. So much attention has been devoted this subject in the favor of cremation that the committee has but little to say. Committee believes earth burial has a greater influence in disseminating disease than all of man's ingenuity could otherwise devise. The body in every phase of its decay is dangerous, and burial merely hides from the view sources of danger which are being taken into the air and alimentary passages of living persons. He spoke of the micro-organisms which are brought to the surface by earth-worms, and the fact was mentioned that the earth of cemeteries teems with noxious organisms. The graveyard must be abandoned, and the problem has arisen as to how the dead must be disposed of for the safety of the living. Embalming and mummifying are repulsive, and modern cremation alone is effective and the quickest, simplest, safest, and cheapest. It accomplishes in a few moments what putrefaction may never accomplish. The report concluded with a resolution recommending cremation. On motion, the report was adopted. This was reconsidered, and the report referred to the Section on State Medicine, to report on Friday.

Dr. James T. Whittaker, of Ohio, chairman of the Section on Practice of Medicine, delivered an address on Studies in Bacteriology.\*

Dr. John S. Rauch, chairman of the Section on State Medicine, read an address. The speaker began with the definitions of State medicine given by various authors, and in view of these definitions he could not see how the prevention and the cure of disease could well be separated. The speaker concluded that State medicine may therefore be defined as the "connection of State with that branch of science which relates

\*Full text in this issue, page 289.

to the prevention, cure, or alleviation of the diseases of the human body," the latter part of the definition being that which Webster applies to medicine. The State regulation of medical practice and of medical education was next considered, and the speaker insisted upon the necessity of elevating the standard. The Association was requested to place itself upon record as being in favor of a term of study of four years, three of which are to be in a college with ample hospital practice and clinical instruction.

The advances and discoveries in preventive medicine were next considered. The registration of vital statistics is still in an imperfect condition. Four more State Boards have been established in 1885-86, there being now thirty such organizations. The work of the American Public Health Association was highly commended, and its additions to sanitary science rated of the highest value. The German Cholera Conference was also alluded to, as also the International Congress of Hygiene.

The next subject considered was that of the cholera in Europe, and in conclusion the speaker spoke of the necessity of controlling immigration. He then took up the subject of advances in the prevention of disease, and stated, among other things, that the etiology of some common diseases such as diarrhea and diphtheria is still obscure, and consequently the preventive measures adopted have not been as efficient as they might have been.

In speaking of vaccination, the writer upheld the superiority of the humanized virus, not too far removed, over bovine in cases demanding promptness and certainty of action, concluding with the proofs of this cited in recent reports of the Illinois State Board of Health.

Referred to Section on State Medicine.

#### *The International Medical Congress.*

Dr. Garnett, of Washington, moved a resolution that all the members urge upon their representatives to have Congress help to entertain the next International Congress.

#### *Treasurer's Report.*

The Treasurer's Report was read by the Secretary. Balance, \$378.39.

Each report shows an annual increase in the dues, due to the establishment of the Journal.

Dr. Dunglison rightfully claimed a share of the credit in this success, his exertions having brought about a regular payment of dues. When the triennial list is published in 1887 it will be found that those whose names are erased will be such as paid last before the establishment of the Journal. The important fact of being in the publication business necessitated the prompt payment, and to meet in populous and accessible cities where large accessions in membership occur. The amount of correspondence is enormous. Referred to Committee on Publication.

#### *Report of Librarian.*

The Report of the Librarian stated that the increase was 232 distinct titles during last year. The total of titles is 2,491 or 7,030 volumes, 300 of which are unbound. An appropriation of \$10

was asked for subscription to the *Index Medicus*. Adopted.

The Report of the Committee on Publication was laid over until next day.

An amendment creating a Section on Dermatology and Syphilis was laid over, under the rules.

The Association then adjourned.

#### *Section of the Practice of Medicine, Physiology, and Materia-Medica.*

Pneumatic Differentiation, with Demonstrations with the Pneumatic Cabinet, was a paper presented by Herbert F. Williams, of New York.

After explaining the construction of the cabinet, the writer proceeded to state that in view of the present theory of the Koch-bacillus as the cause of phthisis, the desirability of local treatment was apparent to all. Notwithstanding the skepticism of many as to the possibility of carrying medication into the air cells, he proposed to show that it could not only be carried thither, but could be condensed there. The lungs of a calf were used to illustrate the proposition, and while the material used could not be distinctly seen in the alveoli, it was plainly apparent in the very minute bronchial tubes. It was indeed the *only* means by which this could be accomplished. The cold and somewhat stiffened condition of the lung tissue would account for the failure to force it into the cells. The surgeons had already demonstrated the wonderful tolerance of the serous cavities for the various antiseptic solutions. There is nothing in lung tissue to prohibit the use of these antiseptics, so far as known. While we are still uncertain as to whether Koch's bacillus is the cause, or a concomitant of phthisis, the fact does not effect the desirability of local antiseptics. At no distant day, he confidently hoped to sterilize the lung tissue against the invasion of micro-organisms.

The character and degree of force was matter for the most careful consideration.

Results sustain the first favorable reports given of the cabinet, and these come from competent observers in all sections of the country, showing that climatic influences could not account for the improvement reported.

The value of the cabinet is in clearing up the diagnosis in many forms of pulmonary disease. In the recovery of pneumonia, it is often the case that the patient dies from sheer lack of ability to force pure air into the occluded cells; in such cases the cabinet is a means of saving life.

In ignorant or careless hands it is capable of deadly effect; but its greatest danger is in hands of the routinist. In order to keep this in the hands of strictly upright men, and keep the quacks from preying upon the hopes and credulities of consumptives, an advisory board has been formed, with a proper man in the various medical centers, who will be empowered to accept or reject applications made for the instrument.

An epitome of cases, sent in by the various physicians using the cabinet, showed favorable results.

In contracted tissue, from pleuritic effusion and phthisis, are its most brilliant fields of operation.

The paper was discussed by Drs. Ingals, of Chi-



cago, Mulhall, of St. Louis, and McCaskins, of Indiana.

#### *Section on Surgery and Anatomy.*

Dr. R. N. Harvey Reid, Mansfield, Ohio, read a paper on Some of the Complications in Strangulated Hernia. Discussion postponed. Dr. Henry O. Marcy, of Boston, then read a paper on Hernia, and the Best Methods of Cure, which was discussed by Drs. Quimby, Smith, and Marcy. Dr. Marcy stated that in the radical operation for hernia he removed, in nearly all his cases, the sac, and closely united the edges of the opening by tendon suture, sewing over and over. He presented to the section some specimens of tendon which he used in suturing, prepared from the tail of a kangaroo, and which he considered preferable to all others.

Dr. Charles A. Todd, of St. Louis, read a paper on How the Iliac Arteries Act as Valves upon the Venous Flow into the Inferior Vena Cava. The author stated the absence of valves in many of the cranial and thoracic veins was of little importance, but that he thought the arrangement of the inferior vena cava required one, and that the purpose of a valve in that situation was performed by the iliac arteries, which were placed in such a position relative to the vein, that when they expanded with the onflow of blood they compressed the vein to a considerable extent, thus supporting the column of blood above and equalizing its flow.

Dr. J. M. Barton, of Philadelphia, read a paper on Vertical Extension in Fractures of the Femur in Children, in which he strongly advocated extension from above with the thigh flexed on the trunk, and small lateral splints. Discussed by Drs. Graham, Griffith, and Link. Dr. Link thought that the best treatment of fracture of the femur was to flex the leg on thigh, the thigh on abdomen, and rotate the thigh outward, when perfect relaxation of all the muscles was produced.

A case of surgical interest was presented to the section, and a committee appointed to examine it and report. The committee, after the examination, reported that it was a case of what is known as "rider's bone," that is, ossification of the tendon of the adductor longus muscle. It was broken by the rider's being thrown forward forcibly upon the pommel of the saddle.

Papers were read by Dr. Wm. T. Belfield, of Chicago, on Digital Exploration of the Bladder; by Dr. Robert Newman, of New York, on Galvano Caustic in Diseases of Prostate and Bladder and Urethra, with presentation of an instrument of his own for the purpose, and by Dr. E. E. Glover, of Terre Haute, on The Treatment of Anal Fistula Associated with Phthisis.

#### *Section of Dental and Oral Surgery.*

The relation of Syphilis to Dental and Oral Surgery, by Prof. G. F. Lydston, of Chicago. He stated that the time had long since passed, when an apology was due for bringing a subject of general surgery before a convention of dental and oral surgeons. Dental and oral surgery has of late years come to be recognized as a specialty of general surgery, and most justly so. The progressive dentist of to-day is earnestly striving to attain all the qualifications necessary to the true specialist

who has been so aptly described as a practitioner "who knows something of every thing and every thing of something." The doctor of dental surgery of the present day is likely to be, and the progressive dentist of the future must be a pretty fair doctor of medicine. There is, perhaps, no general disease which figures as a more important factor in dental and oral practice than syphilis. The oral symptoms of the disease are, nowadays, the most important of all the local manifestations which characterize its active period. The patient who would go through a course of syphilis with a minimum of suffering will place himself in the hands of his dentist to have the tartar removed, cavities filled, and sharp, rough surfaces removed to prevent irritation of the tongue and mucous membrane. With the teeth or gums in bad condition the patient is usually so intolerant of mercury that he can not take a sufficient quantity to benefit his syphilis. He cautioned against carelessness in the use of partially cleaned instruments; so widely disseminated is syphilis that one can not be too careful. A lesion so small as to escape notice may give rise to a highly contagious secretion. Carbolic acid, full strength, was recommended as the best disinfectant to destroy the secretion on the instruments, both before and after using. The extreme cases described by Hutchinson are not fair criteria of the effects of syphilis upon the teeth as seen in dental practice; lesions severe enough to cause such markings will end the life of the child before it is one year of age.

The primary lesion of acquired syphilis very rarely occurs within the mouth, therefore the dentists will seldom meet with them. The oral symptoms of the secondary or active period of acquired syphilis are of vital importance to the dental surgeon by virtue of (1) their contagiousness; (2) their liability to be mistaken for innocuous lesions; (3) the prolonged period during which they are apt to be developed, at any time and often without the patient's knowledge; (4) the necessity for nearly all syphilitics to consult their dentist sooner or later during the active period of syphilis.

The lesions are: (1) Excoriations or erosions and fissures; (2) mucous patches and tubercles; (3) early ulcerations; (4) late ulcerations, superficial or deep; (5) early and late bone and periosteal lesions. The paper was discussed by Drs. Taft, Williams, Allport, and Haines.

A vote of thanks was extended to the doctor for his able paper.

#### *Section of Obstetrics and Diseases of Women.*

The Early Diagnosis of Pregnancy was the subject of a paper by E. S. McKee, M. D., Cincinnati, O.

The author passed in review the various commonly known or alleged symptoms of pregnancy, and showed their inadequacy for making out a satisfactory diagnosis of this condition during the first three months. Among recent observations, the author names that of Jacquemier, the slate or purple color of the vagina, which, however, it has been shown, may be produced by any obstruction of the circulation; also the use of the microphone, as suggested by Dr. J. Taler Johnson, for hearing fetal sounds earlier than

is possible with the unaided ear. The fancy of Dr. Dunn, who thinks he can detect the odor of the vernix caseosa upon the examining finger inside of the first four weeks, as well as the idea of Dr. Gerhung of judging by sensations imparted by the ovum through the uterine sound to the fingers, were noted.

Assigning each of these to what the essayist deems its proper place, he passes to the consideration of the sign known as Hegar's, which he thinks in a high degree trustworthy for the object in view. This sign consists of an unusual softness and yielding condition of the lower segment of the uterus. A number of cases are given, as also testimonials from other physicians, bearing upon the trustworthiness of the sign.

#### GENERAL SESSION, FRIDAY, MAY 7TH.

The convention was called to order by the President at 10 A. M.

Dr. Atwood announced the steamboat excursion for the afternoon, and requested all the delegates to attend.

The Secretary reported that the new section of Medical Jurisprudence had met and organized by electing Dr. Isaac Quimby, of New Jersey, chairman, and Dr. H. H. Kimball, of Minnesota, secretary.

The final report of the Committee on Nominations was called for, but they had nothing further to report.

The presence of General Sherman in the hall being noticed by the President, he was invited to a seat upon the stage. He responded to the unanimous call for a speech in a few timely words.

#### *Committee of Publication.*

The report of the Committee of Publication was then read by its chairman, Dr. Toner, of Washington. It consisted of a review of the Journal of the Association, and closed by saying that Dr. N. S. Davis, of Chicago, had been asked to continue the editorial management, and had accepted.

The chairman of the Judicial Committee reported the action of this body relative to the admission of the Philadelphia delegation. It was decided that, inasmuch as sufficient evidence had been produced to show the irregularity of their election, they be denied admission as delegates to the convention.

The committee recommended that the Davidson County delegation place themselves in affiliation with their State Society.

The Section of State Medicine presented the following resolution as their report on the memorial from the Women's Christian Temperance Union, of Missouri:

*Resolved*, That we re-affirm the utterances of the American Medical Association concerning the use and abuse of alcohol and its effects upon the race, and recommend instruction in hygiene in our public schools. To further this study we urge the speedy passage by the House of Representatives of the Senate bill now before it, requiring scientific instruction in schools under Federal control.

In regard to cremation they recommended the

appointment of a special committee to report at the next meeting.

#### *Delegates to Foreign Societies.*

The following appointments were made by the President: British Medical Association—N. S. Davis, Chicago; W. T. Briggs, Nashville; Wm. H. Pancoast, Philadelphia; S. C. Gordon, Portland; John V. Shoemaker, Philadelphia; E. Cutter, New York; E. Smith, Detroit; W. W. Dawson, Cincinnati; D. Maclean, Ann Arbor; B. A. Watson, Jersey City; Wm. Brodie, Detroit; Leston H. Montgomery, Chicago. Ontario Medical Society—H. O. Walker. Canada Medical Society—Wm. Brodie.

The President then announced a short address by Dr. Eugene Smith, of Michigan, chairman of the Section on Ophthalmology, Otology, and Laryngology.

He gave a retrospect of the principal events which occurred during the past year of interest to the specialties in the section. He spoke of the introduction of cocaine two years ago, and the general use into which it had come. The remedy had been exalted as a specific and decried as a dangerous drug. He explained the benefits arising from the discovery and its general use in the treatment of diseases of the eye and ear. His experience with it made him indorse all that had been said in its favor. One-per-cent solutions should be tried before resorting to three or more per cent. He described a case of transplantation of the conjunctiva of rabbit, wherein the remedy had been of considerable value. In speaking of diseases of the eye, he pointed to the fact that many reports had been received favorable to the new method of treatment. Antiseptics, he contended, were being carried further and further every year, and in most cases were of good effect in the treatment of the diseases coming under the head of the section. He referred to many cases of mumps, followed by dizzy sensations, deafness, and vomiting, and pointed out the causes and the most effective remedies.

In conclusion he said: "In the domain of therapeutics laryngology has not been behind the other branches. Many ingenious devices and instruments have been introduced in the practice with remarkable success. Special mention is deserved by Dr. Marquis, of New York, for his work in this regard. In order to have the other practitioners more fully acquainted with our specialty, which might be difficult of understanding, because of the many technicalities, I would suggest that the rules of the Association might be so changed as to permit the reading in open session of papers from the different sections. In conclusion I will say that there were no other literature on the subject of ophthalmology outside of the United States, the writers here could more than supply the colleges and profession with text-books and reviews."

In consequence of limited time the addresses of Dr. Haggard, Chairman of the Section of Diseases of Children, and Dr. Marshall, Chairman of the Section of Dental and Oral Surgery, were read by title.

The Report of the Chairman of the Committee on Necrology was dispensed with.



Dr. Roberts, sub-chairman of the Philadelphia County Delegation, took the floor and stated that as a delegate from Philadelphia, and acting for the chairman, Dr. D. H. Agnew, he begged leave to introduce a set of resolutions.

The list concluded as follows:

*Resolved*, That the Judicial Council be respectfully requested to consider the propriety of changing their manner of taking evidence in cases of contested delegations.

A motion was made at once, that the resolutions be laid on the table, which was almost unanimously carried.

A letter was read by the Secretary from Dr. McGaston, of Florida, in reference to inoculation for the prevention of the spread of yellow fever.

Dr. Roberts again took the floor, after several unsuccessful attempts, and tendered his resignation as Secretary of the Section of Surgery and Anatomy, to which position he had just been elected. The resignation was accepted.

A motion was introduced that the Secretary, Dr. W. B. Atkinson, be given \$200 from the treasury as an honorarium for his excellent services and for his fidelity to the interests of the Association.

Dr. Atkinson thanked the author of the motion, and stated that he could not accept the money, as the Association was in greater need of it. At his request the motion was withdrawn.

Dr. E. H. Gregory, the President elect, was escorted to the stand, and made a few remarks, expressing his gratitude for the honor conferred upon him.

With a short speech from the retiring President, the Association adjourned.

### The American Medical Editors Association.

The Association met at the house of the St. Louis Club, and was called to order by the President, H. O. Walker, of Detroit.

In the absence of the Secretary, Dr. Wm. Porter, of St. Louis, was elected secretary *pro tem*.

The President read the annual address by Dr. H. O. Walker.

He condemned the practice of the too extensive free distribution of medical journals whose publishing expenses are paid for principally by advertisements of medical preparations of doubtful character as calculated to affect injuriously the success of legitimate journalism. He recommended also that publishers should drop from the lists all non-paying subscribers at the end of the year. He believed, that as to mere advertisements, the rules of the Code of Ethics were too stringent on editor-publishers in regard to admitting such advertisements, when considered in the aspect of a business regulation. He further recommended to the Association the more attentive consideration of questions of a practical nature.

After the reading the President appointed Drs. Brodie, Wile, and Sim a Committee on Nomination, who reported as follows: President, J. V. Shoemaker, Philadelphia; Vice-President, Dudley S. Reynolds, Louisville; Secretary, William Porter, St. Louis. Thereupon the business meeting adjourned, and sat down to the banquet tendered by

the Medical Press and Library Association of St. Louis. The President of the St. Louis Press Association, Dr. William Porter, delivered the address of welcome. He said: It has been my pleasant duty to greet you in the name of the Medical Press Association of St. Louis. You have honored us with your presence at our table, and by that token we are friends; we are engaged in the same work, and in our labors we are brothers.

In nature the all-powerful forces are silent ones. Among men, and especially among medical men, the most potent influences are also silent.

The books upon our shelves are rays of light from the bright lives of men whom we never saw. The records of the experience of others noiselessly mold and shape our own actions, till we have a strange commingling of that which we have read, combined with and colored by that which we have

So it is, gentlemen, that an assembly of medical editors is a force—a mighty power—capable of exerting an influence which may not be easily estimated.

To be called to the chair of a medical university or college is a distinction which many have greatly desired; but while the professor speaks to scores of doctors that are to be, you, gentlemen, address each week or month hundreds or thousands of physicians in active practice, men who are themselves centers of influence and power.

In union, in organization, there is strength. Here, in the acknowledged directors in current medical literature, is a power which, harmonized and organized, I hesitate not to say, is the controlling power of the profession of to-day.

See to it, then, that this force be rightly applied, that it be not the fitful wind or the swaying tide, but constant, persistent, and unyielding in upholding the honor and dignity and progress of our loved profession.

I congratulate you, gentlemen, that you are all in accord with the spirit of our great and grand National Association. It is needful that this should be. In the deliberations of the American Medical Association are formulated principles which it is yours to take, present to, and urge upon your readers.

Your journals connect the national head with the individual members of the great and legal body of American physicians.

Of this body of giant frame and varied membership, it has been said that the brain is situated near the rising sun. Location or causes to us unknown seem to have developed a hydrocephalic tendency, which we may well treat by counter-irritation, compression, or absorption.

Meanwhile you are the back bone, each one a vertebra of strength.

In conclusion, we have placed before you this evening food for the inner man, to signify our appreciation of that mental pabulum which we have received during the year that is past, through the medium of our exchanges.

Dr. I. N. Love was elected toast-master, and presented quotations from Shakespeare, which were responded to by Drs. N. S. Davis, Wm. Brodie, J. M. Toher, W. H. Pancoast, H. O. Marcy, J. B. Hamilton, J. V. Shoemaker, W. C. Wile, and J. M. Carpenter.

# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. I. SATURDAY, MAY 15, 1886. No. 10

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

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## THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The thirty-ninth annual meeting of the Association, which closed two weeks ago at St. Louis, was very largely attended. The States west of the Mississippi River were perhaps never so largely represented; the States south of the Ohio River and east of the Alleghanies have seldom sent fewer delegates. It was emphatically a meeting in the West, by the West, and it seemed principally for the West. Socially, the meeting was a great success. The Association was never more royally entertained. The cordial hospitality of the citizens of St. Louis did them honor. The chairman of the Committee of Arrangements welcomed the Association in graceful words. The mayor of the city tendered the delegates the freedom of the town, "and all went merry as a marriage bell."

The scientific work of the Association was good—notably so in the general addresses—while the work in sections was spirited and profitable. The general address in surgery, by Dr. Senn, was exhaustive, learned, and thought-

ful. The address of the President was suggestive. But the voice of the speaker was so feeble, and the room in which he stood so large, that much of what he said was inaudible, save to those immediately about him. He devoted some time to a defense of the Association against what he assumed were unwarranted attacks upon that body by certain members of the medical press, and in this connection perpetrated a small joke at the expense of the New York Medical Journal and the American Practitioner. He exhorted the profession jealously to guard the interests of the Association. He counseled harmony among its members, and predicted that the Association would become more and more a rallying point and a tower of strength for the profession over our whole wide continent. He spoke confidently of the success of the International Congress, and his words, added to the fact that Dr. Davis has been selected President and Dr. Hamilton Secretary-General of that body, are entitled to much weight.

The dire evils which so many of our cotemporaries predicted were going to be turned upon the Association in St. Louis were not observable. The organization of the Congress was, as we said it would be, accepted as an accomplished fact, and not one voice was raised against it. The oil we took over to pour upon the troubled waters was never called in requisition, for the waters were in nowise troubled. "*Quieta non movere*," if not the universal was at least the prevailing sentiment of the meeting.

Throughout the entire meeting St. Louis itself appeared at its best. The tender green still clung to the newly formed leaves of the shade-trees. The grass was rich emerald. The crocuses and tulips and pansies lent glowing color to their beds. The blackbird followed his now slow flight through the trees in the park; the friendly robin hopped about on the sward; the swifts wheeled over the lakes, while the twittering swallows, fresh from their winter homes, denoted that spring had come indeed and to stay.

Every living thing was in its freshest apparel. The doctors all were in their bravest rig. The citizens of St. Louis bid them wel-



come — a genuine, old-fashioned, Kentucky welcome. They threw open their public buildings, and decorated them by day and illuminated them by night. They provided excursions by rail and by river. They scattered invitations to their most exclusive clubs broadcast through the Association. They gave concerts, where choice music was enjoyed; public receptions, where all that was prominent within the gates of their city was gathered to greet and entertain the delegates. Private residences almost numberless, filled with the beauty and chivalry of the State, were open to make happy guests whom all vied to honor.

St. Louis is already a great city. Her future can scarcely be imagined. Occupying almost the geographical center of the continent, sitting near the head of the broadest and longest of all its rivers, commanding the commerce and supplying from her own factories the wants of more than a third of the States, there would seem to be no limit to her growth, development, influence, and power. Benton, who so loved Missouri, used to say that the home of the noblest race, and the broadest and best civilization of the future would be found near her metropolis. Climate, soil, resources, position, certainly make this possible. When this far-seeing senator was urging in a public speech the construction of the Pacific railroad, the proposition was ridiculed as chimerical. But regardless of the derision that greeted the grand idea, he raised himself to his full height, and pointing westward, in a burst of enthusiasm, exclaimed, "There is the setting sun! lo! there is the East, there is Asia!" How quickly after did the paradox of the orator prove a great truth for a nation. The wealth of the oriental world has ever since poured over the summit of the Rocky Mountains a golden stream toward the valley of the Mississippi, a domain of which St. Louis is the natural Queen and Mistress.

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**FEMALE PHYSICIANS.**—It is reported that the Colleges of Physicians and Surgeons, of Edinburgh and Glasgow have just decided to throw open to women their conjoint examinations and "triple qualification" in medicine, surgery, and midwifery.

## Notes and Queries.

*Editors American Practitioner and News:*

A doctor, when once in bed on a Pullman sleeper, under way, is quite beyond the reach of the night-bell or the "hello" of the telephone. If his rest be broken, it will not be by either of these. Our run from Louisville to this place was made Sunday night over the "Air-Line," a well-equipped, well-ballasted, and well-managed road. After a bath and a change, we broke fast at the "Southern," that delightful hostelry. Lighter bread, sweeter butter, more fragrant coffee, and richer milk one could not have had even at his own table, while a juicier steak no Texan ever cut from the sirloin of a Maverack raised near to water and knee-deep in mesquite grass. Breakfast over we sauntered to the Exposition building, where the Association was to meet, and by an easy interchange of a five dollar note for a certificate of membership became a delegate to the thirty-ninth annual session of the American Medical Association. We went through the same performance for the first time at Cincinnati, now thirty-six years ago, which we may remark, in passing, leaves us one of the earliest members of this body, for when we joined the Association it was but three years old. The arrangements for registration were as good as could be. Indeed, writing now at the close the meeting, it may be said that no committee of arrangements ever discharged its responsible and harassing duties more satisfactorily or with a higher measure of success than did that at St. Louis. In the evening at 8 o'clock we repaired to the St. Louis Club, in obedience to an invitation received from the Medical Review to make one at the dinner given by the Medical Press Club to the Association of American Medical Editors. We like dinners. Some years back we rode eight hundred miles that we might dine with the great Pennsylvanian, and we thought ourselves fortunate in being there. It was a memorable occasion. The chairs of the illustrious surgeon in whose honor the dinner had been given, and the great physician who sat to his immediate left, are vacant now.

The company assembled at St. Louis in good time. The dinner was perfectly served; the

table was beautifully decorated. Of course the china and glass and the *etceteras* were of lovely patterns. The food was well prepared. The wines were choice. The company was good-humored, and as the evening wore on, grew genial and happy. The address of the President was a plain, straight-forward statement of certain business-like views touching medical journalism as a calling. The toast-master of the evening, Dr. Love, of St. Louis, showed himself a thorough master of his pleasing duties as well as "a fellow of infinite jest." The toasts were numerous and well chosen, and elicited responses that showed that medical editors could speak as well as write. Of course what was said on the occasion was "under the rose," but we feel that we violate in no sense the hospitalities, when we state that every allusion to the Code from first to last was welcomed with cheers—was received with the utmost enthusiasm. The evening closed what was clearly the most successful meeting yet held by the Association of Medical Editors, and certainly both host and guest will remember the occasion as one of great enjoyment.

ST. LOUIS, Mo., May 6, 1886.

**PASTEUR AND WOLF HYDROPHOBIA.**—The fact that one of the Russians, who were bitten by mad wolves, and applied to Pasteur for protection, died in spite of the master's inoculations, has been used by the critics to the prejudice of the treatment. The New York Tribune publishes a report of an interview between a correspondent and M. Pasteur, in which the latter spoke as follows regarding his failure:

"The duration of the incubation of hydrophobia after a bite from a mad wolf is often very short; sometimes only two or three weeks. After the bite of a mad dog short periods of incubation are rare. However, I do not think the virus of a mad wolf differs much from that of a mad dog, unless the wolf has received the virus from another wolf, and that one from another, and so on. In the case of hydrophobia thus transmitted from wolf to wolf, the bite of the last wolf would have a much greater degree of virulence than that of the dog. We don't know what happens in the forests of Russia. That is a matter for future

study. It may be found that the inoculation of victims of wolves ought to begin five or six days after the bite. If that be so, and if the forests of Russia are found to contain mad wolves, I shall be the first to ask for the creation of one or more establishments in Russia like mine in Paris."

MR. SAVORY, President of the Royal College of Surgeons, England, it is stated, has been offered a knighthood, an honor he has declined to accept.

WELL-EARNED HONOR.—The University of Glasgow has resolved to confer the honorary degree of LL. D. upon Mr. Jonathan Hutchinson.

#### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from April 25, 1886, to May 8, 1886:

*Capt. Joseph K. Carson*, Assistant Surgeon, granted ten days' extension of leave of absence granted in Order, No. 79, April 15, 1886, Jefferson Barracks, Mo. (S. O. 97, A. G. O., April 26, 1886.) *Capt. Wm. J. Wilson*, Assistant Surgeon, (Plattsburg Barracks, N. Y.) granted leave of absence for one month on Surgeon's certificate of disability. (S. O. 25, Div. Atlantic, April 27, 1886.) *Capt. Robert B. Bonham*, Assistant Surgeon, ordered from Dept. of Texas to Dept. of Dakota. (S. O. 97, A. G. O., April 26, 1886.) *Maj. Henry R. Tilton*, Surgeon, from Dept. East to Dept. California. *Maj. John Brooks*, Surgeon, from Dept. California to Dept. East. *Capt. Edward T. Comegys*, Assistant Surgeon, from Dept. Missouri to Dept. East. *Capt. Aaron H. Appel*, Assistant Surgeon, from Dept. East to Dept. Missouri. (S. O. 106, A. G. O., May 6, 1886.) *Maj. Francis L. Town*, Surgeon, granted leave of absence for eight months, with permission to go beyond the sea, to take effect when his services can be spared by his Dept. Commander. (S. O. 101, A. G. O., April 30, 1886.) *Capt. Wm. J. Wilson*, Assistant Surgeon, died May 2, 1886, at Plattsburg Barracks, New York. *First-Lieut. Geo. F. Wilson*, Assistant Surgeon, ordered for duty at Fort Shaw, M. T. (S. O. 37, Dept. Dakota, April 26, 1886.) *First-Lieut. A. S. Polhemus*, Assistant Surgeon, relieved from duty at Presidio of San Francisco, Cal., and ordered for duty as Post Surgeon, Fort Halleck, Nev. (S. O. 28, Dept. California, April 26, 1886.)

OFFICIAL LIST of Changes in the Stations and Duties of the Medical Officers of the U. S. Marine Hospital Service, for the week ending May 1, 1886:

*Magruder G. M.*, Assistant Surgeon, appointed an Assistant Surgeon April 24, 1886, assigned to temporary duty at Norfolk, Va. April 26, 1886.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. I.  
[NEW SERIES.]

LOUISVILLE, KY., MAY 29, 1886.

No. 11.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### PSEUDO-MEMBRANOUS CROUP.\*

BY T. B. GREENLEY, M. D.

For a long time but little has been said in the medical journals of our country respecting this fatal malady of childhood. In fact, one would almost infer from this silence that it had been relegated to that class of diseases known as the *opprobrium medicorum*. My object in writing this brief paper was, not to go into the details of the history of croup, or its treatment, but merely to state, in a very cursory manner, my experience in its management. In over thirty years' practice, my recollection is, that I saved one patient only affected with true croup with well-pronounced symptoms. Just prior to that event Dr. Horace Green, of New York, had instituted a new plan of treatment in that disease. He used a whale-bone probang, slightly curved at one end, armed with a small piece of sponge securely attached to the curved end. The sponge was dipped into a strong solution of nitrate of silver and carried into the larynx. The muscles in the vicinity of the glottis, immediately contracting, forced the solution down the trachea and over the false membrane. It is supposed that the good effects produced by this procedure were due to the alterative action of the caustic. When I was called to see the case above alluded to (a child two years of age), I informed the parents of the fatal character of the disease, and explained to them

the new treatment used by Dr. Green, who had reported several cases cured. I also depicted to them the terrible struggling and strangling effects such a plan of treatment would produce. They said, "Do any thing that promises any chance of saving the child's life." I introduced the sponge saturated with a solution of silver nitrate, a dram to the ounce. The terrible struggles for breath in that case deterred me from ever using the treatment again; but the patient fully recovered.

Fortunately it does not fall to the lot of the country practitioner to meet with many cases of true croup. It so happens that we may not see a case in a year. In fact, I more than once passed over a period of two or three years without encountering a single case. Since the treatment of the case, as before alluded to, I have, up to within the past five years, like my brother practitioners, pursued the common routine practice, and in a helpless, melancholy mood looked on while the patient gradually grew worse and died. There is no doubt that if the true character of the disease were recognized at the outset by the parents, and the physician called early, many cases could be saved that otherwise are lost. In a majority of cases the disease approaches insidiously. The parents are thrown off their guard as to the danger of the case, regarding it as merely a bad cold; especially is this true if the child is up and running around, as is often the case, but a short time before its death; and in these cases the physician may not be called until the membrane is thoroughly formed and suffocation imminent. It might be asked why not perform tracheotomy in such cases? In reply to this question, I would remark that in many instances the consent of the parents can not be obtained; secondly, that the opera-

\*Read before the Hardin County Medical Society.

tion until recently has proved to be very unsuccessful; and thirdly, there are but few cases of true croup in which an operation would afford relief at the time the physician is usually called. If the entire trachea is involved, with the membrane extending into the bronchia, an operation would inevitably fail. But, on the other hand, if the membrane only involves the larynx and even partially the trachea, then it might be successfully performed. I said that until recently tracheotomy in croup had been quite unsuccessful; especially has this been so in England and in this country. In France it has been attended with better results. M. Trousseau reports a number of successful cases, amounting to about twenty-four per cent. But M. Trousseau operated in the early stage of the disease. I am apprehensive that but few cases of true croup have been saved by tracheotomy after the membrane has extended down as far as, or into, the bronchia; and have but little doubt that a large majority, if not all, of his successful cases were those wherein the larynx only was involved. Many authors regard diphtheria and croup as synonymous diseases, and when the diphtheritic process extends into the larynx, and they open the trachea and save the child, they report a case of croup cured by this operation. There is but little doubt that many of the cases operated on and reported as successful are of this character; especially is this true of those of Trousseau and others in France.

I remarked in the outset that in over thirty years' practice I did not recollect of curing but one case of true croup, and came near killing my patient with the remedy. Within the last five years I have had better success. In that time several cases have come under my observation, and of these I shall give a short account.

CASE I. In March, 1880, I was called to see a child eighteen months old, it had all the symptoms of true croup, loss of voice, and that peculiar effort at inspiration, reaching the head forward with a sinking at each end of the sternum, together with the characteristic signs on auscultation. I informed the mother that the child had inflammatory croup, and that it would probably die. She begged me to do

something, and thinking it useless to try the ordinary routine treatment, I gave the mild chloride of mercury and ammonia-muriate, one half grain of the former to one grain of the latter, to be exhibited every two hours. I ordered flannel folded in several thicknesses, and wrung out of hot water, to be kept constantly over the throat and upper part of the chest. When I left I requested the mother, if the child lived till next morning, to send me word. Next day, when I saw her little boy coming, I supposed she had sent him to inform me of the child's death, but to my surprise learned that it was better. I visited the patient a second time, and found the severe symptoms of the previous morning greatly ameliorated. It was now getting its breath with much less effort, and the circulation was much better. The child went on to complete recovery without any untoward symptoms.

CASE II. In April, 1884, I was called to see a child of Mr. B., aged nineteen months. Like the first case, he had all the prominent symptoms of membranous croup. I informed the parents of the gravity of the affection, but offered some consolation on the ground that I had a few years before relieved a severe case of the same disease. I put the patient on the same treatment as in the first case, and with equally happy results.

CASE III. November 10, 1884. Called to see a child of Mr. A., aged only ten months. This child had, unmistakably, all the prominent symptoms of inflammatory croup. It had been affected with the whooping-cough, complicated with bronchitis, in October, and had only been dismissed a fortnight. I put it on same treatment as that of the preceding cases, save that the doses were smaller. It expelled a portion of false membrane over two inches in length on the evening of the day I first saw it. This child was relieved and dismissed on the third day. Owing to the age of this patient, croup being comparatively rare in a child under a year old, I might have entertained a possible doubt of the correctness of my diagnosis, had it not been positively demonstrated by the expulsion of a considerable portion of false membrane.

CASE IV. This child, aged fifteen months, had been sick several weeks with whooping-



cough and bronchitis, when the attack of croup supervened. I saw it on the evening of the day on which the croup symptoms manifested themselves. This was December 20, 1884. I had then been attending the child for its former troubles nearly two months, owing to its having had several relapses of its bronchial trouble. When I called I found its mother in tears, saying "it could not get its breath." I thought it would not live through the night. The same treatment was used in this case as in the others, and by the next morning its symptoms were more favorable. In a few days it was relieved of its croup symptoms, and finally recovered from the whooping-cough and bronchitis.

CASE V. December 26, 1884. Called to see a child of Mr. L., aged fourteen months. This child had also symptoms due to membranous croup, but not so grave in character as those of the preceding cases. I instituted the same plan of treatment as in the others, and on the third day it was nearly relieved.

CASE VI. This case was also a young child only twelve months old. I had been attending it for bronchitis for about ten days before it took the croup, which was March 17, 1885; the bronchial trouble was hardly yet relieved. The same treatment was used in this case as in the foregoing, which afforded it relief in three days. During its illness with bronchial fever, its mother had employed a girl to aid in nursing who had whooping cough, which of course was communicated to the child in due time. It was seized with this troublesome malady a few days after the croup symptoms were relieved. Owing to the prostration resulting from the bronchial fever and croup, it was unable to withstand the severity of the attack of pertussis, and succumbed on April 6th, something over two weeks after it was relieved of the croup.

CASE VII. Although this was not originally a case of croup, I enumerate it in the category of croup cases in order to illustrate the difference between true croup and croup resulting from extension of diphtheria. The subject of this case was a bright and beautiful boy of six years. He visited Louisville, October 20, 1885, got damp feet on the street, had a chill on the

next day, and inflammation of the throat and nares supervened in a short time. His parents were not anxious about him, regarding his case as one of tonsillitis. I saw him about a week after he was taken, and found him with quick pulse, and temperature  $101^{\circ}$  F. He had not breathed through his nose since the commencement of the attack, the nostrils being full of muco-purulent matter of offensive odor. The tonsils were very much inflamed, with a patch of exudation on the inner aspect of each organ. The pharynx was also inflamed, but exhibited no exudation. I could hardly regard the case as one of diphtheria from the fact that there was none in the neighborhood of his residence, and the attack was too sudden to have been contracted in the city, where only a sporadic case now and then had occurred during the fall. He was put on tincture chloride of iron, quinine, and chlorate of potash. As a gargle, he had a solution of hyposulphite of soda, and externally liniment of turpentine and coal oil.

I again saw the patient on October 28th, when the symptoms were about same as at the first visit. The secretions from nose were the same in character and still offensive. The exudation patches on the tonsils were the same in extent; pulse and temperature same. I could not yet positively regard the case as being diphtheria, for reasons before mentioned, and did not feel alarmed about the result. On November 2d I again visited the case and remained all night. On the morning of the 3d, I told his mother I had some apprehension about the case, as the symptoms were so persistent, and that I thought I perceived a slight change in his voice, indicating extension of the disease into the larynx. Owing to the distance from me, I got his mother to wrap him up and bring him to my house on the cars. This she did on the morning of the 3d. At times he breathed almost naturally, and I was hopeful that possibly I was in error as to the involvement of the larynx. He rested comparatively well that night, and next morning did not seem to be any worse. But about noon on the 4th I noticed a greater amount of hoarseness, and suggested to his father, who was present, that I would have him to go to the city on the up express, at 5:30 o'clock, get a tracheal tube,

in the event it should become necessary to perform tracheotomy, and return by the night express, 9:30 o'clock. At 2 o'clock he had been sleeping for an hour or more, when he suddenly awoke with a cough of a spasmodic character. In a moment or two he had a slight spasm with locked jaws, and stopped breathing. I endeavored to force his mouth open and tickle the fauces so as to excite vomiting, but failed to produce any effect. I then hastened to get my pocket-case, and looked for something that would subserve the purpose of a tube; by this time his breathing had been suspended at least three minutes, and he was black in the face and pulseless. I now opened the trachea immediately below the isthmus of the thyroid body, introduced a piece of male silver catheter, and by gentle pressure and relaxation of the chest-walls, excited respiration. He breathed very well for nearly an hour; his pulse came up and he regained his natural color. Hoping I could keep him alive for several hours with the imperfect tube I had, I telephoned to Dr. Yandell to send me a tracheal tube by the accommodation train, but before the train time my patient died. From the prompt revival of this case for a short time, I was induced to believe that if a proper tube had been placed in the windpipe he would have recovered. The unfortunate termination of the case confirmed me in my diagnosis of diphtheria.

*Remarks:* It will be noticed that in the majority of the cases of croup above mentioned the subjects were quite young, none of them being over two years of age. I accounted for this occurrence mainly upon the fact that all of them except the first two had bronchitis, and three of them whooping-cough at the time they were attacked with croup. Whether these diseases predisposed to croup or not, I am unable to say. I think the matter has not been alluded to by any author on the subject; but I am inclined to believe that a predisposition may be thus excited. I am strengthened in this opinion by having met with four cases in a short time, all of whom were affected with one or both of these maladies.

As to diphtheria and pseudo-membranous

croup being the same disease, or similar in their characteristics, I can not give my assent. We are all familiar with the great difference in the outset of the two diseases. The one (true croup) is characterized by symptoms of coryza, soon advancing to wheezing cough with evidences of obstruction to free inspiration, and in twenty-four to forty-eight hours impending suffocation may supervene, due to false membrane in the windpipe. On the other hand, the prominent diagnostic condition in diphtheria consists in exudates on the lining membrane of the fauces. True croup, as a rule, destroys life in a very short time, whereas a child may live with diphtheria from several days to two weeks. It only destroys life suddenly when it involves the larynx, or both it and the trachea. In many cases of diphtheria these organs do not become involved. The character of the exudation in croup is quite different from that in diphtheria; the first being firm and elastic, easily separated from its base membrane, and partaking greatly in its properties and appearance of true membrane, whereas in the latter the exudate adheres closely and can be separated only in patches. Then it may be said that true croup is characterized by exudative membrane in the windpipe, and diphtheria by an exudate in the throat. Again, diphtheria is regarded by a majority of authors as being contagious and due to a microbe, whereas, so far there has been no warrant for regarding croup in that light.

I did not use the chlorides of mercury and ammonium in the last case, because I did not regard it as one of croup, nor do I believe they would have relieved it had I done so. Instead, I used a throat wash of a solution of hyposulphite of soda, and toward the last gave it internally. I also used listerine in form of spray. I can not say that the chlorides of ammonium and mercury cured the cases above reported, but can say they afforded better success than I ever had by the use of other means. Success in such a small number of cases does not establish the positive value of any remedy, but merely serves to give us an indication of its probable virtue. The use of calomel internally, and the blue ointment externally, have been recommended for many years in the treat-



ment of croup, but how far they have proved successful is doubtful. I presume the main virtues of the combined chlorides are due to their alterative effects in arresting the further formation of the membrane and dissolving that already formed. Should the report of these cases call the attention of the profession to the subject, I shall have accomplished my object in writing this imperfect paper.

WEST POINT, KY.

### TREATMENT OF PSORIASIS VULGARIS.\*

BY I. N. BLOOM, A. B., M. D.

*Late Hospitalist to Prof. Kaposi, Vienna General Hospital.*

In the treatment of psoriasis our object is no longer directed to its thorough eradication from the system. Experience with almost all known drugs, internally and externally administered, has taught us that whatever be the treatment, a single outbreak of the disease, not followed at longer or shorter intervals by others, belongs to the true curiosities of medicine. Such cases have been here and there reported, but where such reports could be relied upon, that is, where sufficient time had elapsed after the first outbreak to render a cure probable, the same treatment applied to other and similar cases, proved utterly useless. So that for the present we are satisfied to get rid of the exanthem in the quickest possible manner, and with the least inconvenience to the patient, trusting that in the near future science, with the aid of the microscope, may accomplish what we are, in the present state of our knowledge, unable to. In view of the vast advance in bacteriology, the hope is not too utopian that before another decade has passed, the micro-organismic cause having been made clear, its complete extinction will be made possible.

Aiming, then, purely and simply to relieve the patient of his present disability, that is, the psoriasis exanthem, two methods of treatment are open to us, or a combination of the two, the use of internal remedies or their application externally and locally.

In the belief that all skin diseases are the results of an *acrimonia sanguinis*, all chronic dis-

eases of the skin were formerly referred to one and the same cause; the diagnosis was a matter of indifference, and the treatment of all was essentially the same. The patient was told how dangerous it was to "drive it in" too quickly; a dinger little to be feared, when one looks over a list of the drugs in use up to twenty years ago—drugs so impotent as applied to the cure of psoriasis that the suspicion is forced upon us, willy nilly, that our shrewd predecessors in the practice of skin diseases, perceiving the inefficacy of the treatment and trusting to time for a cure, made a virtue of necessity and satisfied their own and their patients' consciences by pointing to the phantom danger arising from curing the disease too rapidly.

It would be tedious to enumerate the absurdities in the internal treatment of this disease. Hebra\* gives a long list of drugs formerly in use which he has tried for curiosity's sake—tried long and faithfully, with absolutely no benefit. The most celebrated drugs, and those in most general use previous to his time, he gave numerous and long continued trials—always with the same negative results, until finally he reaches the conclusion that but three of them, by their internal administration, materially shortened the course of the disease. These are arsenic, tar, and carbolic acid.

Of these arsenic has been in use longest, and is by far the best. Its influence on the disease is marked, and with it alone almost all cases can be cured. Yet a much longer time is necessary for a cure by its means (as will be seen later) than by other and more modern methods.

Arsenic may be administered as Fowler's, Pearson's, or Donovan's solution, or (a favorite form on the continent) as Asiatic pills:

Acid. arseniosi ..... ʒj;  
Pulv. pip. nigr. .... ʒvj;  
Gum. Arab., q. s. M. et ft. pil. No. 600.

Authorities differ as to the amount and the cases suitable for the administration of arsenic. Hebra's record of 10,000 cases treated with this drug is unequaled; Kaposi's is little less, and they use it as follows: The patient is not

\*Read before the Louisville Medical Society, April 15, 1886.

\*Lehrbuch der Hautkrankheiten, p. 357.

selected from any individual peculiarity of his psoriasis. The diagnosis being made, he is given six drops daily (in three doses) of Fowler's solution in a large quantity of water or some aromatic infusion. If this is taken without any bad effects, the dose is increased one drop every two days until twelve drops a day are given. When this dose is reached the first effects of the drug are usually seen; the scales are not formed so quickly, some plaques lose their scales entirely, and their red, hyperemic color becomes paler or is changed to brown. We can remain at this dose, or gradually and at longer intervals increase to twenty or even thirty drops, and continue the maximum dose, which is unaccompanied by subjective symptoms of intoxication (conjunctivitis, dryness of fauces, vomiting, etc.), until the cure is finished; that is, the plaques, deprived of their scaly epidermis, become paler and paler until they disappear with or without pigmentation. Before the final disappearance the dose can be gradually diminished.

The continuance of the arsenic after the disappearance of the exanthem has no effect in preventing a fresh outbreak, and is therefore not to be advised. The average length of time for a cure is not given by any of a dozen authorities I have consulted. From my own experience I should say that from two to four months is a fair, if conservative, statement. Pearson's solution, the liquor sodii arsenitis, is given in fifteen drop doses ( $\frac{1}{8}$  grain arsenic) three times a day. It and Donovan's solution (three tablespoonfuls daily) accomplish the desired result much more slowly than Sol. Fowleri or the Asiatic pills. These pills are given first three a day, and increased, if necessary, until twelve daily are taken. The results are about the same as with the use of Fowler's solution. On the continent they are preferred on account of their easy method of administration and their safety. Kaposi speaks of several patients who, taking twelve daily, have consumed two thousand before they were cured of their psoriasis. Yet, in spite of this quantity, which contained over 200 grains of white arsenic, no disagreeable symptoms were noticed.

Duhring does not give arsenic in acute cases,

that is, cases with highly inflammatory symptoms; in chronic cases he continues its use after all symptoms have disappeared. His doses too are smaller than those mentioned. Kaposi, in his last work (*Pathologie und Therapie der Haut-Krankheiten*. Wien, 1883), recommends the use of Fowler's solution by hypodermic injection. Improvement is said to follow in the fourth to sixth week, sometimes as early as the sixth day. I have had no experience with the drug used in this way. Tilbury Fox's treatment is to give it in selected cases with quinine (the inevitable), extract of henbane, and gentian.

Tar internally administered was one of the earliest drugs used in the treatment of psoriasis. Its effect on the disease is slow, if it has any at all. Its strong and disagreeable taste, the nausea it creates, even in the elegant French preparation, have driven it from general use. All authorities mention it with more or less praise. Few, if any, prescribe it. Instead, Kaposi spoke highly of carbolic acid, in pill form, in doses of from seven to fifteen grains. In his last work, however (*loc. cit.*), he is very moderate in his claims, he simply says its action is very similar to that of arsenic, that with its use, in the dose above mentioned, he has never seen any irritation of the kidney follow. Weyl, of Berlin (Ziems-sen), denies that carbolic acid has any effect on the disease whatsoever.

Of the other internal remedies Duhring recommends iron and cod-liver oil in special cases, as where there is great debility, anemia, lack of normal strength, and tone. This is simply treating coincident affections. It must be stated *en passant* that the disease is much more apt to be encountered in the strong and healthy than in the weak. This is true enough to be very striking to those who have abundant opportunities for observation.

Phosphorus has been recommended by Hardy Eames and Tilbury Fox. Its value has been denied by authorities equally great.

Liquor potassæ, in doses of from ten to twenty drops, largely diluted, has found favor in the eyes of Duhring, Fox, Anderson, and other English and American dermatologists. I have no experience in its use, but shall give



it a trial as opportunity presents itself. Carbonate of potash, ten to thirty grains *pro dosi*, is recommended by Anderson. Innumerable almost are the drugs which are recommended for internal administration by this or that dermatologist. In general it may be said of them, that except arsenic no single one of them has stood the test of long-continued trial. Those authorities whose opportunities for observation are greatest, who make the advancement of dermatology the prime object of their work, unite in attributing little or no influence to all of them with the exception just noted.

In the topical application of drugs, we have a much speedier method of cure, and in almost all large hospitals, here and abroad, reliance is placed upon these alone (or rarely) combined with arsenic in one of the forms already given.

To apply the remedies so as to be most effective, the scales on the plaques must first be gotten rid of. In milder cases this procedure, long continued, is alone sufficient.

The scales can be removed through mechanical softening with fats (olive oil, lard, vaseline, cod-liver oil), or by maceration with water; patients, for instance, remaining five or six hours in a warm or hot bath. They may be removed by means of mild caustics or soaps.

If fats are used, they should be applied in sufficient quantity and frequently. They should be well rubbed in with flannel or other soft material.

Besides the bath, water in the form of wet compresses macerates the scales.\* The quickest and perhaps the best way is with the use of *sapo viridis*. It is not necessary to confine the patient to his bed or even to his room; brisk friction with the *sapo viridis* over each plaque twice a day will suffice. If it be well borne, the friction (by means of a piece of flannel or stiff bristle-brush) may be continued until slight punctate bleeding be produced, and the residue of the soap should be left on the scaly places. At the end of five or six days the plaques are denuded of the scales.

Caustics are not to be recommended except

in the severest cases, that is, where the disease has been allowed to run on for a very long time, and the scales are heaped up in thick masses. If the surface is not too large, caustic potash solution (1-2), acetic, hydrochloric or citric acids may be used. It is astonishing to see how, in contrast to eczematous patches, the skin psoriasis exhibits so little reaction to these irritants. A few years ago it was (and is yet in many hospitals) the custom in England and on the continent to apply Vlemmyukx's solution directly to the plaques. This is a solution of sulphur citrinus and quick lime, two parts to twenty-two of water, the whole evaporated until twelve parts remain. Each plaque was rubbed with this until it bled. Then a fresh application was made and allowed to dry—after which the patient was placed in a water bath for an hour, then washed and the plaque covered with some bland oil or salve. This was repeated a half dozen times, at longer or shorter intervals (from two to six days), until the scales ceased to form and the hyperemia had disappeared. I have witnessed many complete and speedy cures under its use; the strongest objection to it being the pain and the dermatitis it is liable to cause. Few patients in private practice in this country would submit to it.

The scales being removed by any of the methods previously given, the application of the remedial agent can now be made.

Since Willan, in 1799, tar in some form or other has been used most generally. We have the choice of three excellent oils: *ol. cadini*, the oil of cade, *ol. fagi*, or beech oil, and *ol. rusci*, *vel ol. betulæ*, oil of white birch. Of these the *ol. rusci* is to be preferred, on account of its more agreeable odor and its greater fluidity.

I can not lay too much stress upon the method of its application, and I am certain that a large per cent of the failures is due to negligence in this particular. I use a bristle-brush and a few drops of the oil, rubbing it briskly over the plaque until but little remains and the plaque is almost dry. A flannel rag might do, but in the hands of the patient it is apt to be used too lightly. In the use of any of the tar preparations it is well to begin experimentally

\*See Hebra, *loc. citat.*, p. 367.

on limited regions, as there are individuals whose skin will not bear the smallest amount. One meets such rarely, much more rarely than the books would have us believe. Again, where the disease appears as a psoriasis universalis, where extensive surfaces are covered with the medicament, it is well to look out for the toxic effects of the tar, black to olive-green urine (which gives the odor of tar on the addition of a few drops of sulphuric acid) fever, gastric symptoms, diarrhea, with discharge of black, tarry masses. If used too freely around the scrotum and anus it is apt to cause eczema of those parts. Tar acne is also apt to occur when the drug is used for a long time. Yet, in spite of these drawbacks, if properly watched, it is an excellent and reliable cure. The scales do not re-form, the congestion diminishes, and the cure is effected. It should be applied once or twice a day, as the severity of the case demands, the patient wearing woolen or flannel under-clothes. When there is friction between the parts, as between the scrotum and penis, starch-powder should be applied over the tar, or absorbent cotton dusted with such powder.

Wilkerson's ointment, as modified by Hebra, is also an excellent application :

Ol. fagi.....	}	.....āā 50.0
Sulf. citrini.....	}	
Saponis viridis..	}	.....āā 100.0
Adipis.....	}	
Cret. albæ.....		10.0 M.

It should be applied in the same manner as the preceding. Kaposi applies it for six days. At the end of ten or twelve days, when the epidermis is thrown off, a bath is given, then a day's rest, after which the course is repeated if necessary.

On the head and face experience has shown that psoriasis yields much easier to treatment than elsewhere. Eight-to twelve-per-cent ointments of white precepsitate or nitrate of mercury, rubbed in with flannel or the fingers, yield excellent results; better still when the parts are first daily washed with green soap, followed by the ointment. The white color makes the application more like a cosmetic than any thing else in use, and on this account in special cases is almost invaluable.

We now come to the more modern therapy—drugs whose efficacy in their application to psoriasis is even greater than any heretofore mentioned, although their use requires more caution. They have all been introduced during the last decade, but are now so well established as to have almost entirely superseded the others.

Of these the  $\beta$  naphthol, introduced in 1881 by Kaposi, is the least successful, that is, it accomplishes the desired object, but less speedily than do the others. Its advantages are that it is both colorless and odorless, and does not stain the skin, hair, or linen. On the other hand, Neisser has pointed out the irritant effects it has on the kidneys, and its tendency to produce acute eczema has been noticed by all who have used it extensively. Yet Kaposi reports one thousand cases treated with it, all of which ran their course to complete recovery without any of these bad effects being noted. He says care must be exercised in its use, the urine must be under observation. Immediately after the application of naphthol (from a few hours to twenty four) the urine voided is cloudy. The addition of alcohol, a solvent to the drug, clears it up. As with other products of tar toxic symptoms are indicated by olive-green urine.

Naphthol may be applied as salve of a strength of five to fifteen per cent, or in alcoholic solution. The latter is a dangerous method, and was never used in the Vienna General Hospital. Kaposi has also recommended a naphthol soap, the benefit of which is decided in chronic cases. Used with discretion, the patient under constant observation, I regard naphthol as a very excellent remedy.

Jahrish, in 1878, introduced pyrogallie acid, which to-day, all things considered, I regard as the best medicament in the treatment of psoriasis. In point of celerity of cure it is surpassed by chrysarobin, but the dangers attending the latter, its dyeing and coloring properties off-set whatever advantages in this respect it may possess.

Neisser reported a case of poisoning from pyrogallie acid, used externally as ten-per-cent ointment. In this case, however, twelve grams were used in one application, and to make absorption more certain, the patient was wrapped



in gutta-percha paper. A few hours after there was a rigor, followed by diarrhea, vomiting, collapse, and death on the fourth day. This, as far as I know, is the only fatal case that has been reported. At a recent meeting of the New York Dermatological Society, Dr. Allen reported two obstinate cases successfully treated with pyrogallic acid and contractile collodion. In one of these, Asiatic pills, as many as ten a day, had been given without benefit. Dr. Prince A. Morrow has had considerable experience with the drug, and thinks the dangers attending its use very slight indeed. He had never seen any constitutional effects follow its absorption. The general opinion was that the drug was a most excellent and safe one to use, but that it acted less promptly than chrysarobin. Jahrish reported two hundred cases treated with it without a single toxic symptom. The average time for cure in these cases was from three to four weeks. Five- to ten-per-cent ointments are generally used, but it may be applied stronger. The scales being removed, the ointment is rubbed into the plaques with the brush or a piece of flannel thoroughly once, or, in rare cases, twice a day. Should erythema occur from its use (a rare result), the application should cease and some bland dusting powder be employed until the erythema disappears; then employ the ointment again. When extensive surfaces are to be treated, it is well to use the five-per-cent ointment. When pyrogallic acid is used for a long time, the healthy skin, too, is dyed a dark brown color, least evident in the face and strongest on the extremities. It seldom causes irritability of the skin; when it does, these symptoms disappear almost immediately on the cessation of its use. It is odorless, and in alcoholic solution (five per cent) may be used on the head and face.

Lastly, we must consider chrysarobin or chrysophanic acid, introduced into dermatology by Balsamo Squire, in 1877. Chrysarobin is a reduction product of chrysophanic acid.\*

\*Chrysophanic acid is easily soluble in cold ammonia, and in diluted potash solutions, with red color. Chrysarobin remains undissolved in cold ammonia, and is slightly soluble in the potash solution. Only when the alkali is heated is it completely dissolved, and the solution is yellow. When the latter is shaken with it the color is changed to red, that is, chrysophanic acid is formed.—*Loebisch Neuere Arzneimittell.*

The latter constitutes about eighty-five per cent of goa powder, obtained from a leguminous tree, native to Brazil and India. Chrysarobin is obtained from the powder by extraction with boiling benzine. It is soluble (completely) in benzine and chloroform, to a lesser degree in alcohol and ether.

All dermatologists of experience unite in saying that with chrysarobin the psoriasis plaques disappear much more quickly than under any other form of treatment, that it prevents the formation of scales and hastens the disappearance of the swelling and hyperemia. And in two or three days after its application the change is wonderful; the congestion disappears and the skin is smooth and white. Its application even on bleeding plaques causes no pain. An average cure scarcely requires three weeks. Yet the disadvantages and dangers attending its use make me prefer pyrogallic acid to it, except in such cases (as in hospitals) where I can control its effect by watching the patient thoroughly.

It stains the surrounding skin and linen red, dark violet to brownish red, hair and nails become reddish brown to yellow. On many individuals, especially children, the healthy skin bordering on the plaques becomes irritated. Erythematous patches, eczema, and even furuncles are of frequent occurrence. Not rarely a dermatitis, whose treatment requires weeks, results; edema of the face often results when the drug is applied to it. Children bring it with their hands to the eyes, causing conjunctivitis. Eczema of the scrotum often follows its application to that part. To add to this, not infrequently fresh psoriasis plaques occur at the places irritated, and thus we may produce by its use a universal psoriasis from the discrete form originally treated. It should never be used on the head and face, and on the body a circumscribed region should first serve as an experiment as to how the individual will bear it. If these precautions are taken and the patient is under constant observation, the drug may be used with safety. It has been the custom to apply it with lard or vaseline in the strength of five or ten parts to forty.

Pick, of Prague, applies it as follows: He melts over a water bath one part of gelatine to

two of water, and adds the required amount of chrysarobin, and then applies it to the plaque. Or he allows the mixture to grow cold and solidify, and lets the patient melt it when required, and apply it with the brush as in the use of *oleum rusci*. This method was used in Vienna until 1884, when the so-called chrysarobin traumaticin took its place.

Chrysarobin traumaticin is a solution of ten parts of gutta-percha in one hundred parts of chloroform, to which chrysarobin to the desired strength is added. The mixture kept tightly corked is fluid, but after its application it hardens and sticks fast. In this way its action is better localized and it stains the linen less. In addition, the plaques, after being painted, may be covered with a layer of collodion, which is, perhaps, the cleanliest way of all. The application should be renewed every day or every other day. I have used the chrysarobin-traumaticin with most excellent results, a strength of ten per cent.

DéRobert, as quoted in the *Journal of Cutaneous and Venereal Diseases* (February, 1886), says the average period of time for the cure of psoriasis is three or four months by the arsenic treatment, six to eight weeks with *oleum rusci* or *oleum cadini*, four or five weeks with pyrogallie acid, while with chrysarobin it is a fortnight or three weeks—at the furthest, a month.

In the treatment of psoriasis, in general, I prescribe as follows: A patient from the country who comes to consult me, I advise to take Fowler's solution, beginning with two drops three times a day (after meals), increasing gradually. I write out the daily dose for a month, warning him of all the disagreeable symptoms he is likely to experience from its toxic effects. I sometimes combine the *oleum rusci* treatment with it, if I have the time allowed me to test the tolerance of his skin for tar. When there are only a few plaques, as at the knees or elbows, I have had excellent results with the use of naphthol. Where the psoriasis is more general and the patient is subject to the ordinary control of a physician, I know of nothing to equal the treatment with pyrogallie acid.

Lastly, where I can visit the patient daily or have him visit me, and when I can exercise com-

plete control over the case, I use chrysarobin without fear, and expect from it the quickest results. On the face and head I usually use white precipitate ointment, ten per cent, and sometimes pyrogallie acid.

LOUISVILLE, KY.

## A TUMOR IN THE PERINEUM.

BY G. W. DUNCAN, M. D.

Twenty-eight years ago Mr. J. B., of Franklin, Ky., sixty-three years of age, of good habits, and free from any constitutional or hereditary taint, discovered a small superficial tumor about the size of an ordinary pea at a point near the center of the perineal space. It enlarged very slowly, until it became a matter of inconvenience to the patient when riding horse-back or sitting in a chair. Two years ago it had reached such dimensions as to interfere with the acts of micturition and defecation, but still he bore it without complaint, and did not seek the advice of a physician until six weeks since, when obstruction to the passage of water was complete.

At this time I saw the patient, the tumor was superficial and movable under the skin. It was about the size of a goose egg, and so hard as not to be penetrable with a hypodermic needle. It infringed on the urethra so as to resist the introduction of a catheter of any size. Aspiration of the bladder was required twice a day for three days before the patient would consent to the removal of the growth. The operation was performed by Dr. Douglass, assisted by Drs. Gardner, Millikin, and myself.

The tumor was inclosed in a fibrous sac, from which it was removed without much difficulty. It weighed eight ounces; its structure appears to be solid bone, and so hard as to resist the sharpest instrument.

After its removal we were still unable to introduce the catheter, and so continued aspirating the bladder in the supra-pubic region for six days, morning and evening, at the end of which time urine was discharged in sufficient quantity by the natural passage.

At this writing the patient is convalescent, and shows no untoward symptom as a result of



the frequent introduction of the needle into the bladder.

I herewith send you the tumor for your inspection and criticism.

FRANKLIN, KY.

[On section this tumor shows considerable densely packed fibrous tissue, with large areas of cartilage elements, in which are to be found numerous points of ossification. It belongs to the variety of mixed enchondromata; and took its rise in the superficial perineal-fascia. It is interesting from its unusual situation, slow growth, and great density.—Ed.]

## Societies.

### CINCINNATI ACADEMY OF MEDICINE.

Stated Meeting May 13, 1886, Samuel Nickles,  
M. D., President, in the chair, G. A.  
Fackler, Secretary.

Dr. E. G. Zinke reported a severe case of delirium-tremens. The patient, aged thirty-three, clerk in a shoe store, had been addicted to the use of strong drink, especially whisky, for ten years. Had often been treated by the essayist for nervous attacks of a day or two in duration. This time he had been restless and without sleep for five days. Temperature 100°, pulse 150, tremulous, appetite good, talkative, and delirious. Prescribed:

R Chloral hydrat..... $\bar{3}ij$ ;  
Potass. bromid..... $\bar{3}iv$ ;  
Codeinæ sulph.....gr.  $\bar{ij}$ ;  
Syr. simpl... } ..... $\bar{a}\bar{a}$ .  $\bar{3}$  jss.  
Aq. dest..... }

M. S: Tablespoonful every hour, till asleep.

He took all this without procuring sleep. Requiring stimulants, he was put on ounce doses of whisky, with thirty drops of laudanum, every three hours. Still no sleep; delirium desperate. It required three or four men to hold him upon the bed. Fearing the opium and chloral, he was put on thirty-five-grain doses of the bromide of potassium every two hours. He obtained no sleep, but grew worse. One half grain morphia subcutaneously and the straight-jacket were found necessary, and lastly the administration of chloroform, which put

him to sleep in about an hour. This, however, lasted but a short time. A season of comparative quiet followed, but was succeeded by more violence than ever. The patient's appetite being good and his bowels regular, it was determined to again administer the chloroform. In large quantities this had some effect, and the patient improved. He was then put on chloral, and did well.

Manifest prostration supervening, he was given tablespoonful doses of wine of coca every four hours. From this time on recovery was uninterrupted.

The patient, during the five days, took the following measures of medicine:

Bromide of potassium..... $\bar{3}j$ ;  
Chloral..... $\bar{3}ij$ ;  
Morphia.....gr.  $\bar{ij}$ ;  
Laudanum ..... $\bar{3}v$ ;  
Chloroform..... $\bar{3}xx$ .

This seems a large amount of drugs, but the fact remains that he was little affected by them, and, the speaker thought, it required the combined effects of all of them to produce the desired result. He admitted he had used heroic treatment, but thought the case demanded it.

The sense of the discussion which followed was, that food was of prime importance, bromide of potassium was the most suitable remedy, chloral and opium were dangerous unless handled with great care, and that chloroform was sometimes necessary as a *dernier ressort*, but had not been needful in the hands of the speakers.

Dr. J. C. McMechan reported a case going to show the contagiousness of phthisis, and reviewed the literature of the subject. He complimented the work of the German Society for the investigation of the contagiousness of disease, under Meyerhoffer, and referred *in extenso* to the writings of Flint bearing on this subject. The essayist did not believe that the disease was contagious to any great extent, yet it was so to a limited degree. The case reported was one showing that the disease is contagious.

The gentlemen who took part in the discussion agreed fully with the essayist.

Dr. E. S. McKee reported a case of carci-

noma cervicis uteri. A German woman, aged forty, came under his observation after nine months' bleeding from the womb. She was very anemic. Physical examination led to the diagnosis of advanced cancer of the cervix. She was given tr. ferri chloridi internally, and powdered chlorate of potash was applied to the cervix. Under this treatment she improved wonderfully, both as to her general and local condition. Indeed, this improvement was so marked that it was thought possible that it was not cancer, but a case of extensive laceration with eversion. This, however, was soon dispelled. The hemorrhages returned with increased violence, and the infiltration extended into the anterior vaginal wall, involving the bladder. She lived about seven months, when she was attacked by an acute peritonitis, to which she succumbed on the third day. *Post-mortem* showed both ovaries degenerated and formed into numerous simple cysts, one of which had ruptured, causing peritonitis.

#### CHICAGO MEDICAL SOCIETY.

Stated Meeting, May 3, 1886, the President, E. J. Doering, M. D., in the chair.

Dr. M. P. Kossakowski exhibited a case of double hare lip and cleft palate in an infant. He promised a subsequent report of the case.

Dr. H. Gradle read a paper on Pure Drinking-Water. He said the only way of deciding the question whether the Chicago drinking-water is ever deleterious to health is to search for the number and kinds of micro-organisms it contains. The sewerage is poured into Lake Michigan, the source of water-supply, whenever the current in the river drifts toward the lake. It is well known that the discharges of typhoid fever—of which there are over 5,000 cases annually in the city—contain the typhoid bacilli. Any spores existing in them, and thus carried into the lake, are likely to remain alive in the water long enough for some few of them to enter the water mains. A similar danger is not unlikely in the case of other intestinal diseases, although the parasites causing them have not yet been identified. Such considerations lead one to suspect the water as the possible cause of infection, however rare.

The speaker has made some culture analyses according to the methods of Koch, and found from 1,000 to 1,500 living germs per cubic centimeter of water. Four to six varieties of bacilli are commonly met with in the water, mostly in the form of spores.

For purification the speaker recommended twenty minutes' boiling, or thorough filtration. Most filters in the market are inefficient. The Mallié aerifilter, however, was found to be practically bacteria-tight when recently cleansed, though on continued use a few germs passed through it. It consists of a cylinder of porous clay screwed to the faucet, and surrounded by a glass cap, through which the water passes.

Dr. Long asked if it is demonstrated whether the bacteria in our drinking-water comes from the sewerage or from the air.

Dr. L. Curtis said there is no doubt that water absorbs a great number of bacteria from the air, and that these may gain entrance into the circulation through the digestive tract as well as through the respiratory tract. He said there is no doubt of the possibility of malarial germs being introduced into the system by means of drinking-water.

Dr. R. Tilley wished to know if it has been actually demonstrated that the bacillus tuberculosis finds its way through our sewers into the lake and drinking-water. We are not justified in saying that our water contains this element of danger until it has been demonstrated.

Dr. J. Zeisler asked if Dr. Gradle had examined the Waukesha waters and found bacteria in them,

Dr. Gradle closed the discussion by saying he took pains not to state in his paper whether he thought the disease germs found in the water were introduced by means of the sewerage or air. It is not a vital point so far as the use of water is concerned, although if it is decided that these bacteria are introduced by means of the sewerage, and not the atmosphere, it would have a bearing on the question of where to dispose of our sewerage. However, there is no doubt but bacteria are introduced into large bodies of water by means of dust, vegetation, and decayed leaves, and there is no



reason to believe that the bacteria found in our water is derived from the sewerage alone. A Russian chemist had examined the water found at St. Petersburg, and found that at a distance from the city the number of bacteria per cubic centimeter was considerably less than near the city. Dr. Gradle has examined water obtained from Lake Michigan, about thirty-five miles from Chicago, and had found about the same number of bacteria per cubic centimeter, but a less number of varieties than in city water. He believed the spores of typhoid and tuberculosis may find entrance into our lake water and become causes of disease in individuals who are not prepared to resist their attacks. Dr. Gradle had never examined the Waukesha waters, but he had examined water from a spring on his own farm, which he believed to be as pure as Waukesha water, and had found only fifteen to twenty bacteria per drop, and only three varieties. He believed that spring waters are the purest, as the bacteria they contain can not be due to sewerage.

Dr. W. Lyford read a report of a case of scleroderma in a girl aged ten years, apparently healthy, and of good family history. Five years ago she received a shock from a lightning stroke. Shortly afterward her parents noticed, under the surface of the skin over the outer region of the left forearm, a delicately traced symmetrical figure, branching and ramifying in purplish colored lines with singular regularity. Dr. Lyford believed the lightning had paralyzed the cutaneous branches of the musculo-spiral nerve, and caused congestion of these filaments, with the marking as a result. In due course of time the skin has undergone the changes that take place in scleroderma. There is hyperesthesia, accompanied by pain, especially at night. The patch is also now slightly elevated above the surrounding healthy integument, and is only slightly movable, while at the elbow it is attached to the facia and sheaths on the tendons, thus interfering somewhat with the movements of the forearm.

Dr. J. Zeisler said he had seen four cases of scleroderma, two of general scleroderma, and two of partial scleroderma. The first two cases he saw in a clinic of Kaposi. Their appearance was striking. In scleroderma the features

of the face are immobile, and therefore the patient can not express the emotions. The skin and underlying tissues seem to grow together. The case of partial scleroderma he had seen in this city. In one patient the patch of scleroderma was a ribbon-like band behind one ear, pinkish in color, immovable upon the underlying tissues. The other case was a lady, aged fifty years, who noticed her right mammary gland was becoming hard, large, and the nipple contracted. There was no pain in the breast, nor were the axillary glands involved. The skin was hard and adherent to underlying tissue. A similar condition was observed in a patch of skin on the right arm. Kaposi states the majority of cases of scleroderma occur in females. The best treatment for scleroderma is massage and galvanic electricity.

Dr. H. Gradle presented some stereoscopic views of sections of hypertrophied tonsils taken from Troutman's book on "Hypertrophied Tonsils," after which the Society adjourned.

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## Reviews and Bibliography.

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**On the Limitations of the Contagious Stage of Syphilis, especially in its Relation to Marriage.** By Frank N. Otis, M. D. Reprinted from Journal of Cutaneous and Venereal Diseases. March and April, 1886.

Dr. Otis, who is coming well to the front as one of the most logical, philosophical, and consequently safe teachers upon matters relating to syphilis, has given us in this brochure his views as to the methods in which syphilis may be communicated, and the length of time that must elapse before the inoculated person ceases to become a possible source of infection.

As regards the material of contagion, he is persuaded that Beale's idea of degenerated bioplasm carries with it a greater weight of probability than any other, no one having yet been able to observe a specific micro-organism in syphilis. He maintains that tertiary syphilis, so-called, is not syphilis at all, but merely a sequela, being due to the trophic disturbances the disease has entailed upon the system, and further, that in this stage the dis-

ease is absolutely non-contagious. With Hutchinson, he denies that there is an inherited diathesis, but that a child takes the disease itself from its mother, who must have it at the time of bearing in the active stage. As it has been satisfactorily proven that neither the semen nor any other physiological secretion ever contains the germ of syphilis, it follows that the father can not directly infect the offspring, but must infect the mother by placing the disease germ in contact with some lesion on her system.

D. T. S.

**Hand-Book for the Instruction of Attendants on the Insane.** 12mo, pp. 137. Cloth. Boston. Cupples, Upham & Co. 1886.

This manual was prepared by a sub-committee of the Medico-Psychological Association, appointed at a branch meeting held in Glasgow, February 21, 1884. It deals with the subject at hand succinctly, and in the style of current popular scientific treatises. The physiological and pathological portions of the subject are treated in a rudimentary manner, the understanding of the reader being reached through familiar illustrations. This, of course, is fit only for readers destitute of scientific culture. The hygienic part of the treatise, however, abounds in practical suggestions for the management of the insane, and may be profitably read by the physician. On the whole, the manual is well suited to the purpose of its compilers, and is entitled to a place among the text-books of the training schools for nurses.

Bulletin of the North Carolina Board of Health for April, 1886.

**Ethics of Female Sterility.** By A. Reeves Jackson, A. M., M. D., Chicago. Reprint from the Physicians' Magazine.

**On Dermatitis Ferox.** By J. L. Milton, senior Surgeon to St. John's Hospital for diseases of the skin. Reprint from Edinburgh Medical Journal for March, 1886.

*Memorabilien*, Zeitschrift für rationelle practische Aerzte herausgegeben and redegirt, von Dr. Friedrich Betz, Heilbronn. The first number of this valuable journal has come to hand. We are happy to place it upon our list of exchanges.

**Naso-Pharyngeal Catarrh.** By J. G. Carpenter, M. D., Stanford, Ky. Reprint from Gaillard's Medical Journal. 8vo, pp. 27. New York. The Judson Printing Company.

The genuine works of Hippocrates, translated from the Greek, with a preliminary discourse and annotations, by Francis Adams, LL. D. In two volumes: Volume I, April number of Library of Standard Medical Authors. New York: William Wood & Co. 1866.

**The Surgical Diseases of Children.** By Edmund Owen, M. B., F. R. C. S., Surgeon to the Hospital for Sick Children, Great Ormond Street, London. 12mo, 585 pages, with four chromo-lithographic plates and eighty-five engravings. Cloth, \$2. Philadelphia: Lea Brothers & Co. 1886.

**The Surgical Diseases of the Kidneys.** By Henry Morris, M. A., M. B., F. R. C. S., Surgeon to and Lecturer on Surgery at the Middlesex Hospital, London. 12mo, 555 pages, with six chromo-lithographic plates and forty engravings. Cloth, \$2.25. Philadelphia: Lea Brothers & Co. 1886.

**A Manual of Midwifery.** By Alfred Lewis Galabin, M. A., M. D., F. C. R. P., Obstetric Physician and Lecturer on Diseases of Women to Guy's Hospital, etc. Illustrated with two hundred and twenty-seven wood engravings. 12mo, pp. 753. Cloth, \$3; Sheep, \$3.50. Philadelphia: P. Blakiston, Son & Co. 1886.

**Practical Clinical Lessons on Syphilis and the Genito-Urinary Diseases.** By Fessenden N. Otis, M. D., Clinical Professor of Genito-Urinary Diseases in the College of Physicians and Surgeons, New York; Surgeon to Charity Hospital, etc. 8vo, pp. 584. Cloth. New York: Printed for the Author. G. P. Putnam's Sons. 1886.

**The International Encyclopedia of Surgery: A Systematic Treatise on the Theory and Practice of Surgery,** by authors of various nations, edited by John Ashhurst, jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromo-lithographs and woodcuts. In six volumes. Vol. VI. New York: William Wood & Co. 1886.

**"Quiz Compend, No. 11."** A Compend of Pharmacy. By F. E. Stewart, M. D., Ph. G., Quiz-Master in Chemistry and Theoretical Pharmacy in the Philadelphia College of Pharmacy, etc., based upon Prof. Joseph P. Remington's Text-book of Pharmacy. 12mo, pp. 196. Cloth, \$1. Philadelphia: P. Blakiston, Son & Co. 1886.



Hand Book of Practical Medicine. By Dr. Hermann Eichhorst, Professor of Pathology and Special Therapeutics, and Director of the University Medical Clinic, Zurich. Volume I. Diseases of the Circulatory and Respiratory Apparatus. One hundred and three wood engravings. 8vo, pp. v and 407. Cloth. March number of Wood's Library of Standard Medical authors for 1886. New York: William Wood & Co. 1886.

Diseases of the Spinal Cord. By Byrom Bramwell, M. D., F. R. C. P. (Edinburgh), Lecturer on the Principles and Practice of Medicine, and on Medical Diagnosis, in the Extra Academical School of Medicine, Edinburgh, etc. Fifty-three colored plates and one hundred and two fine wood engravings. Second edition. January number Wood's Library of Standard Medical Authors for 1886. 8vo, pp. xiv and 298. Cloth. New York: William Wood & Co. 1886.

The June issue of the Southern Bivouac will contain an article on the "Sugar-Fields of Louisiana," by R. A. Wilkinson, accompanied by a number of illustrations, and a sketch of the public services of Charles Gayarré, of New Orleans, by Paul H. Hayne. Dr. Felix L. Oswald will conclude the interesting series of articles on "Our Last Hunting Grounds" with a paper on the Rocky Mountain Region. Dr. Oswald is preparing for this periodical a series of articles on Southern Summer Resorts.

A Manual of Surgery: A Treatise by Various Authors. In three volumes. Edited by Frederic Treves, F. R. C. S., Surgeon to and Lecturer on Anatomy at the London Hospital. Vol. I, General Surgical Affections, The Blood-Vessels, The Nerves, The Skin. Vol. II, The Thorax, The Organs of Digestion, The Genito-Urinary Organs. Vol. III, The Organs of Locomotion and of Special Sense, The Respiratory Passages, The Head, The Spine. Duodecimos, 1866 pages, two hundred and thirteen engravings. Per volume, cloth, \$2. Philadelphia: Lea Brothers & Co. 1886.

The Principles and Practice of Medicine. By the late Charles Hilton Fagge, M. D., F. R. C. P., Physician to and Lecturer on Pathology at Guy's Hospital, Examiner in Medicine in the University of London, etc., including a section on Cutaneous Diseases, by P. H. Pye-Smith, M. D., F. R. C. S., Lecturer on Medicine at Guy's Hospital; chapter on Cardiac Diseases, by Samuel Wilkes, M. D., F. R. S., Physician to Guy's Hospital and to the Royal Hospital for Children, London, and complete indexes, by Robert E. Carrington, M. D.,

Assistant Physician to Guy's Hospital, London. Volume II. Royal 8vo, pp. 883. Cloth. To which is appended a memoir of the author. Philadelphia: P. Blakiston, Son & Co. 1886.

Insanity and its Treatment. Lectures on the Treatment. Medical and Legal, of Insane Patients. By G. Fielding Blandford, M. D. (Oxon), F. R. C. P., late Lecturer on Psychological Medicine at the School of St. George's Hospital, London (third edition), together with Types of Insanity, an illustrated guide in the Physical Diagnosis of Mental Diseases, by Allan McLane Hamilton, M. D., one of the consulting physicians to the Insane Asylum of New York City. February number of Wood's Library of Standard Medical Authors for 1886. 8vo, pp. ix and 371. Cloth. New York: William Wood & Co. 1886.

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## Foreign Correspondence.

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### LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The forthcoming Indian and Colonial Exhibition, which will soon be opened in London, is likely to receive some interesting Australian drugs. Queensland sends the sinews of the kangaroo made into ligatures for surgical operations, as well as many medicinal preparations of the eucalyptus. With regard to the ligatures just mentioned, it is interesting to have an opportunity thus afforded of comparing the new kangaroo-sinew ligature with the catgut ligature of Lister, the whale-tendon ligature of Japan, and the iron-dyed silk ligature now in vogue in America, to which must be added the ox-tendon ligature prepared in this country and in Germany.

The Australian exhibits will also include a new kind of chest protector, made from native skins, and some interesting samples of mineral waters from the boiling springs of the Etheridge district, of which it would be interesting to see an analysis that might be compared with those made of the geysers of Iceland and other boiling springs. Among the native Australian drugs, the leaves and fluid extract of the koroniko (*Veronica arborea*) will be exhibited. This is the well-known Maori remedy for all affections of the bowels, and in all probability owes its therapeutic properties to a peculiar kind of

tannin or some similar kind of glucoside. Other leaves, known as kawa-kawa, and their preparations will figure along with those of the now celebrated *Eucalyptus globulus*. Western Australia sends specimens of the "blackboy" resin, a tree, a kind of xanthorrhoea, one of which consists of the entire tree, having a trunk seventeen feet high from the root to the first branches, and being five feet eight inches in circumference. This sample is calculated by botanists to be eight hundred years old, and will on that account alone form quite a feature in the forthcoming exhibition. Half a hundred weight of what is known as "native tea," a drug which is said to be invaluable in the treatment of inflammation of the kidney, bladder, etc., is also sent.

The laying of the foundation stone of the new Examination Hall of the Royal College of Physicians and the Royal College of Surgeons, upon the Thames embankment, over which Her Majesty presided, went off most brilliantly, while, in point of what may be called moral interest, the ceremony takes of course an exceptionally high place. Any day almost may witness the beginning of some new educational, charitable, or other like institution; but the founding of new and common headquarters for the two great corporations who are charged with maintaining the character and efficiency of the profession, which, by all but a very limited portion of mankind, will always be regarded as dealing with the highest object of human concern, is certainly no ordinary event. The practitioners of the healing art have, in the long course of the world's history, been made the objects perhaps of almost as many malicious jests as have been leveled at the lawyers, but the jesters who have in each case displayed the practical courage of the pleasantries are very unequally divided. A distrust of the law and of its professors has probably kept twenty men out of litigation for one who is restrained by an avowed "disbelief in doctors" from seeking medical advice. Nothing is more pathetically significant of the weakness of the flesh than the abject self-surrender of many of the most arrogant skeptics in the matter of medical science to the former objects of their sarcasm on the first symptoms of any de-

cline in that robustness of health to which alone they owed their skepticism. This new excess is no less irrational and sometimes perhaps even more perilous than that which it displaces, but fortunately with every fresh advance in the progress of knowledge, among patients as well as doctors, these oscillations between infidelity and superstition tend to become less frequent and less violent, and among the educated classes probably the general attitude of mind toward medicine and its professors is a fairly sensible one.

Mr. Frederick Treves has pointed out the error which has crept into text-books with regard to the name of the surgeon who was said to have first described the form of hernia, known as Littré's. It was, according to Mr. Treves, not Littré, but Littre, the similarity of the name with that of the celebrated lexicographer having evidently given rise to the confusion. In speaking of the hernia, he considered it was probably due to the slipping of Meckel's diverticulum into the femoral canal. Although the lumen of the gut was not obliterated, yet as peristaltic movement could not take place, paralysis of that portion of the gut resulted. He recommended the employment, in all cases of strangulated hernia accompanied by stercoraceous vomiting, of copious warm-water irrigation of the stomach by means of a stomach-pump, such a procedure tending to diminish the collapse and removing fecal matter from the stomach. Attention was also called to the fact that the symptoms of strangulated hernia depended rather on the nervous disturbance than on the mechanical obstruction of the gut, as evidenced by the cure of a man with an artificial anus, in whom strangulation of the gut, lower down, was followed by all the symptoms of strangulated hernia.

Conformably with the practice of investigating the peculiarities of form and structure presented by the brains of famous men, that of M. Gambetta has been duly examined, Gambetta's cerebrum verifying in a remarkable fashion some of the latest deductions of physiology regarding the functions of the brain. Firstly, there was high development of the speech-center in the third left frontal region. Nor was



this portion of the statesman's brain found to be merely well developed, it actually exhibited a double-folding in this area. According to the report, it is stated that in the brains of Wulfert, the lawyer, and Huber, the philosopher, both remarkable for their rhetorical ability, the convolution noted was singularly developed, and was more wavy and complex than in ordinary brains. In these cases, however, there was no reduplication, as in the brain of Gambetta, which in other respects showed certain peculiarities of development. In the forehead region, the statesman's brain showed complexities of folding, associated with great diagrammatic regularity. Altogether, the examination is of a highly interesting character, proving, as it does, the fact that evidences of genius and ability are not left unrecorded on the organ of mind.

Miss Sarah Maguire, lady superintendent of the Cork Street Fever Hospital, Dublin, has died of typhus fever, contracted when in discharge of her duties. The deceased lady had occupied the position for many years, and during the severe epidemics in Dublin, notably the smallpox some years back, nursed patients with heroic courage.

LONDON, April, 1886.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

With reference to the debate that is still going on at the Academy of Medicine between the microbists and non-microbists, I may recall the conclusion arrived at by Professor Verneuil, viz., that there are physiological maladies and microbial maladies; but he does not admit a morbid spontaneity for any malady. Professor Le Fort, a well-known hospital surgeon, is quite disposed to admit that every contagious malady is characterized by a special microbe, but the contention between him and his opponents, whom he rather unceremoniously styles fanatics of the microbe, bears on another point. He then puts the question whether this microbe can be engendered spontaneously in a patient, or whether it enters the organism from the exterior, where it exists in the air which serves as a vehicle as it does for the pollen of flowers. M. Le Fort does

not attempt to explain the origin of the microbes which must have existed from all eternity, as spontaneous generation is irrevocably condemned by M. Pasteur and his school, but he maintains that the air is not the vehicle of the germs or the special microbes. Even in the air of the hospitals the germ of purulent infection has never been found; and in proof of his thesis he advances the following comparative experiment which he performed in the hospital: In one series the wounds were dressed in the open air, in the other they were dressed according to the method of occlusion. On another occasion he left the wounds of two amputated subjects freely exposed, without any dressing, to the contact of the air and to the microbes of the hospital, and yet these two patients were perfectly cured. M. Le Fort also quotes the case of the surgeon (Rose, of Zurich) who, in a report drawn up by him embracing a period of four years, from 1867 to 1871, mentions that he left all the wounds, including those of amputated subjects, exposed to the open air, and yet he lost fewer patients than Billroth, who preceded him in the same ward from 1860 to 1867. In the case of an epidemic of puerperal fever, reported by M. Le Fort on a previous occasion, and which occurred in the provinces, the author had no doubt but that the disease was propagated by contagion; but the difficulty is to determine the origin of the microbes in the first victim of the epidemic, and how long they had existed. If it be true, as is asserted by some microbists, that the vagina of a healthy woman always contains five or six species of microbes, which are only awaiting an opportunity to enter into the economy and provoke an attack of puerperal fever, it is astonishing that a single mother could yet be found living. As the first case of puerperal fever referred to above was the subject of an old fistula in the thigh, M. Le Fort suggests that this latter might have been the source of the puerperal fever, which he considers to be only another form of purulent infection, as occurs in other surgical diseases. But M. Verneuil's explanation is that there are microbes that remain latent in the organism, but which become transformed into microbes which produce various morbid phenomena in the sys-

tem, according to the nature or rather the character of the microbe. Thus, in the first woman of the series of puerperal patients, and who was affected with a fistula, it is evident that the case is an example of what M. Verneuil terms *microbisme latent*. This woman, then, had in her system for some time previously the infectious microbe which produced the puerperal fever in the woman referred to above. M. Verneuil, moreover, states that there are microbes which remain dormant for two, four, six, or twelve years, and that the microbe of osteo-myelitis is endowed with a special longevity. In confirmation of this hypothesis he cites the case of a patient, a young lad who was in his ward, and who at the age of ten years was the subject of an osteo-myelitis of the tibia. At sixteen he had an osteo-myelitis of the femur, and now, at the age of twenty-four, he is affected on the opposite side, with an osteo-myelitis of the humerus. This idea of M. Verneuil is rather far fetched, and no wonder that M. Le Fort condemns it as being unacceptable, at least in the case of the first woman who was affected with puerperal fever, and whose morbid condition, having been aggravated under the influence of parturition, gave rise to auto-infection.

Dr. Villemin, Professor of Clinical Medicine at the Military Hospital, Val. de Grâce, and who is well known for his researches to prove the inoculability or contagiousness of tuberculosis, believes that M. Peter rather overstepped the mark in his implacable war against the microbes, and that he misinterpreted M. Grantier's deductions of his theory of the rôle played by ptomaines and leucomaines in the pathogenesis of disease. He, however, does not throw much light on the subject. All that can be said is that his discourse was an excellent defense in favor of the microbial doctrines, but he leaves in suspense the points which form the basis of this discussion. He also believes in latent microbism, which he says is not more strange than the phenomenon of grains, which have been buried for many centuries in the depths of the soil, awaiting to germinate at the moment when an event will bring them to the surface. In conclusion, he stated

that the parasitic doctrine does not repel the principles of traditional medicine, but it adds one element to it. Taking, for example, pneumonia, cited by M. Peter in support of his thesis, in which he establishes that in one fourth of the cases of pneumonia cold is the exciting cause; but M. Villemin maliciously asks, "What are the causes of the other three fourths?" He, however, proposes the answer himself, by suggesting that the cold by acting as a depressing agent renders the body favorable for the nocive action of the microbes.

PARIS, April, 1886.

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## Translations.

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ALBUMEN IN HEALTHY URINE; ALBUMINURIA IN HEALTHY PEOPLE.—In the Archives of Clinical Medicine, Dr. C. von Noorden attempts to answer the important question, "Is there a separation of albumen with the urine in healthy people, and under what circumstances does it occur?" In order to answer the question, he divides a collection of observed cases of physiological albuminuria into the following groups:

1. The following features serve to characterize the first group:

(a) Mostly found in weak, young people from puberty to the beginning of the twentieth year; less often in children or robust individuals past the first half of the twentieth year. The urine was discovered during investigations made partly in persons of sound general health, and partly in those complaining of some general trouble, such as debility and the like, which led to an examination of the urine.

(b) The amount of urine diminishes enormously within a few hours. Seldom, and perhaps never, is the urine albuminous throughout the day. Absolute freedom from albumen and abundance of albumen in the urine may follow each other rapidly. This precipitous change is highly characteristic, and never occurs in nephritis. This albuminous urine is light, clear, of moderately high specific gravity, the urine of healthy men usually surpassing the normal limit.

(c) The albumen is in all known cases coag-



ulable by heat. Occasionally a globulin-like body may appear in larger quantity than serum albumen.

(d) Microscopically such an albuminous urine generally offers nothing; rarely, hyaline cylinders, and never epithelial cylinders or renal epithelium.

(e) As to the meaning of the conditions connected with the intermittent appearance of albumen, for some of them none, and for others very positive but very different views have been given. Among these severe and exhaustive labor and psychical or nutritive disturbances have been alleged as causes. A usual and characteristic circumstance is that the maximum of albumen production occurs strictly in the morning.

(f) In regard to the pathological anatomical changes of the kidneys in these forms of albuminuria, nothing is known. Gross changes would seem to be positively excluded, for all clinical signs of kidney disease—outside of albuminuria—are wanting.

Likewise, altered conditions of the circulation or hyper-albuminosis of the blood during this condition, ordinarily, can not be demonstrated. There remains, therefore, only the acceptance of individual diatheses, not so much pointing to individual differences in the character of the renal filters as to individual changes in the blood itself.

2. In a second and large list of cases the albumen appears in the urine at the same time with mucin, and in such a manner that the amount of the latter stands in a certain fixed relation to the amount of albumen. Even here also, as a rule, the discharge of albumen is most considerably abundant in the forenoon.

The mucin is for the most part a product of the lower part of the urinary tract; still it can originate from the kidneys themselves. The author designates this form as accessory albuminuria. This form also is essentially affected by physical exertion. Its greatest height is attained with recruits after drill exercises.

In the process a slight degree of catarrh of the lower urinary tract may be observed, as a variable secretion is supplied, consisting of mucin and coagulable albumen, and relatively poor in cells.

3. This division relates to cases in which a small quantity of albumen without mucus passes intermittently with the urine, and stands opposed to the cases of the first or sporadic group. Many times in these cases the albuminuria was observable for a single day, in others only at certain times, and mostly in the forenoon. In a comparatively large number of cases of this group, there was observed a *mass of hyaline cylinders* partly studded with cells, and occasionally red blood disks, so that a ready suspicion obtained that a transitory circumscribed inflammatory process was to be dealt with.

In conclusion, the author sums up with the following:

In far the greatest number of cases, in which we can by known methods demonstrate albumen in the urine, hitherto called physiological albuminuria, abundant further observation and careful examination of the urine furnished well-defined grounds for the belief that certain, although it may be mild disease processes, are in play in the uropoietic apparatus.

On the other hand, the influence of certain physiological affections of the organism, for example, muscular exercise or digestion, may present such a state of things as in general to exclude a "genuine" albuminuria.—*Deutsche Med. Zeitung*.

THE QUESTION OF COLD AS A CAUSE OF DISEASE.—While prosecuting some investigations, in the years 1871-72, upon the temperature of the skin, I made an effort to study the influence which would be exerted upon the temperature of the skin by marked cooling off of one foot, and this with the view of clearing up the question of taking cold. For the purpose named, I put one foot into a basin of cold water. Immediately thereupon the temperature of the skin of the breast sank to a marked degree, so much so, indeed, that the needle of the thermo-electric pile I was using at the time ceased to record it. I was therefore not in position to determine the temperature of the skin of the breast even approximately.

By evening I began to sneeze, and got so

severe a cold that I was not willing to repeat the experiment a second time, and so did not mention it in my previous report.

It appears to me, as a result of this experience, that, by rapidly lowering the temperature of one foot, the temperature of the entire skin immediately sinks; and, as this can occur only as the blood is driven out of the vessels of the skin, it must follow that the blood is forced into the internal organs generally, or what is more unfavorable still, into some particular ones, leading to an inflammation or, as in my case, to a severe cold.

Whether this lowering of the temperature of the entire skin, by the cooling off of one foot, invariably results, or occurs when a cold is coming on, not having repeated the experiment, I can not decide.—*R. Hankel, Deutsche Med. Zeit.*

### Abstracts and Selections.

PROFESSOR GAUTIER ON NEW LEUCOMAINES. The interesting researches carried out during some years by the distinguished chemist of the Collège de France resulted in the discovery of a group of bodies resembling vegetable alkaloids, or rather the alkaloids which had been found by himself and others, to which the term ptomaines, or cadaveric alkaloids, is now applied. But the importance of his discovery lies in the fact that these bodies, to which he gave the name leucomaines, are found in healthy living matter, and there is every reason to believe were produced by the chemical changes of assimilation and disassimilation. Whether this is the exact truth, can only be proved by the results of future observers; but the physiologist is often rather shy of accepting the results of the chemist, armed as the latter is with powerful agents of chemical destruction, and it is often urged that he has himself produced the bodies he has found. Putting this question on one side, the importance of the new views to the subject of medicine can easily be seen. The living being is constantly manufacturing in his own tissues agents which can produce disease or death. We have not the same necessity to search for the ever-present etiological factors of cold and damp, or too hastily summon the microbes to explain our diseases. This discovery was, as might be expected, seized with delight by the anti-microbists; they had scientific evidence

on which to found their opinions, and it must be said that they have in no way neglected to push the theory to its logical consequences. Ever since Professor Gautier's first paper at the Academy of Medicine, about two months ago, the subject for discussion has been the same—the leucomaines *vs.* the microbes; and lately a fresh support has been given to the anti-microbists by the announcement from the Professor of two new leucomaines, the poisonous properties of which are undoubted. The first body is called "adenine." It was discovered by M. Kossel, of Berlin, in the pancreas and spleen, and was described in Hoppe-Seyler's *Zeitschrift* of March 11th. It appears to exist in all animal and vegetable cells, and can be extracted from them by neutral reagents; and, further, it appears that it is derived in the cell from the nuclein—a body already known—since under the influence of water and heat the nuclein produces adenine, phosphoric acid, and albumen. Adenine itself can be wholly transformed into hypoxanthine or sarcine—thus showing its near relation to the bodies we vaguely call nitrogenous metabolites, but a more interesting relation is hydrocyanic acid. The formula of prussic acid is  $\text{HCN}$ ; the formula of adenine is  $\text{H}_5\text{C}_4\text{N}_5$ , and cyanide of potassium can be produced from it. The second body was isolated by M. Morelle from the spleen. This organ was chosen by the advice of Prof. Gautier because of its undoubted purifying action on the blood, being the place where alkaloidal and similar noxious products of metabolism are retained. The physiological properties of this leucomaine were tested, and it was found to be a paralyso-motor, with a powerful action on the medulla oblongata. A small quantity injected under the skin of a guinea-pig appeared at first to produce nothing abnormal, with the exception of immobility, a refusal of food, and some swelling near the point of injection for the first forty hours, but by degrees the depression and suffocation increased, and the animal died asphyxiated. At the necropsy were found congestion of the lungs with subpleural ecchymoses, general edematous infiltration of the liver, spleen, and kidneys, and a certain hardness of the ventricles, appearing to indicate the arrest of the heart in systole.—*London Lancet.*

IMPROVED NUTRIENTS.—Often the most puzzling problem presented to the physician in the treatment of grave diseases accompanied by great enfeeblement of the digestive functions is the selection of a suitable nutrient. Such a food must necessarily contain, in the most easily assimilable form, the most highly nutri-



ent principles, and must be either devoid of taste or sufficiently palatable to please the most sensitive palate. To this end manufacturers have long been experimenting, and not a few now profess to prepare a food adapted to every condition of feeble digestion, whether due to lack of development of the digestive organs, as in the young infant, or to loss of tone and function through disease. Indeed, the difficulty now seems to be for the physician to select from an embarrassment of riches. It is needless to remind the intelligent physician that, to do this acceptably, he must study the individual case, determine the portion of the digestive apparatus at fault, and endeavor artificially to assist the functions of the enfeebled organ. With this knowledge of the case before him, the patient's like or dislike for a food will afford a further guide to selection, for it not infrequently happens that, of several pre-digested foods offered, one alone may be acceptable to the patient and admit of being administered continuously for any considerable period.

Since beef-tea, which for a long time was the chief nourishment afforded the sick, has been looked upon with less favor, a rational study of the question of condensed nutriments has resulted in the preparation of a variety of excellent foods, among which we may specially mention *powder of beef* and *peptonized extract of beef*, prepared by Messrs. Parke, Davis & Co.

A great advance in the dietetics of the sick-room was also made when pharmacists placed before the medical profession the means of conveniently peptonizing and pre-digesting various foods at will. Thus, with the peptonizing and digestive tablets furnished by the pharmacists mentioned above, such food as milk, gruel, oysters, wine jelly, etc., may be peptonized by the physician or nurse prior to administration. Without disputing the rôle played by drugs in modifying the course of disease, most thoughtful observers will grant that their place in the cure of disease scarcely ranks higher than that of carefully selected nutrients, and that, other things being equal, that physician treats his patient most successfully and acceptably who selects for him a palatable and nutritious diet suited to the stages of his malady.—*New York Medical Journal*.

RECENT CONTRIBUTIONS TO THE LITERATURE OF CHOLECYSTOTOMY.—In his paper, entitled *Cholecystotomy applied to the Treatment of Biliary Calculi*, M. Jules Bœckel, of Strasburg, tries to show that where a biliary fistula exists, the operation for cholecystotomy is both simple and safe, but that where such is not present the operation is difficult and dan-

gerous. Three cases of operation for biliary fistula are narrated, two successful and one unsuccessful. In the latter, the fatal result is accounted for by the presence of a calculus in the common bile duct near the duodenum, which could not be recognized during life.

Where a biliary fistula exists, and shows no signs of healing spontaneously, Bœckel holds that cholecystotomy, by opening up the fistula, is not only permissible, but called for; that early intervention insures and hastens cure by preventing the ill effects of the constant escape of bile from the fistula; and that the operation, easy and safe in itself, is not appreciably less so when the peritoneum has to be opened, provided that antiseptic dressings are used. On the other hand, where no fistula has been formed, he holds that before an operation is undertaken the diagnosis must be made certain by careful observation of the condition and progress of the patient, and especially by the recognition of a distended gall-bladder in which calculi have been detected by an exploratory puncture; that even when the diagnosis has been established the operation is only to be undertaken in exceptional (*sic*) cases to avoid the formation of calculi within the hepatic bile ducts, the onset of which can not be foreseen. When the diagnosis is doubtful, Bœckel considers that the risk is too great to justify the possible benefit of an operation. Our present knowledge, he believes, does not entitle us to say whether cholecystotomy or cholecystectomy is preferable when an operation is undertaken. In the course of his remarks he does not explain why an opening into the peritoneum, made during an operation for biliary fistula should be comparatively safe, while one for diagnostic purposes, or where there is a distended gall-bladder, should be so dangerous as hardly to be undertaken, the dressing in each case being the same; neither does he consider the risk to the patient when a calculus in the cystic duct necessitates the constant flow of bile into the duodenum, the gall-bladder being meanwhile distended with mucus, but not yet adherent to the abdominal wall.

2. In their clinical aspect, and probably also, as he believes, in their pathological origin, Lawson Tait divides gall stones into two classes, (1) the solitary, (2) the numerous. The former are seldom more than two or three in number, and are often of considerable size. Owing to their comparatively large size and rounded shape, they are liable to be caught in the cystic duct and give rise to a series of symptoms which result from the blocking of this duct. These are, pain in the region of the gall-bladder, with its distension by an opalescent fluid secreted by the mucous membrane, loss of ap-

petite, impairment of strength, and emaciation; the bile, prevented from entering the gall-bladder, flows constantly into the duodenum so that there is no jaundice. The diagnosis is to be made from the above symptoms, especially the distended gall-bladder. The operation of cholecystotomy is easy up to the evacuation and opening of the gall-bladder, but the removal of the calculus from the duct may be a matter of considerable difficulty—in one case it had to be broken down *in situ* before it could be removed.

In the second class of cases on multiple gall stones—a large number—often several hundred of calculi are present, varying in weight from a fraction of a grain to eight, ten, and twelve grains, the majority being between two and three grains. From their irregular shape and comparatively small size, these gall stones less frequently remain fixed in the cystic or common bile duct (which is larger), and while passing onward they generally admit of a flow of bile past them. Accordingly, while attacks of biliary colic are frequent and severe, jaundice is seldom seen except in the earlier attack; bile is generally found in the gall-bladder bathing the calculi, and the distension of the gall-bladder is usually intermittent in a way which is often puzzling. Contrasted with the operation for the solitary kind of calculus, that for the numerous kind differs considerably in its details. In the latter the gall-bladder is not distended. Hence the diagnosis is more uncertain, and when the abdominal section is made the gall-bladder is not so easily found. Evacuation of the contents is easy, but the subsequent flow of bile requires constant care throughout the operation to prevent contamination of the peritoneum. The majority of the gall stones are easily removed, but great care must be taken that none remain in the neck of the bladder or in the ducts, otherwise the gall-bladder may be afterward distended with mucous and the wound reopened. In one case a gall stone, lodged in the lower end of the common bile duct, had to be crushed *in situ* from the peritoneal aspect.

The operation of cholecystotomy is described as follows: "A vertical incision is made from the margin of the ribs downward over the hepatic notch, cutting carefully through the textures till the peritoneum is reached; this is then seized carefully with two pairs of forceps and pulled backward. An opening is made between the forceps to allow the fore-finger to enter and feel for the gall-bladder; when found its fundus is to be brought cautiously toward the wound and seized with the forceps; if distended it is then tapped, incised to allow the fore-finger to enter, and the cut margins

held with forceps; with forceps or scoop the calculi are then removed. A continuous suture is then applied, so as to accurately close the peritoneum by uniting the edges of the wound of the gall-bladder, the two peritoneal surfaces being carefully adapted to each other." A drainage tube is inserted for six or seven days. Tait has found no tendency for gall stones to form after his cases of cholecystotomy, and considers that it would be as reasonable to excise the urinary bladder to prevent reformation of stone there as to perform cholecystectomy as a preventive against gall stones. "At any rate, the mortality of cholecystectomy is fifty per cent; the mortality of cholecystotomy has not yet appeared." In conclusion, he says, "Amongst all the many advances which abdominal surgery has seen, I claim that there is none so certain nor so free from risk, nor so brilliantly successful as the surgical treatment of gall stones."

3. A. Mayo Robson notes two successful cases. The symptoms in both were due to obstruction of the cystic duct, but contrary to Mr. Lawson Tait's experience by numerous, not solitary, calculi. The symptoms, besides the distended gall-bladder, were local, dragging pain and uneasiness in the one case, and vomiting and prolonged constipation in the other. In one there was nearly a pint of clear watery fluid, in the other eight ounces of a similar fluid, in the gall-bladder. Jaundice seems to have been absent in both. After the operation an obstruction of the cystic duct was diagnosed from the re-accumulation of the watery fluid. This, from absence of other cause, was thought to be due to an organic stricture of the cystic duct. The fluid contained in the gall-bladder was found to possess antiseptic properties, also to contain two ferments, one curdling milk and the other having a marked diastatic action on starch.—*Annals of Surgery*.

TO AVERT OPHTHALMIA. — Hon. Ralph Abercrombie, in *Nature*, says that "Three cases have come under my personal observation in which brown-skinned natives, in very different parts of the world, blacken their faces to protect them from intense light and heat." The examples he gives are those of the inhabitants of Morocco, as well as of others along the North of Africa, who blacken themselves around the eyes to avert ophthalmia from the glare off hot sand. The natives of Fiji do the same, and so do the natives of the Sikhim Hills, and it is only reasonable to suppose that a practice of such wide diffusion and such striking similarity is found useful, that is, protective in the places and under the conditions contemplated.—*London Medical Press*.



# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. I. SATURDAY, MAY 29, 1886. No. 11

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

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## MULTIPLE PERSONALITY.

A curious instance of multiple personality has recently excited the interest of the members of the London Society for Psychical Research. The patient is known as Louis V., and was born in 1863, being now about twenty-three years old.

He is described, says the *Spectator*, in a summary of his case given by Dr. Meyers, as having six different states of consciousness, all of them accompanied by six distinct physical conditions; but in only one of these states (the sixth) is his memory something like that of an ordinary man—that is, able to recall the larger number of the various phases of life through which he has passed. Even in this sixth state there are a few blanks in his memory; but in all the others he appears to remember only a few discontinuous portions of his history, and to forget completely those years in which his physical state was quite different from that in which he then finds himself.

Thus, at times he is subject to paralysis of the right side, due to some morbid condition of the left side of the brain, and at such times

nearly twenty of his twenty-three years of life are entirely wiped out for him. But even then the application, in a certain way, of soft iron to his right thigh restores to him the memory of the greater part of his life, dispels temporarily all paralysis, and leaves only a few comparatively small gaps in the memory of his career. Again, under certain magnetic conditions, the paralysis—which seems to be hysterical—can be transferred from the right to the left side, involving in turn the right side of the brain in a state of inertia. This change, which is quite sudden, is accompanied by a very curious alteration in the apparent aspect of his character. From being arrogant, violent, and profane, with indistinct utterance and complete inability to write (owing to paralysis of the right hand), Louis V. becomes instantaneously quiet, modest, and respectful, speaking easily and clearly, and able to write a fair hand; but the greater part of his life is still blank to him.

The hysterical paralysis of the right side (involving the left side of the brain) leaves him a rude, presumptuous, illiterate boor; while the paralysis of the left side (involving the right side of the brain) finds him a docile, respectful, educated young man.

The other four states of consciousness, which are induced by various physical means, some even by telling him in an authoritative manner that he is in one of these states, are more or less intermediate between these two. Mr. F. W. H. Myers, who is one of the leading spirits of the Society, argues from this case that every individual possesses for each hemisphere of the brain a distinct personality; even going so far as to suggest that each separate side of the brain represents the command of quite a different sphere of knowledge.

It is very properly maintained by a writer in "*Science*" that if any thing of the kind is proved by this case, it is not that we have dual personalities, but multiple personalities. The writer then proceeds to argue that the attempt to draw inferences as to our normal and healthy state, from the consideration of abnormal and unhealthy states, is a radically misleading one.

Without conceding that Mr. Myers has

drawn the right conclusions in this particular instance, for our part we see no other way of studying these psychological problems, with any hope of reaching a satisfactory solution, than from diseased states, produced either naturally or artificially. This seems a necessary step to the thorough analysis which must precede any satisfactory synthesis. In a partial analysis of this kind a patient can, to some extent, study his own mind in a way never permitted him in health. The delirious, and sometimes the insane, patient fully recognizes the rebelliousness of his other faculties to the will; that he is not doing the things he would do, nor saying the things he desires to say: and it is safe to assume that, in mental as in physical affections, pathology is only physiology gone astray.

s.

Turner, of Manchester, Mr. Oscar Clayton, of London, and many other English surgeons, were applying carbolic acid in these affections with marked success in 1863. In 1870 Dr. I. C. Nott, of New York, treated a carbuncle by stuffing it with cotton saturated with carbolic acid and painting the surface of the hardened mass with the acid;\* very shortly after he changed this treatment to that by injection. And we, acting on Dr. Nott's suggestion, did likewise, and to this day have rarely treated carbuncles in any other way.

The fact is, that the subcutaneous injection of carbolic acid for the solidification or change of action of certain morbid growths and conditions followed pretty closely upon the introduction into general practice of the acid itself, and of the hypodermic syringe.

#### CARBOLIC-ACID INJECTIONS IN HEMORRHOIDS AND CARBUNCLES.

Dr. N. B. Kennedy, of Hillsboro, Texas, writes, in the *Journal of the American Medical Association*, of May 8th, as follows:

"Permit me to place myself on record as the first to discover and put in practice the hypodermic administration of carbolic acid for the cure of hemorrhoids, carbuncles, poisonous bites, and foul and ill-conditioned ulcers."

Dr. Kennedy places the date of his discovery in 1875. He does not give the month. Six years subsequently—1881—he embodied his experience in a paper read before the Texas Medical Association, which appeared in the published transactions of that society. We do not doubt that Dr. Kennedy made the discovery he claims, but it had been made by others and before him. As early as 1871 a charlatan named Mitchell, living in Jacksonville, Illinois, was treating hemorrhoids by injecting them with carbolic acid, and selling to others the method under the name of "the Illinois remedy." Two years later—1873—the practice was introduced into Louisville, and was soon used by the regular profession. So much for Dr. Kennedy's claim of priority in the treatment of hemorrhoids.

As to the treatment of carbuncles and foul-conditioned sores by the same method, Mr.

#### Notes and Queries.

*Editors American Practitioner and News:*

After a delightful run of seven days from New York to Liverpool, I touched Her Majesty's shores for the first time. The letters you gave me to Mr. Banks and Mr. Harrison were an open sesame to their hospitalities and kindness. Mr. B. is doing no hospital work now, because of a painfully sore finger. I went through the wards of the Royal Infirmary with Mr. Harrison, but saw little of interest. The Infirmary is a very old institution, as you know. It is soon to be replaced by a new building, which will contain all that is newest and best in hospital construction. The Infirmary, which now contains three hundred beds, has gradually come, through the reputation of its surgeons, to be occupied chiefly by surgical cases. Connected with the Infirmary is a training school for nurses. And, strange as it may appear, the only women I saw outside of private houses in Liverpool that could possibly be thought good looking were the nurses, some of whom were beauties. All, both handsome and plain, attended to their duties as though they understood and enjoyed them.

Both knee and hip cases are treated at the Infirmary with Thomas's splints. Thomas him-

\*New York Medical Journal, January, 1871.



self is the son of a "bone-setter." He is a specialist in orthopedics, but is out of the pale—no reputable practitioner recognizing him. Whether this be due to his descent or whether to his being a charlatan, I did not learn. You know and have used his splints. You also know that he has written a book on the hip-, knee-, and ankle-joints. Some one gave me a card of introduction to him, which, however, I did not deliver.

I had the good fortune to see Mr. Harrison manipulate several strictured urethras. It goes without the saying that he is a master in this department of surgery. He is very partial to what he calls his whip bougie, which is certainly a nice instrument, and in his hands insinuates itself without apparent difficulty in the narrowest, tightest stricture. In cases requiring urethrotomy Mr. H. has, for some time past, uniformly preceded the operation by making a perineal section and carrying a drainage-tube into the bladder, in order to guard against urethral fever and other septic dangers. After the internal cut has healed and the urethra is sufficiently dilated, the tube is withdrawn, the urine allowed to pass its natural way, and the perineal wound permitted to close. I saw several cases treated by this method, all being in most excellent condition.

Mr. Harrison is one of those rare surgeons who has never met a stricture, through which water could pass, that he could not pass an instrument. He has a very large collection of urinary calculi in the museum of the Victoria College, among which are some very interesting specimens.

While so much and such fine surgery in certain lines is done at the Infirmary, I grieve to say that leg fractures are still splinted and swung for the allotted twenty-one days before they are put in plaster. A simple break of the tibia calls here for a wooden splint on either side of the limb, a posterior one of metal, molded to fit the leg; a piece to go at right angles beneath the foot, all this duly bandaged and strapped and finally swung to a frame. How much simpler and easier is the method of putting such injuries in plaster on the spot, and the patient on crutches a few days after.

I was shown a patient who, two weeks before had had the femoral ligated for popliteal aneurism. The wound was virtually well, the contents of the sac firmly consolidated, and the tumor greatly reduced in size. Both Mr. Banks and Mr. Harrison have abandoned all modes of compression in such cases, and resort now at once to tying the femoral. Mr. H. has tied the femoral twice within the past fortnight with the best results. Catgut is the ligature used. I left the great town of Liverpool and its courteous and hospitable surgeons with much regret.

Immediately on reaching here and securing lodgings, I delivered some of the many letters my friends so kindly gave me, and though the Easter holidays were on and numbers of the celebrities were in consequence out of the city, I started into regular work at the hospitals.

The first of these I visited was St. Thomas's, which is the most beautiful, and also, I believe, the most costly of all the London hospitals. The first surgeon I saw was Mr. John Croft, a pleasant-faced man, tall, somewhat slender, with thin side-whiskers and a bald head, looking about sixty, who spoke in a voice so low as to be scarcely audible to any but his nearest hearers.

The first case he brought before the class was one of hip disease with abscess, in a child of four years. By a linear incision he opened the abscess and exposed the head and neck of the femur, which, being diseased, was removed, after being divided with a small key-hole saw. The wound, which was three inches long, was left open, and after being freely sprinkled with iodoform was covered with iodoform gauze. Mr. Croft has made a modification of Thomas's hip-splint (see Bryant's Surgery), which strikes me as making a really better apparatus for the hip than the wire breeches so generally used by surgeons in America. I am told that Thomas, though a charlatan, as I have said, is a man of wonderful mechanical ingenuity, and his splints are in more general use here than any other. Mr. Croft applied the splint alluded to, and it certainly fulfilled every requisite. He either failed to say, or I failed to hear, whether the bones of the pelvis were also involved in the disease.

The second operation consisted of an amputation of the thigh for chronic disease of the knee-joint, attended by dislocation of the tibia backward and extreme wasting of the leg. The operation was done after Liston's method. *All bleeding vessels*—and there were a dozen—being ligated with catgut, two trough drainage-tubes, made by splitting a rubber tube longitudinally in half, were introduced, one being brought out at the two angles of the wound, the other reaching from the bone to the surface at the center of the flaps, both were stitched to the integument to prevent displacement, then cut short. The flaps were approximated by a single line of superficial interrupted catgut sutures. The entire stump was dusted with iodoform, the suture line covered with protective, the antiseptic gauze applied, and over this a thick layer of absorbent cotton. A piece of blanket, large enough to cover the lower part of the abdomen and the stump, was then smeared with gypsum and applied over all. This in turn was confined by a spica bandage. The split drainage-tubes struck me as being better than the fenestrated. The plaster dressing was intended, I suppose, simply to support the limb, and thus prevent muscular spasm. Mr. Croft operates with exceeding care and in almost perfect silence. The spray was used in both cases.

The next day I saw Sir William MacCormac do a castration for a tumor of the testicle, which, on removal, was found to be a chronic suppurative epididymitis. The operator, after having thrown a ligature in slip-knot round the cord, divided it very high up in the canal, the vessels were then isolated and tied with small catgut, after which the noose above was removed. Sir William adopts the same procedure for the control of hemorrhage in extirpation of the tongue, and in both instances it is claimed to be trustworthy.

From St. Thomas's Hospital I went, by invitation from Mr. John Wood, to the Royal College of Surgeons to witness the examination of applicants for the degree of membership. The gentlemen had already stood a written examination—consisting of five questions. *Two* upon surgical anatomy and *three* upon general surgery. The oral examination (the one I wit-

nessed) consisted of diagnosis upon patients, selected from the hospitals, arranged around the room. Each applicant being taken in charge by two of the examiners, in whose presence he was to examine whatever patient or patients the examiners should select. I thought the examination really very easy, the examiners generally asking the questions in such way that the applicant, if he had any knowledge, was given every chance to answer satisfactorily. Each student was examined in this way fifteen minutes. Then living subjects were placed upon the tables, and the applicants required to put on bandages, splints, and other surgical appliances; and an array of surgical instruments was spread upon the tables, and these had to be named, etc., and the applicants, with colored chalk, were asked to mark out upon the body the course of the different arteries and nerves, the line of incision in the different amputations, etc. The bandaging was the very worst I ever saw. After this a collection of pathological specimens was shown, and the candidates examined upon them. Now, while these matters cover about all of surgery, I should be very much surprised if the average students of our classes, whose course of study being only fifteen months while here it is four or or five years, were not to pass as well as these. At this examination I met quite a lot of prominent surgeons. Among them were Mr. Christopher Heath, Mr. Hulke, Mr. Croft, Mr. Wood, Mr. Bryant, and many others. I was kindly given a standing invitation to attend the examinations. In the same building where the examinations are held is the great Hunterian Museum, which is an immense affair—the comparative anatomy specimens the most complete, I suppose, in the world. I shall doubtless go often to this interesting place.

To-day I visited Guy's Hospital, upon invitation from Mr. Thomas Bryant, to witness a colotomy according to his latest method, which differs from the old, in that, instead of opening the gut immediately and stitching the lips of the wound in it to those in the abdominal walls, he brings out a good knuckle of the gut (left colon) and transfixes it with two long pins, the pins entering the integument one eighth of an inch from wound, passing through



the fascia, then through the center of the gut, and coming out the same distance on the opposite lip of the integument. In this way he has the abdominal wounds plugged with the knuckles of gut, and the gut surface on a level with the integument. To this he now applies the antiseptic dressings (iodoform and gauze) and leaves it until the fourth or fifth day, when he splits the knuckle of gut and removes the pins. He tells me that he has done five by this method with only one death, and this occurred from pneumonia on the fourteenth day after the operation; the death not due to the operation. He got the idea of doing colotomy in this way from a paper in the *British Medical Journal*, by MacNamara, upon gastrotomy, in which he brought out the stomach and transfixed it before opening it. Mr. Heath was present with me at Mr. Bryant's operation, and while the patient was being put in position he told me of a case in his practice, where the nurse had placed the patient in the wrong position, and without noticing it, he went on and operated, finding out after he had finished that he had opened the gut in the *right* instead of the *left* side. Some smart Alick noticed it, and asked why he had selected the *right* side, and he answered, "So as to be sure of getting well beyond the disease." It can be easily understood that the great advantage of colotomy, done as I have just described, over the old method, is the diminished danger of peritonitis from escape of contents of the gut into the peritoneal cavity, adhesion of the gut to the abdominal walls having occurred before the opening in the gut has been made. Of course the surface (posterior) of the colon, which is opened in the operation is not covered by the peritoneum, yet in the operations very frequently the peritoneal cavity is opened much oftener, I imagine, than is generally believed.

In his operations Mr. Bryant uses sponges wrung out of hot iodine-water, and dresses the wounds with iodoform gauze. He practices torsions on arteries almost to the exclusion of all other methods. He tells me that he seldom ever uses a ligature. He kept statistics of torsion in all kinds of amputations up to over 110 cases to note the result, and in all of them had only *one* case of secondary hemorrhage, and

in that there was arteritis. He does not know whether the torsion did the mischief or not.

The other two surgeons, Messrs. Howse and Jacobson, of Guy's, however, use the catgut ligature. I witnessed an operation by each of them to-day. The former did herniotomy for an irreducible hernia, removing a foot of omentum. He applied at least a dozen ligatures. The latter split a man's cheek to get at and remove an epithelioma from the alveolus of the lower jaw.

Mr. Bryant has invented a torsion forceps with blades like the ordinary Well's forceps, but a straight wooden handle; the blades work like needle-holders. Mr. Bryant is about fifty years old, upward of six feet high, of fine figure, wavy iron gray hair, and side-whiskers. He is exceedingly polite and agreeable, and, as an operator, is skilled and graceful.

I saw Mr. Hulke at the Middlesex Hospital. He is, I should say, nearing sixty years of age, and looks less like a surgeon than almost any one you would meet. Nor does he strike you as being especially neat in his dress or person, yet he is the most exacting operator with his assistants about protecting his patient's clothing and person from blood and dirt, and removing every thing that has been the least soiled in an operation from the room before bringing a new patient in, that I have met on this side. It seems to annoy him greatly to see the least blood upon the floor, or on an assistant's clothes or face, or a soiled towel in the room. He did two operations in the time I spent with him: (1) Laid open a fistulous track in the thigh leading to a caries spot in the bone, and then scraped the bone. (2) A lupoid spot on the face which had nearly healed. He scraped the raw surface thoroughly, then gently scarified the surrounding cicatrix to prevent any interference with the circulation from tension, and finally applied a strong solution of chloride of zinc to the sore. He took me through his wards, where I saw four cases of herniotomy, which had been done for strangulation within the past few days; all doing well. He had not attempted radical cure in any of them, which to me was very surprising, as I think we ought,

in all such cases, to give the patient the chance, which can be done without in the least lessening the chances of recovery. He showed me also a case of aneurism in the left orbit, causing great protrusion of the globe. By placing a towel over the face and your ear to the affected side, the bruit was very loud. Eight months before he had ligated the common carotid, and the trouble entirely disappeared, and there was no recurrence of it for several months, since which time it has grown rapidly worse. Mr. Hulke is now trying galvano-puncture.

At the same hospital, after leaving Mr. Hulke, I witnessed an amputation of the breast (malignant) by Mr. Gould. The tumor was a very large one which had begun to break down, but there was no axillary involvement. The operator made the "cart-wheel" incision of Gross, removing every thing down to the muscle.

At Charing Cross Hospital, I attended an amputation through the knee-joint in a case of deformity and wasting of the leg from disease of the joint. Instead of amputating through the leg just *below* the knee, he disarticulated, making the long anterior flap.

The operator, Mr. Richard Barwell, selected disarticulation over sawing through the tibia, because of the less danger from septic absorption. His assistant, Mr. Roeckel, the Registrar of the hospital, instead of applying Esmarch's bandage, used digital compression of the femoral, which occurred to me as being unnecessarily risky. The chloroformist at Charing Cross is experimenting with cocaine, given in one-grain dose by the mouth just before beginning the inhalation of chloroform, to prevent the nausea following the use of the latter. He has not used it in a sufficient number of cases to test it thoroughly, but from the present outlook he does not think it will do any good. Mr. Barwell took me into his ward to see a case of gastrostomy he had done three weeks before. The patient is the subject of malignant disease at the cardiac orifice. She is now up and about the ward, and expresses herself as feeling very comfortable. She takes liquid food into her mouth, and then spits it through a long tube into her stomach.

Mr. Barwell is rather small in person, quick in his movements, very courteous, as indeed is every one I have met here. W. O. R.

PREVENTION OF THE INTRODUCTION OF CONTAGIOUS DISEASES.—The following circular has been issued by the Treasury Department:

In order to assist local authorities in the maintenance of quarantine against the introduction of infectious diseases, as provided in Section 4792, Revised Statutes, the act of April 29, 1878, and appropriation acts authorizing the President to maintain quarantine at points of danger, the President has determined to establish, by means of the vessels of the Revenue Marine, a national patrol of the coast of the United States, so far as it may be practicable under existing law and consistent with the performance of the other duties confided to that service.

You are accordingly directed to cruise, actively, with the revenue steamer under your command, upon the outer lines of your cruising grounds, and to exercise especial vigilance in speaking all vessels arriving from foreign ports, or from southern ports of the United States, directing your inquiries, first, as to the port from which the vessel sailed, and, secondly, as to the health of those on board at the time of departure, during passage, and at the time of hailing; and should the information gained indicate a condition of contagion or infection in the vessel or crew, or that the vessel has left a port at which contagious or infectious diseases were prevailing, her master will be directed to proceed for examination to the outer quarantine station provided for her port of destination.

The following regulations will be observed relative to the inspection of vessels:

If a vessel be found with sickness on board, or in a foul condition, she will be directed to proceed to the quarantine station hereinbefore indicated, and the revenue-marine officer will immediately notify the proper quarantine officer. In such case no person will be permitted to board the vessel until the medical officers in charge of the quarantine shall have given the usual permit.



Should the pilot or master of a vessel, when hailed, report cases of recent or present sickness on board, the revenue officer will not board, but will send her immediately to quarantine.

Quarantine officers will be recognized as follows, viz:

Medical officers or acting assistant surgeons of the Marine-Hospital Service in charge of Gulf, South Atlantic, Cape Charles, or Delaware Breakwater quarantines, or any officer of said Service on duty at any port on the interior rivers, the Great Lakes, or Pacific coast, and all quarantine officers acting under proper State or local authority.

Special regulations to aid local quarantine authorities will be promulgated hereafter, should occasion require. C. S. FAIRCHILD,

*Acting Secretary.*

WASHINGTON, D. C., April 29, 1886.

**LACTATED FOOD.**—Dr. J. Milner Fothergill writes to Wells & Richardson Company the following in regard to the nature and uses of this valuable preparation:

Having requested me to give you my opinion, as a food expert, upon your Lactated Food, I do so herewith.

You state that it contains "the purified gluten of wheat and oats with barley diastase and malt extract combined with specially prepared milk sugar;" in other words, that it is self-digestive as regards the conversion of insoluble starch into soluble dextrine and maltose. My experiments with it lead me to hold that this is correct.

The food then contains carbo-hydrates, some albuminoid matter, and the various salts in grain, notably phosphate of lime.

Such a food can be added to milk and treated in the manner you describe in your leaflet. So prepared with milk it forms an admirable food for infants and dyspeptic persons who require very digestible aliments.

But it has a wider range of utility. The body-temperature is kept up by the combustion of grape sugar. Grape sugar is supplied from carbo-hydrates, either the insoluble starch or the soluble sugar. Starch forms a great portion of our food, and is converted into grape sugar within the body. Where the system is unequal to the digestion of starch, as in feeble digestion, or conditions of acute disease, then predigested starch must be furnished to the organism. Otherwise the system will perish of exhaustion, just as a fire dies out when its fuel is consumed.

Beef tea contains nothing which can form grape sugar, and in fact is a pleasant stimulating beverage or food adjunct, but without food value practically. (For what food value it has is so infinitesimal that it is not worth counting.) But when it has added to it a food such as your Lactated Food it has a distinct measurable food value. Consequently such food should be given with beef tea, and the compound forms a valuable food.

When Lactated Food is placed in water hot enough to be sipped, a rapid transformation of the starch remaining in it (by the diastase it contains) goes on, and a nutritive fluid is the result, which requires but a minimum of the digestive act.

Such fluid can be flavored and drank as a nutritive beverage, specially acceptable in febrile conditions. Flavored with lemon, ginger, cloves, or other flavoring agents to give variety—a matter far too much neglected in the treatment of the sick—it can be largely used. Or wine, either red, as claret, or sherry or port, can be added to it when a little stimulant is required; and brandy when a stronger stimulant is indicated.

The resort to farinaceous matters, predigested, must become greater and greater as our knowledge of digestion and its derangements waxes larger. It is not merely in the case of feeble infants that such predigested starch and milk sugar are indicated and useful; persons of feeble digestion require these soluble carbo-hydrates which they can assimilate.

But to my mind an equally great matter is the feeding of persons acutely sick, and especially when there is pyrexia, who now are allowed to perish of inanition on the mistaken conviction that beef tea is a sustaining food. It is in the sick-room that soluble carbo-hydrates have a great future before them.

DR. D. G. MURRELL has recently been appointed to the position of surgeon to the Chesapeake, Ohio & Southwestern Railway, with headquarters at Paducah. He will take up his residence in that city, whither he has gone to enter upon his duties. Dr. Murrell, during his stay in Louisville, has made many friends, who contemplate his departure with regret. A gentleman of culture, and a physician and surgeon of fine attainments, he can not fail to take a high professional rank wherever he goes. We congratulate the management of the Chesapeake, Ohio & Southwestern Railway and Dr. Murrell alike upon a relationship that can not fail to make to the good of both and the credit of railroad surgery.

**LOSS OF HEARING FROM NOISE.**—In answer to a correspondent, the London Medical Press says:

You ask us if there "is any authentic evidence that soldiers or sailors, over whose heads or near whose persons great guns are being frequently fired, lose their hearing sooner than outsiders who are not so situated," and you remind us of Bradlaugh's allusion to the effect that Big Ben had on him when he was confined in the Clock Tower. We can only say generally that there is, we believe, evidence to show that persons who are habitually or for any long periods subjected to these noises are more frequently sufferers from entire or partial deafness than others, and a military friend to whom we referred your question assures us that "several men of the Eightieth regiment, over whose heads the Great Pagoda at Rangoon was assailed by the artillery of the force employed against that structure, did actually lose their hearing." Whether men employed in iron factories, steamship yards, or other similarly noisy manufactories, are equally affected, we can not say, and the question is, we believe, *adhuc sub judice*.

**A NEW JOURNAL.**—We have received the first number of the New York Medical Monthly, a journal of medicine and surgery, edited by Leonard J. Corning, M. D. "The objects of our publication," says the editor, "are entirely practical, and the teachings of the clinic will at all times be accorded precedence over those of the laboratory, except where the latter have an immediate bearing upon diagnosis or therapy."

The journal starts off with a fine list of contributors. We take pleasure in placing it upon our exchange list.

**A GOOD LOCATION FOR A PHYSICIAN.**—Any physician who may be looking for a desirable field of labor would do well to consider Meadow Lawn, on the C. O. & S. W. R. R., fourteen miles south of Louisville; in Jefferson County. It is the site till recently occupied by Dr. George L. Pope. The situation is most eligible, the surrounding country picturesque, the land rich, and the people kindly and pros-

perous. The property consists of a good dwelling (new), with all needed out-buildings, a large lot suitable for a garden, and an adjacent pasture. Apply to Mr. Simcoe, at Meadow Lawn, or to Dr. T. B. Greenley, West Point, Ky.

**A HEALTHY CITY.**—Speaking of Goulburn, in New South Wales, a recent English visitor, Dr. J. E. Taylor, says: "It is a picturesque and clean town, with wide streets and fine buildings, surrounded by a breezy, open country on one side, and a bold, craggy ridge, half forest-clad, on the other." He then proceeds to state that "Goulburn is said to be so healthy that the doctors rely on the natural increase of population for a living! People are neither in a hurry to be sick nor to die."—*Medical and Surgical Reporter*.

**AMERICAN SURGICAL ASSOCIATION.**—The seventh annual meeting of this Association was held in Washington, April 28th, 29th, and 30th. A number of papers were read, some of which were of great value.

The President announced the following committee on the proposition looking to the formation of a Congress of American Physicians and Surgeons: Drs. C. H. Mastin, Charles T. Parkes, J. Ford Thompson, J. Ewing Mears, and N. Senn.

The officers elected were as follows:

President, Hunter McGuire, M. D., Richmond, Va.

Vice-Presidents, T. F. Prewitt, M. D., St. Louis, and J. W. Gouley, M. D., New York.

Secretary, J. R. Weist, M. D., Richmond, Ind.

Recorder, J. Ewing Mears, M. D., Philadelphia, Pa.

Treasurer, P. S. Conner, M. D., Cincinnati.

Council, Drs. Hunter McGuire, John S. Billings, L. McLane Tiffany, R. A. Kinloch, and Moses Gunn.

Honorary Members—Foreign, Sir William MacCormac; American, Professor Henry J. Bigelow.

Active Members elected, Drs. H. H. Mudd, St. Louis, and Joseph Ransohoff, Cincinnati.

Time and place of next meeting, the second Wednesday of May, 1887, at Washington.



**LANOLIN AN OLD REMEDY.**—It appears that lanolin is not entitled to take rank among the most recent additions to the materia medica, inasmuch as Culpeper, the venerable "student in Physick," described it in his work published in 1650. This has been lately pointed out by a correspondent of the Chemist and Druggist, who gives the following extract:

"*The Way to make Œsopus.*—Take wool cut off from the neck ribs, and under the pits of the forelegs of a sheep not washed, but well wearied, wash it well in warm water so long till it have left all its fatness in the water, then press it out and lay it by, let that fat and foul water be poured from on high out of one vessel into another a long time till it be froathy, then let the froath settle, and take off the fat that swims at the top, then pour the water to and fro again, till neither more fat nor froath appears, then wash the froath with the fat in cleer water till it be cleansed from the dross and will not bite your tongue if you touch it with it; then keep in a thick earthen clean pot in a cold place."—*Canadian Pharmaceutical Journal.*

**INSECT VISION.**—No one yet pretends that we wholly understand the problem of insect vision. The lenses are easy enough to examine and describe, but the delicate, elaborate, and complex apparatus which lies between them and the optic nerves, and so makes the insect a seeing agent, is almost incredible to him who sees them for the first time. That such humble creatures as insects should have been the objects of so wonderful an equipment is a fact which keeps our admiration even more than abreast with our knowledge.—*Leisure Hour.*

**THE NEW YORK UNIVERSITY MEDICAL COLLEGE** has just received a gift of \$100,000 for the construction and maintenance of a laboratory building, to be known as the Loomis Laboratory. The gentleman who made the gift wishes that for the present his name should not be made public.

**A REMARKABLE COMPLICATION.**—The Medical Record states that a physician in New York City is said to have the following inscription on his bill-heads: "A patient's gratitude to

his doctor is a part of his disease, and is most declared when the fever is highest, cools off during convalescence, and entirely disappears with the complete return of health. All bills due upon presentation. Office prescriptions and attendance strictly cash."

**EXPRESSION OF PLACENTA.**—The comparative results of expectant treatment of the third stage of labor and manual expression of the placenta are given in the following table by Weis, of Copenhagen:

CASES TREATED.	EXPECTANT.	EXPRESS'N.
	Per cent.	Per cent.
Post-partum hemorrhage.....	5.78	2.3
Manual removal of placenta...	1.33	0.64
Retention of membranes.....	1.75	2.3
Secondary hemorrhage .....	0.77	0.32

*New England Medical Monthly.*

**AMERICAN CLIMATOLOGICAL ASSOCIATION.**—At the recent meeting of the American Climatological Association the following were elected officers for the ensuing year: President, Dr. F. Donaldson, of Baltimore; Vice-Presidents, Drs. H. Y. Bowditch, of Boston, and Roland G. Curtin, of Philadelphia; Secretary and Treasurer, Dr. J. B. Walker, of Philadelphia; additional member of Council, Dr. F. C. Shattuck, of Boston.

**HOW WE TAKE COLD.**—Dr. Brown-Séquard says that a "cold" usually results from the reflex influence of cold air upon the sensitive nerves of the nucha. He proposes to overcome the peculiar sensitiveness of these nerves by blowing with a pair of bellows upon the neck, using first warm air, which is to be gradually cooled until the patient can stand any sort of a draught (of air, not of liquid) without sneezing.

**KENTUCKY STATE DENTAL ASSOCIATION.**—The sixteenth annual meeting of this society will be held in the parlors of the Louisville Hotel, Louisville, Ky., on Tuesday, June 1, 1886, at 2:30 P. M. Extensive preparations have been made to render the meeting interesting and instructive. A number of valuable papers have been secured, and will be read by the members.

"OUT OF RESPECT TO THE BABIES," Babyhood for May urges the abolition of tobacco from parts of the house frequented by young children, and notes a striking instance of the occasional serious effects of tobacco smoke upon infants. In the same number is a contribution from Edward King, Paris, giving some very interesting facts regarding the baby show now in progress in that city.

DR. DIO LEWIS, the well known sanitarian, died at his home, in New York State, on Thursday, May 20th. It is a significant commentary on the uncertainty of life, that in spite of his own rigid observance of his much-vaunted rules for the promotion of health and longevity, Dr. Lewis should have failed to reach the allotted age of man.

REPLACEMENT OF LOST EYES.—The replacement of a diseased eye by the healthy eye of an animal has been done five times, with one success. In all the cases but this one (Bradford's) the cornea sloughed. In two cases, however, firm vascular adhesions took place.—*N. Y. Medical Record.*

THE NEUROLOGICAL REVIEW.—The first number of a new monthly journal with this title has just been issued. It contains, among other interesting matter, an elaborate "Study of Epilepsy," by the editor, Dr. J. S. Jewell. The Review is published by Rand, McNally & Co., of Chicago.

A REMARKABLE REPRODUCTION.—Dr. M. Bertin, of Dijon, having ligated the common carotid for the cure of an "angioma," found, two years later, that a new carotid artery, had formed, slightly smaller perhaps than the original, but the pulsations were distinctly visible.

OHIO STATE MEDICAL SOCIETY.—The forty-first annual meeting of this society will be held at Akron, Ohio, on June 2, 3, and 4, 1886, under the presidency of Wm. Morrow, M. D.

THE one hundred and twentieth annual meeting of the Medical Society of New Jersey, will be held at the Sea-girt House, Spring Lake, on June 8th and 9th.

A RECENT law enacted in Georgia requires all preparations of morphine to be dispensed in scarlet paper with a scarlet label, having the name of the contents in white letters.

#### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from May 9, 1886, to May 15, 1886:

*Major David L. Huntington*, Surgeon, ordered to proceed from this city to David's Island, New York Harbor, on public business connected with the reconstruction of the present hospital building at that depot, or the erection of a new one. On completion of this duty to rejoin his station. (S. O. 109, A. G. O., May 10, 1886.) *Captain James A. Finley*, Assistant Surgeon, ordered for duty at Fort Buford, D. T. (S. O. 39, Dept. Dak., May 5, 1886.) *Capt. R. B. Benham*, Assistant Surgeon, ordered to Dept. of the Platte. (S. O. 109, A. G. O., May 10, 1886.) *Capt. A. V. Cherbonnier*, Medical Store-Keeper, U. S. Army, granted leave of absence for four months, with permission to apply for four month's extension. (S. O. 109, A. G. O., May 10, 1886.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the three weeks ended May 22, 1886:

*Bailhache P. H.*, Surgeon, detailed as chairman Board for physical examination of candidates for appointment as cadets, Revenue Marine Service. May 19, 1886. *Wyman Walter*, Surgeon, granted leave of absence for thirty days. May 14, 1886. *Stoner G. W.*, Surgeon, detailed as recorder Board for physical examination of candidates for appointment as cadets, Revenue Marine Service. May 19, 1886. *Banks C. E.*, Passed Assistant Surgeon, leave of absence extended four days. May 5, 1886. *Bratton W. D.*, Assistant Surgeon, detailed as medical officer, Revenue Steamer "Corwin," during cruise. May 22, 1886. *Perry T. B.*, Assistant Surgeon, appointed an Assistant Surgeon, May 21, 1886. Assigned to temporary duty at San Francisco, Cal. May 22, 1886.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Army, from May 16th to May 22d:

*Capt. F. W. Elbrey*, Assistant Surgeon, sick leave of absence still further extended one year, on surgeon's certificate of disability. (S. O. 115, A. G. O., May 17, 1886.) *Capt. Wm. F. Caster*, Assistant surgeon, granted leave of absence for one month, to take effect about June 1st, with permission to apply for an extension of one month. (S. O. 55, Department Texas, May 11, 1886.) *Capt. John M. Banister*, Assistant Surgeon, assigned to duty as post surgeon, Fort Canby, W. T. (S. O. 75, Department Colorado. May 8, 1886.) *First Lieut. C. B. Ewing*, Assistant Surgeon, relieved from duty at Fort Leavenworth, Kansas, and ordered for duty as post-surgeon, Fort Supply, Indian Territory. (S. O. 48, Department Missouri, May 13, 1886.)



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. I.  
[NEW SERIES.]

LOUISVILLE, KY., JUNE 12, 1886.

No. 12.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.*—RUSKIN.

## Original Articles.

### ALBUMINURIA.\*

BY JOHN GODFREY,

Surgeon United States Marine Hospital Service.

The term albuminuria explains itself, and I wish at the outset to be understood as referring to it for the most part as a condition. Such a condition in very many instances undoubtedly indicates a serious departure from the health standard in the animal economy, but in many other instances there is no warrant for presupposing nephritic lesion.

Time was when albuminuria and morbus Brightii were thought to be indissolubly connected. That time has passed. Nevertheless, science has not yet reached the point where absolute declarations can be ventured as to the cause of its appearance, the precise manner of albuminous transudation into the urine, or as to what prognostics are deducible therefrom.

The latest researches are to the effect that albumen is secreted in the kidneys, chiefly in the Malpighian capsules. At the start I have to take issue with this statement for this reason: Albumen is a normal constituent of the blood, and exists in it presumptively *ab initio*; therefore it is not secreted. Secretion is the work of a gland peculiar to itself, in which it appropriates materials from the blood, and by a catalysis through peculiar endowment manufactures a secretion differing from all other secretions. As, for example, the milk glands secrete milk, the pancreas, pancreatic juice,

and nothing else. I think it would be more exact to say that the albumen that transudes from the kidneys is mainly collected in the glomeruli or Malpighian bodies preparatory to excretion.

As a rule, it is safe to say that long-continued albuminuria will produce renal congestion, and ultimately lesion of the urinary apparatus, and herein consists the interest for the practicing physician; but, like other rules, it has its exceptions, many instances being on record where it has existed for months, and in a few for years, without discernible detriment to health. Albuminuria, then, does not always mean kidney disease; and no more does its absence mean always exemption from renal affection. Why is this? I am sorry to confess that I do not know. I can only venture the opinion that now and then there is some departure from normal function in the body, some upsetting of its every-day performance, some springing of leaks, whereby the albuminous constituent slips through, but owing to the particular resisting power of the individual, to an inherent *vis viva*, peradventure to the possession of kidneys exceptionally strong, the body is enabled to reassume its normal function, the upsetting regains equilibrium, the leaks stop, the albumen disappears, and no harm ensues.

In persons of feeble constitution the results would likely be the reverse. In the syphilitic, gouty, rheumatic, strumous, and particularly in those suffering from malarial cachexia, the probability of disastrous consequences are vastly increased. Hyperemia, congestion, neoplastic action, cylinder exudation, would follow in the majority of cases, ending in parenchymatous, or, maybe, diffuse nephritis.

Whether what has been suggested is true or not, it is certain that the kidney is only at

\*Read before the Louisville Medical Society, May 6, 1886.

times tolerant of albuminous filtration. Many other theories have been offered in explanation. One to the effect that albumen, being a colloid substance, injures the tubules *in transitu*. The flaw in this theory is, that albumen does not always do it. Another, that albumen, not being in complete solution in the blood plasma, is not excreted unless there is some previous derangement of the excretory function of the kidney. The objection to this is, that albuminuria occurs when, so far as can be ascertained, the kidney is healthy, both organically and in function. Still the objection is not entirely sustained. It may be that there is a temporary upsetting of the system, as remarked just now, producing a defective filter temporarily in a constitution, or in a renal apparatus, unusually resisting, and normal function might be regained before any detection of lesion could be made out.

We must either lean toward this theory, or believe that albuminuria is sometimes a physiological process, else how are we to account for the presence of albumen in the urine of severely drilled soldiers, or in that of Weston, the pedestrian, during some of his long walks? Clinical experience presents us with the fact that other substances, passing in notably greater quantities, produce little or no structural effects. In a certain number of diabetic patients, for instance, albumen appears in the urine, but in the majority little or none can be found, and we are almost constrained to suppose, when we observe the enormous amount of urine sometimes voided, that either there is something pathogenetic in albuminous transudation, or that diabetic urine is inert—if not benign—in its passage through the renal tubules.

It may be well to mention another hypothesis in regard to the effect of albumen upon the *tubuli uriniferi*, to wit: That albumen in the urine depends upon the degeneration or destruction of the tubular epithelium. Such is Niemeyer's opinion, based upon the observation that in all cases of kidney disease, when the epithelium is degenerated or destroyed, albuminuria exists. This hypothesis might be sustainable, if we knew that the epithelial derangement began prior to the albuminous trans-

udation, but this unfortunately we have no means of knowing. I say unfortunately, because, if the supposition were true, we would know as soon as albuminuria became manifest that there was an epithelial exudation, no matter from what cause, and our therapeutics might be directed toward correcting it, albeit with meager hopes of success.

Physiologists are somewhat puzzled to explain why urine does not always contain albumen, or rather why albumen does not transude along with the water and salts, being one of the normal constituents of the blood, existing in it in the proportion of about seventy-eight parts per M.; and it may be that such transudation does take place. I refer, of course, to normal kidney functions, and that it becomes modified upon transuding for the nourishing of the tubular epithelium, or suffers an alteration in some unknown manner in the tubules. The answer to this arising in every mind is, that albumen is a non-exosmotic agent, yielding only to much greater force than that exerted usually upon the water and salts of the blood; but this does not entirely meet the question, bearing in mind the previous statement in regard to Weston and the hard-worked soldiers. Moreover, we are not to lose sight of the fact that the same kind of logic applies to the blood globules. The latter, it might be argued, although not in solution in the plasma, are none the less diapedesic, as, for example, in cases of hemidrosis, or rather in hematopedesis, for there is no such thing as the hemidrosis of the older writers. But if we hold to this kind of argumentation we must be prepared to assert that the different constituents of the blood have different degrees of diapedesic power.

My own opinion, which, like the rest, is merely hypothesis, is, that speaking in general terms, albuminous transudation is dependent first, upon psychic influences; secondly, upon the condition of the nerves, especially upon the renal nervous supply; thirdly, upon the amount of albumen in the blood.

In regard to the first factor, physiology has long recognized the influence of psychic agencies upon the human system, and we are all acquainted with the effects of emotional



disturbances. Not stopping to elaborate, I may merely call attention to the well-known fact that profound emotional excitation is quite sufficient in some cases to so alter the molecular character of the lacteal secretion—not perceptible with the microscope—as to render it hurtful to the nursing infant. Granting this, it is fair to reason that a like cause may affect detrimentally the blood, and by consequence the urinary excretion.

The second factor I need hardly do more than mention. Bearing in mind the action of nerves in various parts of the body, such as the inhibition of cardiac action, the stimulation of the glycogenic function, etc., it is easy enough to understand that a nervous derangement—possibly imperceptible and unpreventable—may markedly interfere with the normal process of urinary excretion.

The third factor, that relating to the amount of albumen in the urine, needs a little more amplifying. While, as I have already said, the percentage of albumen in the blood normally is about seventy-eight parts per M, I assume that every one admits the possibility of this percentage being increased. At any rate it is as reasonable as to admit the augmentation of the red globules, the leucocytes, the fibrin, or any of the alkaline chlorides. To admit augmentation, by parity of reasoning admits also of diminution. In short, the blood may contain albumen ranging either above or below normal. Now let us suppose, for illustration, that the supply is below normal, that some unknown agent has been at work in the human economy, and that the albuminous manufacture has partly fallen off, that a so-called *hydremic crasis* has been established; or, to be more explicit, suppose exposure or other cause has produced a suppression of skin function.

The physiological result, according to Semmola, would be a diminishing of urea in the blood, dependent upon non-assimilation and defective oxidation of albuminous matter. Under such circumstances it is possible to have a serious transudation into the interstices of the tissues—in brief, a dropsy—owing, doubtless, to the fact that liquids containing but little albumen pass through animal membranes more readily than those containing a greater quan-

tity. Here, then, is a dropsical effusion as a *result*. Now, unless I am at fault both in my logic and my physiological deductions, this dropsy may become retroactive, and from being a dyscrasic *result*, become converted to a mechanical *cause*, and determine albuminous transudation through pressure.

At this point, doubtless, some of you are inclined to ask, How is it that you ascribe hydremia as a cause of or help toward albuminuria, when just now you referred to albumen as a non-exosmotic agent requiring extra pressure, in the absence of nephritic lesion? I answer, that in the case presented dropsy presupposes dyscrasia, impaired cardiac action, congestion, and renal venous stasis, in fine, a feeble resistance of the whole vital system.

So much in general. Now let us particularize somewhat. For convenience I shall class albuminuria under two heads, viz., *essential* and *accidental*. For further convenience I shall subdivide the essential into three kinds, following the classification of Semmola, which is the best known to me. These three kinds are the dyscrasic, the mechanical, and the irritative. The dyscrasic form depends primarily upon the chemical condition of the blood. It may arise from an excess of albuminoids therein, owing to defective combustion and non-assimilation, and the amount of urea would probably be increased both in the blood and in the urine, provided the cause, whether cachectic or otherwise, were temporary. If, however, it depended upon graver causes, upon scarlatina, diphtheria, yellow fever, etc., it would be much more pronounced, although at the start there might be a diminution of albumen in the blood, ascribable to its impoverishment. The albuminuria would show itself because of the *effect* of the original cachexia upon the kidneys, and there would ensue the usual phenomena of hyperemia, congestion, desquamative exudation, and tubular degeneration.

Albuminuria of this kind may subside with, or a little subsequent to, the dyscrasia, and the renal function may again become normal.

Mechanical albuminuria proceeds from pressure upon the blood-current. Under this head I may mention as causes, pregnancy, tumors, insufficiency of the cardiac valves, left hyper-

trophy, in short, any agent producing compression of the cava or renal veins.

Semmola's investigations seem to show that in albuminuria, induced mechanically, there will generally be a direct relation between the urea and the degree of compression; but it does not necessarily follow that at the outset the urea increases in the blood; neither does it follow that there is a diminution thereof on account of the albuminous filtration. Ordinarily the congestion of the kidneys will be slow and progressive, but not necessarily sufficient to set up nephritic lesion, save in the case of long-standing cardiac disorder.

Irritative albuminuria implies a change in the minute structure of the kidney. In this form we have a genuine nephritis, wherein the albuminous filtration is in proportion to the influence exercised upon the excretory function of the kidney by the irritative agent. For example, I may cite exposure to cold as being one of the best known. The effects, immediate and final, would be somewhat as follows: First, a cutaneous ischemia, and a necessary throwing back into the main blood-current of excrementitious substances; next, and consequently, an alteration in the albuminoid constituents; lastly, a defective assimilation of the product of the ptyptones from impaired nutrition of the whole economy.

Accidental albuminuria I understand as that form in which albumen shows in the urine, but not in such quantities or for such lengths of time as to vitiate the constitution. We are all aware that in pregnancy the continuance of albuminuria through sometimes nearly the whole period of gestation has not resulted in Bright's disease, and that the belief has risen upon this clinical fact that albuminuria produced by different causes effects different pathological results; but it appears to me that the readiest and easiest solution of this question is to assign different degrees of resisting power to different individuals. How else are we to account for the parenchymatous degeneration occurring in some women during the gravid term? In one we have a simple albuminuria passing away at child-birth. In another, the same thing with somewhat graver symptoms, resulting, maybe, in *eclampsia-puerperarum*, but ter-

minating in recovery. In still another, albuminuria, general dropsy, eclampsia, and, upon autopsy, a marked degeneration of the renal parenchyma.

In one case I think it fair to assume that pregnancy acted as the pernicious agent, but only to a slight extent; in another it led to death; and I say this, notwithstanding that in an immeasurable majority of instances pregnancy not only makes no pernicious impression, but actually a benign one upon the system. But be this as it may, I do not wish to be understood as classing pregnancy under the accidental form.

Accidental albuminuria may arise from an excess of albuminoids in the system introduced by way of the stomach. The excessive use of milk and eggs has been known to produce it for a period of several hours, though serum-albumen and egg-albumen have not quite the same behavior. The external use of iodine on children, the inhalation of turpentine, are said to cause it temporarily. Dalton mentions it as appearing in one instance after amputation of the thigh. As mentioned already, it appears occasionally after special kinds of violent exercise. Indeed, it is sometimes detected under circumstances leaving little room to doubt the existence of physiological albuminuria.

In regard to diagnosis, I do not deem it necessary to speak, since there are no special difficulties to be overcome in simply ascertaining the presence of albuminuria. Much might be said in relation to tests for albumen—enough to make an interesting paper of itself—but whatever I might say about it would merely be to tell each of my hearers what he already knows for himself. It is true that there are profound problems involved in the subject; none others, in my mind, are calculated to exercise higher powers of differentiation, or call for greater diagnostic acumen; but touching upon these would lead us far away from the subject proper.

My aim has been, in an humble way, to offer a few suggestions, in the hope that they may lead to a better grasp of those deeper problems beyond, and to a clearer survey of the wide domain of renal pathology, where Bright worked as a pioneer and found immortality.



As a conclusion, I beg to submit the following propositions:

1. That under normal conditions, either albumen filters along with the other constituents of the blood plasma, or else the commonly accepted doctrine of the property of albumen to resist exosmosis under ordinary circumstances is true.

2. That at present we are unable to say that albuminuria does not act both as cause and effect.

3. That the tendency of albuminuria is toward nephritic lesion, no matter what the cause; but that in very many cases *causa sublata cessat effectus*.

4. That albuminuria may be either transitory or permanent; that the kidney will not tolerate the filtration of urine for an indefinite length of time.

5. That medical science has not definitely determined whether Bright's disease is a local or a general disorder; that while at present it is classed under the former head, nevertheless there are some valid reasons for believing it to be a constitutional affection, one of which is, that parenchymatous degeneration of the kidneys sometimes occurs in pregnant women too early in gestation to be set down to a mechanical cause.

6. That of the three kinds of albuminuria, the irritation form calls for the gravest prognosis, albeit it can not be denied that originally it may have been the dyscrasic; that in determining its cause the most discriminating judgment and the most careful differentiation are demanded of the investigator.

7. That the presence of albumen in the urine, owing to idiosyncrasy, may appear as a physiological process, and does not necessarily portend a serious threat to the constitution; that its presence is not at all times sufficient warrant to stay the hand of the surgeon, and that it should always be regarded as justifiable ground upon which to reject an applicant for life insurance is contrary to fact.

LOUISVILLE.

## HEMORRHAGES IN AND ABOUT THE EYE AND THEIR SIGNIFICANCE.\*

BY W. CHEATHAM, M. D.

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There are many ways of classifying hemorrhages in this situation. Noyes considers them as "complications of other lesions, or as idiopathic." Again, they may be classified as to location or as to cause. It is the object of this paper to consider especially the idiopathic hemorrhage. Hemorrhages of this character differ very much in their significance. For instance, a hemorrhage into the retina of a woman at the menopause would in a majority of cases be of little significance, whereas, in a man of the same age, it might suggest a much more serious complication.

The substance of this paper was suggested by the unusual number of cases of hemorrhage in and about the eye, which occurred in my practice during the last year or eighteen months. In that period of time I have recorded fourteen cases, nearly all of them in women. Three of these patients had hemorrhage into the conjunctiva; two of them had kidney trouble. The third case was in the person of an elderly gentleman. His urine contained casts of a suspicious character, but not well enough defined to locate their origin. There was no albumen present. The remaining eleven were characterized by hemorrhages into the retina, or retina and vitreous. In all the cases which were complicated by disease of kidneys, blood-vessels, heart, or any distant organs, these hemorrhages were the first indication of the existence of such disease. In five of the eleven cases Bright's disease of the kidneys was found. I have seen during this period several other cases of retinitis-albuminurica with hemorrhages into the retina, but they are not to be considered here, since severe inflammation of the retina preceded the breaking down of the blood-vessels. In one case diabetes was found; in one suppressed menstruation with passive congestion of the kidneys; in two atheroma of the blood-vessels—one of these patients died of apoplexy some months

THE death is announced of Dr. Thaon, of Nice, well-known for his work on Tuberculosis. He was, at death, forty years of age.

\*Read before the Medico-Chirurgical Society, April 30, 1886.

later ; in one hypertrophy of heart, with atheroma of blood-vessels, and in another anemia were observed. Conditions other than those named are often characterized by hemorrhages into retina, choroid, vitreous, anterior or posterior chambers, conjunctiva, etc. Any thing that will decrease tension of the eye, such as iridectomy, may be followed by hemorrhages. Aortic aneurism, thrombosis, embolism, marasmus, periphlebitis, phlebitis, the hemorrhagic diathesis, pulmonary emphysema, violent sneezing or coughing, myopia, extensive burns of the integument, severe strain of the eyes, and trauma are a few of the many causes of hemorrhages in this situation. The hemorrhages may be either venous or arterial. The difference can here, as elsewhere, be recognized by the color of the transuded blood. The hemorrhages may be small or large in extent. Hemorrhages in the anterior parts of the retina are less liable to produce destructive lesions than those which are more deeply seated. In considering this subject, De Wecker divides retinal hemorrhages into three classes, according to their location. To the first he gives the name of "flamiform." Here the blood is effused into the fibrous layer of the retina and defines the course of the fibers. Second, the hemorrhage is so profuse as to break its way into the choroid ; it may form a sac, in which the coloring matter sinks to the bottom. Third, hemorrhage from the optic nerve. De Wecker also tells us that "these three forms of hemorrhage comport themselves differently. The flamiform effusions, when single and small in extent, are generally absorbed with rapidity. In all probability this form of hemorrhage is due to diapedesis. I may remind you, as bearing on this, of the extravasations which are met with in leucemia, malignant anemia, scurvy, and petechial typhus."

When diffused among the external layers of retina, the hemorrhage gives evidence in the arrangement of its boundaries that compression of the cellular tissue is present. Hemorrhages here are absorbed much more gradually than in other parts of the eye. In this form there is a tendency to fatty degeneration, and to disturbance of the pigment, leaving pigment deposits after absorption.

"The third variety, namely, that from the optic nerve, may, if slight, disappear rapidly and completely. If considerable, however, obliteration of vessels may ensue, together with atrophy, either limited to portions of the retina, or spread over its whole extent."

Is it not, however, to local lesions that I wish to attract the attention of the Fellows of this Society, but rather to the barometric indications of these hemorrhages as bearing upon the different organs of the body.

Mrs. R., primipara, when in her seventh month of pregnancy, complained of dimness of vision. Her physician requested that I be allowed to make an ophthalmoscopic examination. I found some little haziness of the optic nerve and retina, with several small retinal hemorrhages. Two days later I again examined her eyes and found the hemorrhages increased in number. Her physician realized her condition, and after consultation proposed premature labor, which was rejected by the family. The patient died in less than two weeks.

It is quite possible, after discovering through the ophthalmoscope the presence of retinal hemorrhage (in fact I believe that I have done so in several cases), to prolong the lives of patients thus afflicted, by well-timed instructions, as to the necessity of rest. Only last week Mrs. F., of this city, came to me, because of the sudden loss of sight in the left eye; vision was only perception of light. I found hemorrhages in the retina and vitreous. She had already had attacks of vertigo, followed by severe headache. The radial artery felt like a piece of wire. She is a very industrious woman. Although in affluent circumstances, she has always done the most of her own housework. It appears to me that her life may be lengthened by warning her of the danger, in her case, of physical exertion. The retinal hemorrhage occurred while she was stooping and lifting a bucket of water. Numerous cases of like character fall into the hands of ophthalmoscopists which, were it not for the ophthalmoscope, would still tread their paths of danger, and some of them, in spite of the most solemn warning, go on heedlessly to their death.



As to the advisability of bringing on premature labor, as in the case above reported, Dr. Howe, of Buffalo, N. Y. (in an analysis of cases occurring over a space of fifteen years), says: "These tend to show that, when the vision begins to be impaired only in the last two weeks of pregnancy, recovery follows almost invariably. Of those described as being in the eighth month or thereabouts, when the retinitis commences, not one half recovered, and several did not materially improve. Again, when this began earlier than was estimated—as the middle of the seventh month, when nature did not interfere by bringing on a miscarriage, and when the patient escaped with her life—it was only to remain blind forever afterward."

Dr. W. O. Moore, writing on the same subject, says: "From this array of facts I would conclude that where great failure of sight has occurred, and where it is progressive, the induction of premature labor is justifiable and often demanded. Again, that when in one pregnancy failure of vision has occurred which remained permanent, abortion in the following pregnancy, with proper restrictions, is justifiable and often a necessity."

"Patients having once suffered with loss of vision during pregnancy should have the matter fully explained as to cause and effect."

### ALOPECIA: ITS ETIOLOGY, DIAGNOSIS, AND TREATMENT.\*

BY J. C. M'GUIRE, M. D.

*Dermatologist to the Louisville City Hospital.*

By alopecia we mean a partial or complete loss of hair, irrespective of cause, although the varieties of the disorder have been designated by many different terms. In this paper I shall refer only to the following: Congenital, senile, premature, and syphilitic alopecia, and alopecia areata.

The congenital form is rare; especially so are cases characterized by a total absence of hair. Coincidentally with this condition there may be an imperfect development of the teeth. Danz has reported two cases of adult persons who

never had either hair or teeth. If there is a total absence of hair bulbs, of course the condition will continue through life; but in other cases the hair may appear after a time.

So-called senile alopecia is generally the result of hereditary peculiarities. In some persons changes indicative of this condition are manifest at an early age. Before baldness occurs, the hair usually turns gray, becomes dry and thin, and is then cast off, either rapidly or slowly. Prognosis as to the return of the hair is in these cases unfavorable.

The causes of premature alopecia are numerous. It is either due to disorders which act locally upon the skin, such as seborrhea, psoriasis, eczema, acne, and the parasitic diseases, or to constitutional diseases which cause a general debility of the system, and so diminish the activity of the circulation of the scalp; for example, the baldness that follows the severe fevers or nervous disorders. Piffard, in this connection, names gout, rheumatism, and dyspepsia. Holmes' System of Surgery cites several cases in which loss of hair followed the shock produced by lightning, and it is said also to follow upon long continued attacks of migraine.

In the text-books I do not find acne referred to as an exciting cause, but I have several times seen localized spots of baldness about the face in young men who had suffered from the severer forms of this disease. The loss of hair in such cases is of course permanent, as the cicatricial depressions that continue after the cure of the acne involve the hair bulbs.

Dr. O. Lassar believes that baldness may be spread by hair dressers, who use the same comb and brush on several persons. As an experiment, he collected the hairs that fell from heads in which dandruff was plentiful, and rubbed them up with vaseline. The ointment thus made he applied to the fur of rabbits, whereupon, it is said, baldness appeared and made rapid progress. Vaseline alone produced no such effect. In this connection it is interesting to note that the parasitic nature of dandruff is not accepted by the great majority of dermatologists.

Loss of hair may occur at two periods during the course of syphilis. It is one of the

\*Read before the Louisville Medical Society, April 22, 1886.

most common symptoms of the disease during the secondary stage, generally beginning about the third month, or later, as a result of ulceration. It is said that loss of hair never occurs elsewhere on the body in this disease without affecting the scalp also; but I have seen one case in which there was simply loss of the eye-brows, and another in which part of the beard fell out, the scalp not being affected. In these cases syphilis was the only discernible cause of the disorder. The prognosis is good in this form of alopecia, unless it result from ulcerative lesions.

In treating premature and syphilitic alopecia, our aim should be to remove the cause when possible, to correct faulty constitutional conditions, and locally to stimulate the vascular supply of the bulbs, and so improve the nutrition of the hairs. Piffard says it is very doubtful if there are any drugs that internally administered, will directly promote the growth of hair. Arsenic and phosphorus have been recommended for this purpose. In the majority of cases our main reliance must be local treatment, and the same class of medicines are recommended here as in alopecia areata. If the scalp is unusually dry, oily applications are best; but if there is an excess of sebaceous secretion, lotions containing alcohol are to be preferred. Those cases dependent upon seborrhea, the alopecia furfuracea of Hebra, are best treated by the method recommended by that author, namely: removal of the scales by means of olive oil, washing the scalp with soft soap and alcohol, and, at a later stage, the application of lotions containing stimulating ingredients.

The numerous controversies regarding the etiology of alopecia areata have given especial interest to this form of baldness. Some dermatologists maintain that the disease is parasitic, while the great majority deny the statement. Gruby, in 1843, was the first to declare that the disease was due to a parasite, which he called *microsporon Audouini*. Thin, in 1881, described another fungus under the name of *bacterium decalvans*. The synonyms for alopecia areata are numerous. Willan called it *porrigo decalvans* or *alopecia circumscripta*. Bateman, *tinea decalvans*, Bazin

*tinea achromatosa*. At the present time the parasitic nature of the disease is not allowed by far the greater number of our best authorities; of the forty-one observers whose writings were consulted by Dr. G. T. Jackson, of New York, fifteen affirmed it was parasitic, while twenty-six declared it was not. Hutchinson was the first to show that alopecia areata occurred most frequently in persons with a weakened constitution. It is now generally regarded as due to peculiar nervous disturbances which result in impaired nutrition of the skin. Its appearance among the 14,000 cases of skin disease reported by the American Dermatological Association is comparatively rare, the number being 112, or about two per cent.

The course of the disease is variable; though generally occurring suddenly, it may be several weeks before a perfectly bald patch is visible; the patches are circular in shape, smooth and shiny, sharply defined, and paler than the surrounding skin. They may coalesce till complete baldness results. I have seen one such case. At times the disease is not confined to the scalp, but may show itself upon other parts. I have treated a man who had lost nearly all the hair from his head and both eye-brows. In this case the hair began to grow again in five or six months under the use of electricity and the sulphur treatment.

Subjective symptoms are usually absent in this affection, but there may be some itching. The diagnosis is not difficult if the main features of the disease be kept in mind. The patches are usually unmistakable. In *tinea tonsurans* the skin is darker in color, having a grayish-blue tinge; the hairs are not all absent, those remaining are broken off, and the disease may spread to non-hairy parts of the skin. When still in doubt the microscope will settle the question. Alopecia is also to be distinguished from *favus*. In this disease we have the characteristic yellow crusts in the early stage, and later, cicatricial tissue. Premature and senile alopecia may be distinguished by thin hairs, slow development, and the previous history of the case. In the syphilitic variety the patch has no tendency to assume the circular form; it usually occurs at a later age, and the surface is dry and scaly.



Prognosis is good in the young, but becomes less favorable as age advances; the hairs may return in a few months, or they may not appear for years.

Those who believe in the neurotic origin of the disease recommend both constitutional and local treatment. Hebra, though accepting this theory, does not speak of constitutional treatment. Duhring regards internal treatment as of the greatest value. Most observers recommend either arsenic, phosphorus, nux vomica, or iron. Of these drugs, Wilson holds arsenic to be the most important. In spite of Kaposi's statement that remedies have little or no effect on the disease, a vast number of external remedies have been highly recommended by different authors. The very fact that so many have been advised would tend to show that this eminent authority is right in his conclusions, and that few drugs have any power in hastening a cure. Riendfleisch speaks of the rapid improvement following the use of equal parts of tinc. capsicum and glycerine. Good results are said to frequently follow the use of electricity; in a case reported by Dr. G. H. Fox, the hairs made their appearance in a week after the beginning of this treatment. Pincus believes that he has demonstrated the favorable influence of sodium chloride on the growth of hair. Sulphur in the form of ointment is also highly recommended. Unna says that all cases are greatly improved by it in a short time, and completely cured under its long-continued use.

Chrysarobin is well spoken of by Hutchinson. I have seen the hairs begin to grow in a short time after blistering the scalp with croton oil. I use a mixture of two parts of white wax and cocoa butter to one of the oil, in stick form. Such stimulants as tinc. capsicum, tinc. cantharides, and liq. ammoniæ are frequently recommended in combination, but, as Jackson says, there is no good reason for combining these remedies. Since our object is simply to stimulate the hair bulbs, I believe that electricity promises the best results. In my own practice it has proved very serviceable. Hebra recommends the use of soft soap and the sulphur ointment.

LOUISVILLE, KY.

## Societies.

### CHICAGO MEDICAL SOCIETY.

Stated Meeting, May 17, 1886, the President, E. J. Doering, M. D., in the chair.

Dr. Edmund Andrews exhibited a new evacuator for litholapaxy. Dr. Andrews said one serious defect of Bigelow's and Thompson's evacuators is, the rubber bulb makes suction only for an instant instead of continuously, thus allowing fragments of stone which lie along the tube to be thrown back into the bladder when the bulb is compressed, irritating the bladder as well as causing it to be repeatedly expanded. To obviate these difficulties Dr. Andrews has had constructed an evacuator in which the essential features consist in a double-chamber evacuating tube—straight or curved—the upper chamber being composed of thin metal eight and a half millimeters in diameter, terminating in a round tip with a fenestra for evacuating, the under chamber being semi-cylindrical, fitting under the upper chamber so as to make the whole tube oval shaped, with a diameter of thirty-one and a half millimeters. To the under or inflow tube is attached a rubber tube three yards in length, with an inside diameter of one centimeter, to the outer end of which is fitted a metallic strainer large enough to admit without resistance all the water which will flow through the tube. A bucketful of warm carbolyzed water, one and a half per cent, is hung over the operating table high enough for the surface of the water to be forty-two inches above the pubes of the patient. When it is desired to wash out the bladder the evacuating tube is introduced with the fenestra toward the patient's head and the tip of the tube pressing toward the rectum, thus making a hollow in the bladder into which the fragments of stone fall. The strainer having previously been introduced into the warm carbolyzed solution and the rubber tube filled, this tube is attached to the inflow tube and the stop-cock turned. The water now enters the inflow tube and passes into the bladder through the small perforations with sufficient force to rapidly drive the fragments of stone through the fenestra and out

of the evacuator. The current is continuous and rapid; in a recent case of litholapaxy, where the calculus was hard oxalate of lime an inch in diameter, the fragments were washed out in ten seconds. When the inflow tube is closed by a fragment of stone in the fenestra the operator simply presses on the last four inches of this tube, which is of rubber, and this dislodges the fragment. Dr. Andrews also called attention to a device for securing to any instrument filiform bougies by means of a split screw passing over the bougie, secured by a nut, both fitting into the outer end of the catheter.

Dr. W. T. Belfield opened the discussion by saying that the disadvantages of the ordinary evacuating apparatus mentioned by Dr. Andrews, were well recognized, and that the apparatus exhibited seemed adapted to remove them. It possessed, however, one element of danger, namely, the possibility of undue distension of the bladder through sudden clogging of the exit tube. In cases of concentric hypertrophy, where the bladder can contain only three or four ounces, the continuation of the powerful inflow might, if the exit were obstructed, cause serious damage. Of course, if the clogging is immediately discovered, a prompt use of the stop-cock would prevent injury.

As to the urethral instrument, he would wish to be sure that the filiform could not be detached beyond the stricture. This danger attaches, of course, to all methods of securing the filiform, but would seem to be especially great in the arrangement exhibited. The loss of a filiform in a tight stricture is an extremely uncomfortable accident; in several cases surgeons have even made external urethrotomy to recover it.

To Dr. Andrew's remark, that in case of such an accident urethrotomy is readily avoided by inserting a small lithotrite into the bladder and seizing the filiform, Dr. Belfield replied that when there is present a stricture so tight as to require patient work to persuade a filiform to pass, a small lithotrite could hardly enter the bladder unless reinforced by a sledge-hammer. If the urethra is every where large enough to admit a small lithotrite, there could be no danger of losing a filiform, because there would be no occasion to use one.

Dr. Fenn wished to know, if the momentum could be increased by increasing the specific gravity of the fluid, what would be the effect of a greater elevation of the reservoir?

Dr. Andrews said that the attachment of a flexible guide to the urethrotome is always a source of care lest it become detached. This was less liable to occur with his instrument than in the old way. In case it should happen the lost guide could be seized and drawn out with a lithotrite.

The question of the pressure of the fluids and the strength of the bladder is one of great interest. But little is known about it. No more force should be used on a distended bladder, certainly, than a normal one could readily endure. We get the measure of this to some extent in the pressure of the expulsive power of the organ, which is a safe limit to keep inside of in the absence of other data. The pressure which Bigelow's evacuator ordinarily gives may form another guide, as this is known to be harmless. The reservoir must not be placed so high as to cause dangerous distension, should the outflow tube become obstructed. In practice forty inches had given all the current needed, and this was doubtless a safe pressure to use in any and all cases.

Dr. James I. Tucker read a paper on undiagnosable maladies. These cases generally are not recorded because there is so little about them that is tangible. They are perhaps functional derangements simulating organic diseases, sometimes these cases yielding readily to simple remedies, but are puzzling because so evanescent. At other times they are graver, often ending fatally and yielding no facts upon *post-mortem* examination which will aid in a correct diagnosis. But the list of undiagnosable ailments is rapidly decreasing, for example, Richard Bright in 1827 explained that dropsical effusions are frequently due to diseases of the kidneys; Thomas Addison in 1855 ascribed to disease of the suprarenal capsule the cause of a form of anemia accompanied by a dingy discoloration of the skin. Until recently *zoster frontalis* was classified among skin diseases, but now with much accuracy it is traceable to disease of Gasser's ganglion. Dr. Tucker related a case in which a lady had been twice



badly frightened and her nervous system had been severely prostrated. At intervals she was attacked with an epileptiform seizure, transient paralysis of the entire left half of the body, constriction of the larynx, a state of trance, and finally a trance-like state in which she had died. This patient's mother, after a period of nervous disorder, had become a paraplegic, her father was temporarily insane, the eldest brother has an undefinable nervous disorder and a younger brother spasmodic asthma, while a sister has attacks of recurrent chorea major. In this peculiar group of nervous disorders what is the underlying cause? It is as yet unknown. This case illustrated the difficulty which hedges about the diagnostication of hundreds of cases of disease.

Dr. Pearson illustrated the difficulties physicians have to overcome in making a diagnosis by reason of the fact that they overlook some points in the history of a case, as in a case in which a patient had swallowed a piece of a metal spoon and it had lodged in the duodenum and blocked up the portal vein.

Dr. W. T. Belfield presented specimens of anchylostomum duodenale. These had been referred to him for verification by Dr. R. W. Gelbach, of Mendota, Ill., who had discovered them in the intestines of young cats that had died of anemia. Dr. Belfield confirmed Dr. Gelbach's identification of the worms, but for further verification sent them to Dr. Joseph Leidy, of Philadelphia, who replied he thought they were anchylostoma, although he had never seen authentic examples. Dr. Belfield said the anchylostoma are small nematode worms, about half an inch long, which inhabit the duodenum of men and cats, and probably of other animals. Discovered in 1838, their pathogenic significance was recognized by Griesinger in 1851, who found in them the cause of Egyptian chlorosis. They are veritable leeches which fasten themselves to the intestinal mucous membrane and suck the blood of their host. When present in large numbers they induce pernicious and fatal anemia by exhausting the individual's blood. In tropical climates, particularly Egypt and Brazil, cases of pernicious anemia or chlorosis produced by them are quite frequent;

in Brazil such cases are quickly cured by administering the pulp of fresh figs, which destroys the worms. Quite recently anchylostoma have been searched for and found in patients dead of pernicious anemia in Germany. So far as Dr. Belfield knew, Dr. Gelbach is the first to discover the worms in the Northern States of the Union. Their presence in cats makes it probable that they infest human beings also in this latitude. The possibility of this cause of pernicious anemia should therefore be kept in mind, especially when other recognized causes, chronic nephritis, malaria, etc., can not be detected.

Dr. E. Andrews asked if these worms were ever found in sufficient numbers to cause death, and he was answered affirmatively.

Dr. W. W. Jaggard exhibited the head of the *Tenia mediocanellata* obtained in the practice of Dr. C. G. Smith. The following was the formula used for its expulsion:

R. Chloroformi.....	3j;
Oleores felicis maris.....	3j;
Ol. tigllii.....	gt. j;
Aquæ camphoræ.....	3ij.
Gum acaciæ, q. s. ft. emuls.	

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## Reviews and Bibliography.

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**The Principles and Practice of Surgery.** By FRANK HASTINGS HAMILTON, A. M., M. D., LL. D., etc. Illustrated with four hundred and seventy-two engravings on wood. Third edition, revised and corrected. New York: William Wood & Co. 1886.

It is now fourteen years since the first edition of this treatise made its appearance. In less than twelve months a second edition was called. That was quickly taken up, and a third edition called for, but circumstances have, until now, prevented the author from carrying out his long contemplated purpose of giving the public a new and thoroughly revised edition of this treatise. Opinions and practice greatly change, and many discoveries are made in this rapid age in a period of thirteen years. In this sense, the work of our author is made all the better by the delay. The original intention and scope of the treatise, we are glad to see, has been in the present edi-

tion, rigidly adhered to, which is to say that it is not an encyclopedia of surgery, but rather the work of a practical surgeon of great opportunities and of well-stored and judicial mind, written for practical surgeons, and containing, in the main, simply the lessons, which for nearly half a century of public teaching its deservedly distinguished author has given his classes. The present is a portly volume, in which every subject has been brought abreast with the times, and, as far as any one book of ordinary size can be said to cover the entire field of surgery, this unquestionably does so.

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**Practical Surgery:** including Surgical Dressings, Bandaging, Fractures, Dislocations, Ligature of Arteries, Amputations, and Excisions of Bones and Joints. By J. EWING MEARS, M.D., Lecturer on Practical Surgery and Demonstrator of Surgery in Jefferson Medical College, etc. With four hundred and ninety illustrations. Second Edition. Philadelphia: P. Blakiston, Son & Co. 1885.

We noticed at some length the first edition of this Surgery when it appeared a few years back, and gave it as our opinion that it was a very useful work, prepared by a thoroughly pains-taking and accomplished surgeon. This, the second edition, is a marked improvement upon the first. Much new matter and many useful illustrations have been added, and every topic discussed thoroughly revised and brought up to the latest moment. The volume is of handy size, and bearing the imprint of its well-known publishers, it is all that could be desired as a manual of minor surgery in the broadest sense of that term.

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Annual Report of the National Board of Health for the year 1885. W. P. Dunwoody, Secretary, Washington, D. C. Washington: Government Printing Office. 1886.

Treatment of Neoplasms of the Naso-Pharyngeal Cavity. By J. G. Carpenter, M. D., of Stanford, Ky. Read before the American Rhinological Association, October 6, 1885. Reprint.

Malaria and its Toxic Influences; Malarial Hematuria. Reprint; Transactions of the Medical Association of Georgia, by H. O'Daniel, A.M., M.D., Bullard, Ga. James P. Harrison & Co., Printers, Atlanta, Ga.

Memoir of Austin Flint, M.D., LL. D. By A. Jacobi, M.D., President of the New York Academy of Medicine. Reprint: Medical Record, April 24, 1886. New York: Trow's Printing and Book Binding Company. 1886.

A contribution to the Pathology of Hemianopsia of Central Origin (Cortex Hemianopsia). By E. C. Seguin, M. D., Clinical Professor of Diseases of the Mind and Nervous System, in the College of Physicians and Surgeons. 8vo, pp. 38. Paper. New York: G. P. Putnam's Sons.

Treatment of Neoplasms of the Naso-Pharyngeal Cavity. By J. G. Carpenter, M. D., of Stanford, Ky. Read before the American Rhinological Association, October 6, 1885. Reprinted from the Journal of the American Medical Association, December 12, 1885. Printed at the office of the Association, Chicago. 1885.

Dictionary of Practical Surgery, by various British Hospital Surgeons, edited by Christopher Heath, F. R. C. S., Holme Professor of Clinical Surgery in University College, London, Surgeon to University College Hospital, etc. Vol. 1: (Abdomen—Lymph—Scrotum). 8vo, pp. 884. Price per volume, cloth, \$7.50. Philadelphia: J. B. Lippincott & Co. 1886.

Disease of the Digestive Organs in Infancy and Childhood, with a chapter on the Investigation of Disease and the General Management of Children. By Louis Starr, M. D., Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc. With colored plate and other illustrations. 8vo, pp. 385. Cloth, \$2.50. Philadelphia: P. Blakiston, Son & Co. 1886.

The Student's Manual of Venereal Diseases. Being a concise description of those affections and of their treatment. By Berkeley Hill, M. D., Professor of Clinical Surgery in University College, London, etc., and Arthur Cooper, M. D., Surgeon to the Westminster General Dispensary, etc. Fourth edition, revised. 12mo, pp. 132. Cloth; price, \$1. Philadelphia: P. Blakiston, Son & Co. 1886.

The June number of "Mind in Nature" discusses the question of "Mind in Animals," by Lady Murray-Aynsley, followed by notes on "Intelligence of the Elephant and the Orang." Dr. Valin continues his quest for the "Spiritual Evidences of Man's Descent," this time in "The Demon of Science." A. M. Waterman asks, "Is Spiritualism only a Nervous Disease?" and F. A. Becher contributes "A few Notes upon Mental Phenomena and Mathematics." Prof. Thwing tells "How to



Induce the Trance." John Wetherbee reviews, "The Spirits of Darkness." H. M. Hugunin describes an "Electrical Cloud Birth." Wm. Q. Judge, in his remarks on "Matters Touching Theosophy," replies to the discussion on "The Occult World" in former numbers of *Mind in Nature*.

Minutes of the Thirtieth Annual Session of the Kentucky State Medical Society, held at Crab Orchard Springs, June 24, 25, and 26, 1885. Louisville: Printed by John P. Morton & Co. The contents of this volume (except the list of members), with nearly all the papers read, and a full report of the discussions to which they gave rise, were published in the *American Practitioner* and *Louisville Medical News*, in the numbers of these journals issued just after the meeting. The pamphlet is well prepared, and its perusal by the members will serve to facilitate the business of the coming meeting; but its value in this respect would have been materially enhanced, if the Society's Constitution and By-laws had been made a part of its contents.

The *Sei J. Kwai, Medical Journal*, edited and published by the *Sei J. Kwai*, or society for the advancement of medical science in Japan. Published monthly. Office, No. 6 Shin Sakana oho Kyohaski Ku Tokyo.

The May number of this journal is received. To those who have been wont to regard the Japanese as poor heathen barbarians, and gaining their knowledge of them through the medium of missionary orators, it will prove a revelation. It is published half in English and half in Japanese, and if we may judge of its excellence from its English dress, the original will lose nothing by comparison with the best medical journals of Europe and America. Japan is moving rapidly forward in culture, and as soon as the vast amount of mental energy now wasted in learning written characters is directed into the channels of science and philosophy, which promises soon to be done by the adoption of the Roman alphabetical characters, their people will display an intellectual power never dreamed of by the cultured inhabitants of Europe and America. We are glad to be able to strengthen our exchange list by the addition of our brilliant Japanese neighbor.

On the presence of the Tubercle Bacillus in Old Specimens of Diseased Lung. By Vincent D. Harris, M. D., F. R. C. P., Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, E., etc. Reprinted from *Saint Bartholomew's Hospital Reports*. Vol. XXI. London: John Bale & Sons. 1886. This brochure is an interesting contribution

to the literature of bacteriology, since it proves the presence of Koch's bacillus in some cases of wasting lung disease, heretofore denied or mooted. Nearly all the pathological specimens examined by the author were contributed to the museum previous to the year 1846, and some of them had been in alcohol since the year 1812. Bacilli were found in three of the chief forms of wasting lung disease: "(1) In isolated or miliary tubercle. (2) In caseous masses. (3) In fibroid thickenings as well as in thickened pleuræ." The author expects soon to publish the results of a study of specimens from the Hunterian Museum, and if he will visit the University of Leyden, and other continental schools of the renaissance or medieval times, his investigations will doubtless do much to prove that the bacillus not only is, but always has been a pathological factor in tubercular disease.

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## Foreign Correspondence.

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### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Referring to my letter on the use of lemons in intermittent fever, I may here reproduce an article from the *London Medical Record* on the same subject. Dr. Maslennikoff, after having reviewed the literature of intermittent fever, describes his own observations on twenty cases of the disease treated by decoction of lemons in the Military Hospital in Temir-Khan Shura, in the Dagestan Region. Seven of the patients were affected by the fever for the first time, three for the second, the rest having passed previously through several malarial attacks. In thirteen of twenty cases a quotidian, and in seven a tertian variety was present. In sixteen cases the spleen was found to be enlarged and painful; in fourteen, both during the paroxysms and the intervals.

The decoction was prepared after Maglieri's method, that is, every evening a whole fresh lemon was cut into very thin slices, put into eighteen ounces of distilled water in an earthen pot, and boiled (for two hours) until six ounces of decoction remained. On the next morning the liquid was forcibly strained through a piece of gauze, and then given to the patient to take immediately in several gulps. The decoction was used in that way for ten or fourteen suc-

cessive days. In none of the patients did any gastric disturbances occur.

The results obtained by Dr. Maslennikoff were not so successful as those by Dr. Putakhin and others. In only six cases, four of which were of quotidian fever and two of tertian, a cessation of the paroxysms ensued. For two of the remaining patients, the paroxysms became less severe, and in three the type of fever underwent a change. In none did any alterations in size of the spleen take place. All cases where decoction of lemons had failed, were subsequently, mostly very rapidly, cured by quinine. The general conclusion reached by the author is that, as far as severe Caucasian fevers are concerned, decoction of lemons has, except its agreeable taste and harmlessness, no advantages whatever over other substitutes for quinine.

Apropos of the treatment of intermittent fever, I may mention that in a note reproduced in *La France Medicale* from the *Deutsche Medizin Wochens*, Dr. F. Uhle recommends burnt alum as a substitute for quinine in the treatment of this affection. The author is an army medical officer at Fort Rau, on the western coast of Sumatra, and his remarks on malaria are taken from cases which came under his own observation. In 1884, of a detachment of fifty men, he treated three hundred and sixty paroxysms of malarial fever, without counting the twenty-five paroxysms with which he himself was affected. He employed burnt alum in simple intermittent fever of a typical character, in intermittent fever with intestinal complications, in continued fever consecutive to malaria, and finally in what he terms hectic fever. By this latter denomination he refers to the cases in which the temperature scarcely rises above 38.5° C., where there is neither remission nor intermission, and where is observed a rapid development of the paludal cachexia. These latter cases are not amenable to any treatment, and change of climate is the only means by which the patient can escape death. The author administered burnt alum in twenty-two cases, which he was able to follow carefully at the hospital. The dose was one gram taken at once. The largest daily quantity was six grams, the smallest was two grams. By this

treatment he obtained good results in seventeen patients, all of whom presented the characteristics of the typical intermittent fever. The other five, who had not pure intermittent fever, were treated with large doses of quinine, from four to five grams daily. Four of these cases were cured by the quinine, and the fifth was cured only after having gone to a more salubrious climate. It was a case of hectic fever, referred to above. Burnt alum is a cheap substance; it is, therefore, of advantage to the poor, and, as it has scarcely any taste, it may be easily given to children. The author never observed any of those accessory disagreeable effects which are sometimes noticed in the administration of quinine.

M. Yvon, a pharmaceutical chemist in Paris, proposes a new form of mercurial ointment, of which soap is the basis, as a substitute for the old mercurial ointment of the pharmacopeia. The following is the formula given: Soft soap, black or white, as neutral as possible, 1,000 grams, mercury 1,000 grams, to be prepared as with axunge. During the preparation, the soap, being in contact in all its parts, loses the excess of its caustic alkalinity. The extinction of the mercury is effected as completely as with axunge and much more rapidly. The mercurial ointment thus prepared undergoes no alteration. M. Yvon states that he preserved some for three years, at the end of which time it looked as fresh as on the first day of its preparation. This ointment presents the precious property of not softening under the action of heat. At 80° C. (176° F.) it is as firm as at the ordinary temperature of the air; it may therefore be usefully employed in hot climates. Applied to the skin, it produces no local irritant action; the absorption of the mercury is easily affected, and simply washing the parts to which it is applied with cold water is sufficient, not only to remove the ointment, but it cleans the parts as well. Now that the treatment of syphilis by mercurial frictions is becoming more generalized, and appears to present great advantages over the internal administration of mercury, the old blue ointment may be usefully replaced by the new preparation under notice.

PARIS, May 14th.



## Translations.

**OÖPHORECTOMY.**—Dr. Schmalfels, of Freiburg, has added thirty-two cases to the statistics of the operation of castration as done upon women suffering from nervous diseases at the Freiburg Clinic. The results have been altogether favorable, complete success being attained in 75 per cent, improvement in 18.7 per cent, while 6.3 per cent remained unaffected. Circumscribed inflammatory processes played the most important rôle in the unsuccessful cases, these coming on afresh after the operation as a recrudescence of former peritonitis or parametritis. Ruptures of the abdominal walls and protrusions due in part to the operation and in part to the previous condition are believed to add materially to previous nervous difficulties.

Less favorable are the results reported from the Clinic of Breslau of operations undertaken for the relief of epilepsy or hystero-epilepsy. A complete recovery was not observed in a single case. In cases suffering purely from diseases of the sexual organs, such as fibro-myoma of the uterus, the result was much better. In three of these the myoma has so far disappeared that it can not be made out by exploration, and in another case growth of the tumor can not be confirmed. One case of pure ovaritis was perfectly healed—*Deutsche Med. Zeitung*.

**HABITUAL DEATH OF FETUS DUE TO RENAL DISEASE.**—It is customary to place syphilis at the head of causes of premature death of the fetus, and after this is placed pernicious anemia, chronic metritis, and endometritis. Dr. Fehling has shown that this result very frequently follows from kidney diseases of the pregnant woman. In all the cases referred to albuminuria occurred, partly in the form of parenchymatous nephritis and partly in the form of a genuine contraction of the kidneys. After the perishing of the fetus the albuminuria increased rapidly. In the placenta may be observed deposits due to infarction, so-called fibrinous wedges, the result of an ischemic necrosis. The prognosis for the child is very unfavorable; for the mother better, although

in a high degree the renal affection renders her liable to death from eclampsia and uremia. The only successful therapy consists in inducing premature labor. Altogether, it would be very desirable to have further observations of the relation between placental disease and disease of the kidney.—*Ibid*.

**SIMULTANEOUS CONTRAST.**—In the Academy of Sciences, April 12th, Dr. Charpentier reported the result of some studies relating to simultaneous contrast. The phenomenon consists, as is known, in the fact that in the neighborhood of a colored surface there exists something that tends to produce the sensation of a complementary color. This phenomenon is found to occur even when the colored surface is in complete darkness; there is then a veritable luminous excitation in the regions of the retina not receiving external light.

The nervous phenomena of perception of a color of contrast ought to have a seat different from that of the phenomena of the sensation of direct luminosity, probably a seat more directly psychical or ideational.

According to M. Charpentier, colors of contrast are likely to be induced colors.—*Progres Medical*.

**TOXIC POWER OF FEBRILE URINE.**—At the same meeting M. V. Feltz reported the results of his researches on the toxic power of febrile urine. The conditions known as uremic, after the first efforts at elimination, whether followed or not by nervous, convulsive phenomena, tonic or clonic, leaning always toward coma and resulting nearly always in death, show themselves much more quickly than when one employs normal urine. The toxic power of normal urine being represented by one, that of febrile urine will be represented by two or three. It is far from obeying the law of the proportionality of densities. There are, then, in pathological febrile urine toxic agents which are not found in normal urine, or which, if present, are in very small quantities.—*Ibid*.

**VACCINATION AND SMALLPOX.**—The Rev. M. Descarries, curé of St. Henri de Montreal, reports that up to the 31st of December, 1885,

there had been 233 cases of smallpox at St. Henri, with 115 deaths, all of whom were unvaccinated. One person vaccinated successfully within the year took smallpox.

**HYPNONE.**—M. M. Quinquad and Laborde have studied the action of hypnone on the blood. It resulted from their researches confirmatory of previous experiments, that hypnone was not a true hypnotic, but rather an asphyxiating agent.

## Abstracts and Selections.

**THE PERIL AND PLAGUE OF NARCOTICS.**—Scarcely a week passes without some sad proof of the folly of a reckless or insufficiently careful use of narcotics. It is almost to be regretted that so many agents capable of producing mimic, or poisoned, sleep are known to the profession and to the public. It is now the exception instead of the rule, to find a man or woman of middle age who is not more or less addicted to the use of morphia, chloral, bromide of potassium, or some one of the many sleep-inducers or pain-relievers which the nineteenth century has distinguished itself by evolving for the cure and comfort of our less enduring and increasingly sensitive and excitable humanity. It is nothing to the purpose that the deleterious effects of these potent drugs, when taken habitually, even in small quantities, have been again and again exposed. Practitioners have, as we do not scruple to insist in and out of season, much responsibility for the growing fashion of taking narcotics or anodynes by mouth or hypodermically. It is so pleasantly facile to prescribe a remedy which is sure to give present relief, whatever may happen in the future; and those who have learnt to purchase unconsciousness or ease at what seemed to be a very small price are only too ready to renew the experience when any fresh cause of sleeplessness or pain arises. Sooner or later some strong measure will need to be taken with a view of arresting this really serious "habit" of taking sedatives, which is extending its influence and gaining strength year by year. Meanwhile, we do very earnestly counsel our readers to refrain from having recourse to these drugs themselves, and to use their authority with patients in condemnation of a demoralizing and disastrous practice. The victims of the abuse must not simply be counted by those who die of it, but by those who are left to drag out miserable lives,

the victims of "cravings" and nameless and numberless sufferings, which morphia, chloral, bromide—now cocaine—and a host of insidious poisons are the active agents in producing.—*London Lancet.*

**HEMIGLOSSITIS.**—Dr. R. Demme reports (*Wiener Medizinische Wochenschrift*, No. 7, 1886,) a case of a child, aged six months, whose tongue became rapidly swollen, so that it projected from the half-opened mouth. Examination showed that the swelling was confined chiefly to the right side, the surface of which was covered with yellowish-white vesicles, from the size of a millet-seed to that of a pinhead, arranged in groups. Similar vesicles were visible also on the inner and outer sides of the right cheek. On the fourth day the swelling subsided as rapidly as it had come, and the vesicles dried up and disappeared. From the similarity in symptoms and course of the disease to those of herpes zoster, the writer regarded it as a form of this affection. Two similar cases, occurring in adults, are reported by Dr. P. Güterbock (*Centralblatt für Chirurgie*, No. 7, 1886). In both of these cases, also, the affection was confined to the right side of the tongue. In these and other cases the seat of the disease corresponded almost exactly to the area of distribution of filaments of the trigeminal nerve, and in some reported instances there seemed also to be a participation of the chorda tympani in the disturbance. The glosso-pharyngeal and the hypoglossal nerves, on the other hand, seemed in none of the cases to have any etiological relation to the affection.

**THE NIGUA IN MEXICO.**—Some researches by Señor Donaciano Cano y Alcacio on the Nigua are noticed in the April number of the Mexican journal, *El Observador Médico*. This insect, which is popularly known under various names (chigoe, chique, sikka, tunga, pique, etc., and scientifically as *Ryncoprion penetrans* and *Pulex penetrans*), has been referred by different entomologists to the Aptera, Hemiptera, and Diptera, according to the character of which each took special note. Señor Cano believes that it is the male insect only which, by its growth under the skin, gives rise to the troublesome lesions which are due to the nigua, and which are sometimes followed by phagedenic ulcer, gangrene, or tetanus. The prophylactic measures consist in cleanliness, seeing to one's boots, examining the feet at night, and avoiding localities known to be infested by the insect. For poor people who can not get proper coverings for their feet, and who may be obliged to frequent the nigua's habitats,



he advises a turpentine application to the feet. The only treatment is to remove the animal. For this a large blunted needle is required. Care must be taken not to rupture the abdomen, which is the largest and most superficial portion of the body. This is sometimes partially adherent to the skin, and if so a little dissection must be practiced, as in the case of wens. Often, however, either by pressure or with a little manipulation with the blunt needle, the insect can be very easily dislodged. At the commencement of the operation a dark liquid is generally seen spirting out like a fine spray from the animal. This is due to the irritation causing it to act on the defensive. The liquid may probably be of a fecal nature. Where purulent collections exist, the cavities should be carefully and frequently washed out with antiseptic and insecticide solutions. At the Mexico Military Hospital, 1 per 1000 sublimate solution is first employed, and afterward a strong solution of boracic acid. When there is gangrene, Señor Montes de Oca wraps the part up in calcined gypsum, which arrests the offensive odor, limits the gangrene, and prevents the absorption of septic matters by the healthy tissues. The natives employ tobacco applications to the sores after getting rid of the insect, but this is not in any way necessary, and is liable to cause considerable inconvenience.—*London Lancet*.

WHAT DOCTORS PRESCRIBE.—The subscribers to the Chemist and Druggist have been asked to send to the editor 10,000 prescriptions. And one of the members of the editorial staff of that journal has set himself the task of arranging this motley mass of statistics into such a shape that certain, in a measure, interesting facts are brought prominently forward. According to this somewhat haphazard, and by no means, we should think, representative mode of collecting physicians' prescriptions, the conclusion may be drawn that the inhabitants of this sometime favored isle suffer largely from diseases of the imagination. But the imagination is a function of the whole or some part of the nervous system. Hence a further deduction. This conclusion may not be a just inference, but the premises on which it rests are these: Spirits of chloroform, sal volatile, glycerine, and syrup of orange-peel take high places as drugs most frequently prescribed; to these we may add bromide of potassium, which ranks second only to chloroform. Most of these may be grouped under the heading "placeboes." Wine of ipecacuanha, sulphate of quinine, bicarbonate of soda, carbonate of ammoniæ, liquor ammoniæ acetatis, potassii bicarbonatis, and spiritus etheris nitrosi

are the other members of the group of twelve drugs most frequently ordered. Several of these minister to the disorders of the respiratory tract, and the time of the year may have some influence on their use. But, as we said at the beginning, the information can not be regarded as representative. If the statistics of some hospitals and dispensaries were taken, we believe that bicarbonate of soda, rhubarb, and gentian would exceed the other drugs in respect of frequency of prescription. Further, spirit of chloroform and syrup of orange-peel are mainly used as adjuncts.—*Ibid*.

SUBPLEURAL LACERATION OF THE LUNG.—At a recent meeting of the London Clinical Society, Mr. Timothy Holmes related a case in which a girl, aged fourteen, had fallen and severely bruised the right breast. There was no fracture of the ribs. The leading symptoms were hemoptysis, great dyspnea, and entire absence of breathing in the right lung. The right chest did not move in respiration; it was natural on percussion. These symptoms, with the history of her having a piece of biscuit in her mouth at the time of the accident, led to some suspicion of the impaction of a fragment in the right bronchus; but the progress of the case negatived this idea. The dyspnea was at first so alarming that tracheotomy almost seemed indicated. Next day, amphoric breathing was heard under the angle of the right scapula, and this soon developed into the physical signs of a large cavity in the lung, but without any sign of fluid or air in the pleura. This cavity gradually contracted, and the girl quite recovered. It is noteworthy that subcutaneous emphysema appeared at the right side of the root of the neck on the third day. When last seen, the girl, though in perfect health, had evident physical signs of considerable consolidation of the right lung. In commenting on this case, the author quotes Nélaton's description of the symptoms of subpleural laceration (including emphysema at the root of the neck) as exactly verified by the symptoms here observed. He remarks on the slight attention which is bestowed on this form of injury in most of our text-books, and the doubts which he has himself expressed in his own work, as to the possibility of diagnosing the subpleural form of laceration. These considerations, together with the comparative rarity of such cases would, he believes, justify the publication of this case, but it also contains a feature of its own, which has not hitherto been noticed in the history of the lesion, viz., the entire suspension of respiration in the injured lung. The cause of this phenomenon is dis-

cussed, and reference is made to other cases of subpleural laceration.

Mr. Norton recorded an instance of rupture of lung occurring in a man who had been buried beneath a mass of sand. From the symptoms observed it was a similar case to that described in the paper.

Mr. Godlee asked if the signs observed might not be explained on the supposition that a bronchus was torn across.

Dr. Bristowe thought it almost certain that rupture of the pleura must have occurred in Mr. Holmes' case, attended by pneumo-thorax. Otherwise it would be difficult to account for the sounds heard on auscultation.

Mr. Holmes thought there was no question in his case but that the pleura was not ruptured. No fluid or air entered the cavity, and the auscultation sounds as described agreed with those given by Nélaton as occurring in subpleural rupture of lung. The absence of respiration in the lung was the most striking feature in his own case, and gave it especial interest surgically. As to rupture of a bronchus, a certain answer could not be given in absence of a *post-mortem*, but in Mr. Holmes' opinion the symptoms pointed at least to implication of lung tissue in the injury. The emphysema did not appear until after three days; it was of limited extent, and soon disappeared.—*London Medical Press*.

**PORRO'S OPERATION v. CRANIOTOMY.**—Mr. Lawson Tait writes to the *London Medical Press* as follows: "Speaking from the mere manipulative experience of the operation, and basing my judgment of course also largely upon my other experiences in abdominal surgery, I have no hesitation whatever in saying that if I had a hundred Porro operations to do before craniotomy or any other of the tentative proceedings upon the child had been attempted, I would not have a mortality of more than four or five per cent. The proceeding is so easy, the complications which are possible so few, and the simplicity of the operation so much greater than that of hysterectomy that I am sure this conclusion is not at all overdrawn. As I am not an obstetrician, I can not, of course, argue the question upon the ground of the practice of midwifery, but upon the moral ground I am quite sure that a Porro's operation is preferable to a craniotomy, for in the latter the child is inevitably destroyed, and the mother runs as great a risk as I think she would in Porro's operation. I feel certain that the decision of the profession on this point will be before long to give up the performance of those operations destructive to the child in favor of an operation which saves it and sub-

jects the mother to little more risk, and which has the great advantage that it prevents her from being subjected to a similar risk in future."

**A CASE OF IMPERFECT ABORTION; SAPRE-  
MIA; RECOVERY.**—The following case illustrates the dangers of imperfect abortion, and the satisfactory results to be obtained when the usual method of treatment is thoroughly carried out.

M. A., aged forty-five, the mother of thirteen children, the last five years old, came to the out-patient room at the Samaritan Hospital, complaining that she had not been well since her last miscarriage, twelve months previously; since then she had suffered from profuse menorrhagia, and for the last two months, a continuous bloody discharge, now fetid, with bearing-down pains, which had obliged her to give up work, much against her will.

On vaginal examination, the uterus was found much enlarged, retroflexed, and the cavity so open as easily to admit a finger to the fundus. The cavity was occupied by blood-clot and a mass of decidua, which was adherent only to the anterior wall and the fundus. The hemorrhage after this examination was so considerable that it was determined to remove the mass immediately; and, without much difficulty, this was done, the anterior lip of the cervix being seized by a volsellum forceps. The uterus was then gently irrigated with hot water, to which a little tincture of iodine was added, and the patient sent to the ward at the Dorset House branch.

Two hours later, the patient, who had had rigors, was found to have a temperature of 105°, and a large-volumed pulse of 128; the skin was very hot, and she complained of intense thirst.

The uterus was still patulous, and contained blood-clot, which, with two minute fragments of decidua, was removed; the uterus was again thoroughly irrigated, and a tampon of wool, smeared with iodoform and eucalyptus-vaseline, inserted into it. Six grains of quinine were given; and a draught containing a dram of the liquid extract of ergot and two grains of quinine was ordered to be given twice that evening, and three times a day afterward. Two hours later the temperature had fallen to 102°, and an hour after to 101°, and the pulse to 100; she was sweating profusely, and was much more comfortable.

The following morning the temperature was 99°, and the pulse 84; the tampon was removed from the uterus, and another inserted into the vagina.

From this time convalescence proceeded unin-



terruptedly, and involution of the uterus, which had been delayed for twelve months, rapidly took place; the uterus became rigid, and was no longer retroflexed, and, on the fourth day, its cavity measured barely three inches. There was no hemorrhage after the uterus was once completely emptied.

The rapidity with which involution took place precludes the probability of there having been any chronic metritis set up by the prolonged retention of decidua; and, except at the seat of attachment, the mucous membrane of the uterus appeared to be natural and free from inflammation.

Sapremia is believed to be a septic condition produced by the absorption of septic material, which, unlike that causing septicemia or pyemia, has no power of growth and propagation in the blood, and therefore produces effects only in proportion to its amount; and when, as in this case, its source is easily within reach, and the septic matter can be readily and completely removed, it is most amenable to antiseptic treatment.—*Dr. S. A. W. Griffith, British Medical Journal.*

**MAMMARY FUNCTIONS OF THE SKIN IN LYING-IN WOMEN.**—The breast may be regarded as a highly specialized sebaceous gland, or at least, as a highly specialized cutaneous gland. It may have developed out of the indefinite blastema of the epiblast, either directly or through the intermediary stage of a sebaceous gland. The distinction made by Dr. Creighton at the discussion of Dr. Champney's paper, on Tuesday last, at the Royal Medical and Chirurgical Society, will, in view of deeper embryological considerations, appear to be of not great importance. For, it is plain that the glandular structures to which he referred must have originated from epiblastic germs, as the sebaceous, sweat, and mammary glands have also done. That a sebaceous gland is also a miniature breast must be regarded as theoretically proven from a chemical stand-point. Milk is a chemical compound in certain proportions of albumen, fat, and sugar, and analysis of sebaceous matter also yields fat and a small proportion of proteid and carbohydrate. Dr. Champney's most careful and detailed description of the "axillary lumps" forms the result of an equally sedulous research, which, so far as is known, is unprecedented, and therefore original in the true sense of the word. The lumps that he described as situate in the axilla may for all practical purposes be regarded as mammary. Their evolution follows step by step that of the mammary glands in parturient women, and there are some grounds for believing that they may be the seat of similar pathological

affections. Further, Dr. John Williams bore testimony to the effect that, like the breast, the axillary lumps may show changes during menstruation.—*London Lancet.*

**ON THE TREATMENT OF ERYSIPELAS.** BY DR. G. KUEHNAST, Freiburg (*Centbl. f. Chirg.*, 1886, No. 9).—The acceptance of the view that erysipelas is an infectious disease, brings with it the demand for suitable antiseptic treatment. Hueter's plan of local hypodermic injections of phenol does not give very satisfactory results, not only from its imperfect destruction of the germs but from its failing to effect drainage.

Kraske (1880) reported excellent results in phlegmonous septic processes from multiple incisions and scarification. It seems that Dobson had employed scarification in erysipelas as long ago as 1828. Two of Kraske's later cases successfully treated by the above method are mentioned. His assistant here describes its further application in three cases of erysipelas. He makes fifteen to twenty incisions to the square inch, some punctiform others up to one cm. long. Most of these only penetrate the superficial layer of the corium, but about one to the square cm. passes through the entire cutis. These are made all over the erysipelatous tract, but of course thickest along and just beyond its edge. At first a bloody-serous fluid exudes, later abundant pure blood. Then the skin is raised in folds, and, under a current of five-per-cent carbolic, as much fluid is squeezed from the tissues as possible, the carbolic being finally rubbed in with the flat of the hand.

His cases are: 1. Erysipelas of leg and thigh, starting from an ulcer cruris. By the next morning all symptoms of the trouble had disappeared.

2. Erysipelas of arm, from a burn. Likewise disappearance of the symptoms by the next day.

3. Erysipelas starting from a nearly healed rectal abscess. Next morning the trouble seemed to have been aborted, but it soon reappeared a little to one side. Scarifications afresh—without carbolic treatment, owing to the effect of the first on the urine. Dry sublimate dressing. Again temporary improvement and relapse. This time it involved the scrotum, which naturally could not be subjected to this procedure. On its progressing to the thigh, however, the treatment was renewed—this time with lasting effect.

In each of these cases the temperature rose directly after the operation, then sank to the normal in a few hours. In light cases, and where exposed portions of the body are attacked, this method is, of course, not advisa-

ble. In children, old and infirm patients, care must be had as to the antiseptic chosen.

In comment Dr. W. W. Van Arsdale says: "If it is desired to employ local antiseptics in erysipelas, a much simpler, more widely applicable and very satisfactory, method is available. Burman (Practitioner, May, 1884), reported some very favorable experience with the local use of iodoform collodium. Dr. Lyttle, of New York (vide report in Boston Medical and Surgical Journal, Jan. 1, 1885, p. 14), also speaks well of the same. We can corroborate this. Especially instructive was a case of erysipelas from a slight wound in the thigh. Wherever the coating was continued well over the neighboring apparently free skin, the process was checked; where this had not been done, the process extended, but was stopped by a fresh properly extensive coating. This application, moreover, alleviates the burning and discomfort immediately.

**MORITURI SALUTANT.**—With the development and *mise en exécution* of the system of antiseptic treatment, together with the ever-increasing use of *bactericides* and *bacillicides*, it may confidently be anticipated that specimens of the various disease-causing fungi and bacilli will shortly be procurable only at fancy prices. With germicides which are capable of annihilating their millions at one fell swoop, irrespective of sex, age, or condition, their source will finish by becoming as precarious as over-dredged oyster-beds. Expeditions will then be necessary to the "ultimate realms of the pole" to kidnap a stray, half-starved micrococcus, and practical bacteriology will be rendered impossible, *faute de quoi manger*. Enterprising purveyors of natural history preparations will organize exciting hunts in distant climes for a chance spirillum, which will be brought home with conscious and justifiable pride and sold by auction. By the time we have depopulated entire countries of their natural allowance of schizo-mycetes we shall, like the colonialists with their murdered sparrows, be glad to offer a premium for their recultivation, and find it may be too late, alas! that in the language of the poet, "There's little left to live for now, since my poor vibrio died." *Hinc illæ lacrymæ.*—*London Medical Press.*

**MICRO-ORGANISMS IN TYPHOID.**—After examining microscopically the bowel, mesenteric glands, spleen, liver, kidneys, lungs, heart, and brain in fourteen typhoid fever cases, Dr. Mirles, of St. Petersburg, concludes that the short bacilli of Eberth and Koch may, with great confidence, be accepted as always present in this disease, but that, in addition to this

type of bacillus, colonies of three kinds must also be reckoned as characteristic of typhoid: (1) Small colonies in the deep layers of the intestine and in the walls of the capillaries of the heart muscle. (2) Medium-sized colonies of comma form. (3) Large ones of map-like shape, found especially in the mesenteric glands, the spleen, and in the substance of cerebral hemispheres. The author is inclined to agree with Klebs, that some relation exists between the symptoms observed during life and the organs in which micro-organisms are found. In one case, for instance, where there had been violent and prolonged delirium, numbers of colonies of various sizes were seen in sections of the cerebral convolutions. He thinks also that the early development of cardiac weakness in uncomplicated cases of typhoid depends upon the existence of micro-organisms in the heart muscle, which are gathered in small colonies in the capillaries, and he suggests that it is much to be desired that careful observations should be made in typhoid of the exact condition of the pulse and of the sounds of the heart.—*London Lancet.*

**TREATMENT OF CEREBRAL SYPHILIS.**—In the New York Medical Journal, May 1st, this question is discussed by Dr. Herbert G. Lytle, who concludes that the treatment of cerebral syphilis is, of course, by mercury and iodide of potassium. The former is curative, the latter palliative. It is strange to see in an English work on syphilis, published in 1884, the statement that iodide of potassium, in some cases, must be given in large doses, 3j to 3ij in twenty-four hours; but that, as a rule, it is better to begin with about seven grains three times a day. In cerebral syphilis it is best to commence with thirty grains, *t. i. d.*, and rapidly increase the dose until you get its physiological effect or the symptoms disappear. The hygienic management is important. The diet should be plain and nutritious. The patient should avoid bodily and mental exertion or excitement. He should not, as a rule, take alcoholic stimulants. Special symptoms must be met by appropriate treatment.

**UNUSUAL CAUSES OF COUGHING.**—The "unusual causes of coughing," then, are two: First, hypertrophied glossal papillæ, overlapping an epiglottis which is bent far forward, but otherwise normal; and second, a congenitally asymmetrical epiglottis, which has been made still longer by inflammation, caused by constant friction with the tongue. Abnormal conditions of the tongue and ulcerations of the epiglottis are mentioned in text-books as sources of irritation and causes of cough, but



this relation between the tongue and the epiglottis has not been specially recognized as a strong cough-producing factor. I believe it is frequently so. I consider the recognition of this lesion to be of great importance to the physician; for it explains the etiology of many coughs the causes of which have not hitherto been accurately determined. Since my attention was first called to this lesion, I have seen many cases in which it existed, and in which it could be demonstrated beyond a doubt that it was the sole cause of cough.—*Dr. C. C. Rice, Medical Record.*

**CANCER OF KIDNEY; NEPHRECTOMY.**—Dr. W. Orłowski (Warsaw) reports the following successful case. In 1883 one hundred and thirty-two cases had been published with forty-two per cent mortality:

A woman, aged thirty-seven, had suffered pain for the last six years, occasioned by a movable, hard tumor of the size of a fist, situated in the right side of the abdomen. She had passed bloody urine. The diagnosis of neoplasm in a movable kidney was made. Operation May 15th: incision extending from margin of ninth rib vertically downward to Poupert's ligament; laterally along the external edge of the rectus abdominis muscle, ten cm. in length. Enucleation of the tumor. Ligation of the pedicle *en masse*. The seat of the tumor remained in communication with the peritoneal cavity. Catgut and silk sutures to close abdominal wound. Patient did well. May 22d, suppuration of the wound till July 5th. July 22d, dismissed from hospital with granulating fistula, and passing 1,500 cubic cm. of urine daily. Was seen again October 16th, when a silk ligature has passed through the fistula by suppuration.—*Deutsch. Zeitschr. f. Chir.; Annals of Surgery.*

**CHRONIC TEA-POISONING.**—Dr. W. N. Bulard (Boston Medical and Surgical Journal) gives the details of seventy-four cases of chronic tea intoxication investigated by him, and formulates the following conclusions: (1) The action of tea is cumulative. (2) Its action is more pronounced on the young and on those subject to anemia or physically depressed, although persons otherwise healthy occasionally show toxic symptoms. (3) The average amount of the beverage required to produce toxic effects in persons accustomed to its general use is a little less than five cups per day. (4) Chronic tea-poisoning is a common affection. Its symptoms most commonly are, loss of appetite, dyspepsia, palpitation, headache, vomiting and nausea, and nervousness combined with various forms of functional nerve affections,

such as neuralgia, hysteria, etc. Constipation and pain in the left side or cardiac region are also frequently observed in sufferers from tea-poisoning.

**HOW TO PREVENT COLDS.**—Dr. Brown-Séquard, speaking at the Société de Biologie, gives a prophylactic method against accidents that are produced by cold. He said: "The neck is one of the most sensitive regions of the body, and it is not doubted by any one that a large number of cases of bronchitis, etc., are reflex phenomena from the impression of cold on the nerves of the skin in that region. To prevent these troubles, the sensibility to cold must be diminished: that is the best means that can be indicated. To this end I have advised several of my patients to blow air on the neck from a blower, at first using warm air and gradually cooling it off. In ten sittings most of them had become so accustomed to it that they became quite impregnable to the action of cold." [In America, water is generally used instead of air for the same purpose.]—*Medical Times.*

**A QUIBBLE OVERRULED.**—A singular case has just been decided by the Paris Civil Tribunal. Dr. Peyrol, head surgeon at the Hotel Dieu, claimed 800 francs for extracting a bullet from Mme. de Beauregard, who had accidentally shot herself. The claim was disputed on the ground that the plaintiff stated erroneously that the bullet was lodged in the right thigh. The tribunal overruled the plea, believing that it mattered very little whether the bullet was on the right or the left side, so long as the patient's sufferings had been relieved; and the medical man therefore won his suit.

**AN ALKALOID IN KRAUT.**—An alkaloid is stated to have been discovered in sauer-kraut, capable of producing serious symptoms of poisoning, such as paralysis of the bulbo-spinal vaso-motor centers and the cardiac fasciculus of the pneumogastric nerve. The said alkaloid is credited with the power of entirely controlling delirium tremens.—*National Druggist.*

**ASCITES IN CIRRHOSIS OF THE LIVER.**—Dr. Jacoby, of Bromberg, indorses Professor Ewald's recommendation of early puncture of ascites, and in cases of cirrhosis of the liver as the cause administers pilocarpine. He gives ten drops three times a day of a 0.1–10.0 solution of the muriate of pilocarpine.

**THE NASHVILLE ACADEMY OF MEDICINE AND SURGERY,** is the name of a new medical society organized in Nashville, Tenn.

# The American Practitioner and News

"NEC TENUI PENNÆ."

Vol. I. SATURDAY, JUNE 12, 1886. No. 12

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

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## KENTUCKY STATE MEDICAL SOCIETY.

The thirty-first annual meeting of the State Society will be held at Winchester, June 23d, 24th, and 25th. The programme, which appears elsewhere in this issue, is adorned by the names of many of the best names in the State, and pledges good work for medicine, while the heartiness with which the local committee of arrangements, seconded by the good citizens of Winchester, have discharged the trust committed to them at the last meeting, leaves no room to doubt that the visitors will find warm welcome and abundant good cheer. The railroads extend to the delegates in transit the courtesy of reduced rates, and the hotels will discount their bills liberally in the interest of science.

Winchester is a beautiful town, and having place in the center of Clarke, one of the eastern counties of the Blue-grass region, the majority of the delegates must pass through this charming stretch of country in making their journey to and from the meeting. The opportunity thus afforded of beholding this most favored section of our commonwealth in all the rich

array of early summer time, is in itself no small inducement for the hard-worked doctor to lay aside for a few days his books and saddle-bags, and will contribute no little to the size and success of the coming session.

But while the above-named features are both pleasing and promising, it may not be out of place to remind the fellows that the Society is possessed of some well-turned by-laws, to the rigid enforcement of which on the part of the president and the cheerful obedience of which on the part of the delegates the perfect work of the sessions is in no small degree beholden.

To the point, we quote as follows from the transactions of 1877:

1. That all executive and miscellaneous, and other than purely scientific business, be limited to the first thirty (30) minutes of each morning session.
2. That the length of time in reading each paper presented to the Society be restricted to thirty (30) minutes.
3. That immediately after the reading of papers they shall be open for discussion, each member speaking to be limited to ten (10) minutes.
4. That volunteer papers or communications be read on the afternoon of the last day of each annual meeting, and at no other time, unless by unanimous consent of the Society.

## THE TAX ON OLEOMARGARINE.

The lower house of Congress, after lengthy discussion, has passed the bill taxing oleomargarine five cents per pound, and surrounding its sale with other severe restrictions. In view of all the circumstances this would seem to be a most remarkable measure of protection.

What are the facts in the case? Ample experience has shown that oleomargarine is a wholesome and, in the judgment of many, in comparison with inferior butter, an agreeable food preparation. Chemists find difficulty in distinguishing between it and pure butter, while the uninstructed consumer is often not at all able to do so.

In view of the foregoing there appears but a single reason for the suppression of its manufac-



ture. It comes into ruinous competition with the product of the dairy. The dairymen insist upon protection against injurious competition, and while their grievance is entitled to a respectful hearing, it is but just to note what other interests are involved in the question. To do this we must note the composition of oleomargarine. The best brands are made of suet, deprived of its stearine by mild heat and high pressure, cow's milk, and cotton-seed oil; the inferior brands, embracing the great mass of the product, from margarine, the semi-solid principle of lard, milk, and cotton-seed oil. Now, not one of these ingredients is injurious, and but one of them can be said to be considerably advanced in price by incorporation with the mixture. The butter and the lard or suet before manufacture have a value per pound not far below the oleomargarine which they, in good part, compose. Cotton-seed oil, then, is the only ingredient invested with large profit as a result of the mixture; and therefore the burden of the prohibition falls, in a great measure, upon the producers of this commodity and the poor, who have in oleomargarine a very good substitute for butter brought within the reach of their means.

Cotton-seed oil is certainly not so injurious as to justify the framing of legal enactments to restrict its use. Thousands of people make use of it in preference to lard, and we are able as a result of agreeable experience to bear testimony to its value as a substitute for the latter in culinary economics. Olive oil has ever held the favored place as an adjuvant in cookery and as a dressing for salads, and cotton-seed oil so closely resembles it that none but the chemist can tell the one from the other. Italy has excluded it from the list of her imports because when mixed with olive oil its presence could not be detected, and so had the same depressing effect upon the price of that commodity that oleomargarine exerts with us upon the price of butter.

It is right that laws should be enacted which will prevent the fraudulent manipulation of oleomargarine in trade. The conservation of good morals requires that fraud should be suppressed in this as in every other similar case; but that the only acceptable substitute for

butter within reach of many persons should be burdened with a tax, which falls at last upon the consumer, is in the very nature of things unjust. We would be glad to see this new product of the manufacturer's art placed under such legal restrictions as shall require it to be always sold upon its own merits and under its true name, and we earnestly hope that legislation in the matter will yet take this form. s.

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## Notes and Queries.

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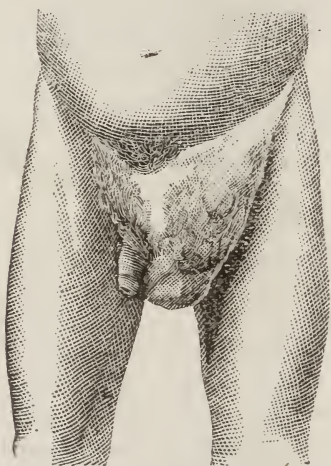
SAVILE CLUB, LONDON, May, 1886.

*Editors American Practitioner and News:*

There is so much here in the lines I came to work, and my stay is to be so short, that I have little time to see any thing of London but what relates directly to the business that brought me abroad. Hence, what I write must relate almost exclusively to hospitals, the cases, and the surgeons I see in them.

At my second visit to St. Thomas's, Sir William MacCormac did herniotomy on a man, aged thirty years, for the radical cure of an irreducible hernia. The hernia was on the left side, and so large as to cause much inconvenience, and render the subject almost unfit for work. For several days previous to the operation the patient had been kept in bed, and the reducible portion of the tumor kept up. The operation was done under the spray. Before opening the sac, the surgeon made sure that it contained the irreducible portion only. This was found to consist entirely of omentum, much thickened and firmly adherent to the sac. The abdominal opening, which was very large, was now plugged with an antiseptic sponge, both to keep any blood from getting into the cavity or the intestines from getting out. After detaching the omentum from the sac, it was transfixed with a strong catgut ligature just at the external ring, and removed. The sac was then dissected up and cut away just beyond the external ring, and the ring closed by several interrupted catgut sutures. The operator was careful to catch immediately every vessel that bled, and to see that all hemorrhage had ceased before preparing to close the ex-

ternal wound. A drainage-tube was now introduced, and the external wound finally closed by interrupted sutures. The parts being sprinkled thoroughly with iodoform, a thick padding of antiseptic gauze was applied, not only over the wound, but covering the entire lower portion of the abdomen, and extending below the groin on both sides. Over this the red macintosh cloth was placed, and all confined by a double spica—the first of gauze, the second of white flannel.\* Sir William laid great stress on this particular mode of dressing, and says the result of the operation depends very largely on the manner in which it is applied. Sir William is a careful, painstaking operator, who does all his work thoroughly well.



The second case he brought before the class was one of osteotomy of the femur to straighten a limb, in which the knee had become ankylosed in a semi-flexed position. The operation was done by first making a longitudinal incision on the outer sides of the limb down to the bone, just above the condyle; passing the chisel with cutting surface parallel to the long axis of the bone, and then turning it. He uses a sand-bag for the leg to rest on. After breaking the bone, he introduced into the wound a few strands of catgut for drainage, and used two interrupted sutures in closing it. The limb was then dressed in plaster-of-paris. He thinks this operation will answer in cases where the flexion is marked, and much prefers it to sawing out a wedge-shaped piece.

Ten days after the operation Dr. Ord kindly took me through the medical wards of the hospital, and I saw him examine and prescribe for the patients. You know Dr. Ord personally. He is still much interested in the subject of myxedema—a term he gave to the disease which goes under that name. There was one case of the affection in the ward. He talked much on the subject, but added nothing to what he has published.

You may remember Bristow's Practice contains a good deal from him on the subject. Dr. Ord thinks it likely the Clinical Society will publish his studies of myxedema in book form, the manuscript being now all in the hands of the Society. He is one of the best talkers and most agreeable men I have met.

I spent an afternoon at St. Mark's Hospital with Mr. Allingham, and saw him operate on several cases of piles, remove a polypus, and lay open some fistulæ. A gentleman present said something to Mr. Allingham about his (Allingham's) operation for hemorrhoids, and he replied, "My dear friend, this is not *my* operation, but that of Mr. Salmon, my predecessor. He practiced it fifty years ago, and I have not altered or changed it in *the least*." You are aware that he gives Mr. Salmon credit for it in his work on the rectum. The mortality in the hospital from this operation, as done by Mr. Allingham, is one in a thousand, while in private practice he has not lost *one case in three thousand*. He thinks the treatment by injections is entirely too uncertain, and the mortality following that of cauterization far greater than that of the ligature, according, of course, to Mr. Salmon's method of using the ligature. After ligating the internal piles, Mr. Allingham always snips off the external ones. Before doing either, however, he dilates the anus thoroughly. In the case of polypus, he dilated the sphincters, then introduced carefully one finger at a time until he got his *hand* into the bowel. I was rather expecting him to reach up and pull down the tonsil, when he brought down the polypus and threw a ligature around it. In the treatment of fistulæ he says the cause of failure is very frequently due to the fact of the operator having laid open the *main tract* only and leaving the branches to close them-

\*The hernia case has done uninterruptedly well.



selves. He lays open *every* branch. He uses the elastic ligature only where there is a *single* tract.

He uses the knife very freely and with grace. Instead of introducing the knife from *without* along the director, he introduces it from *within* the bowel and cuts outwardly, bringing the *knife* and *director out together*. Of course to do this, the sphincters have first to be *thoroughly* dilated. He so slashed up a man's anus to-day that it looked as though a bomb-shell had burst in it. I was under the impression that Mr. Allingham confined his practice to rectal diseases, but he told me, to-day, that within the next few days he would in private practice resect a knee-joint, do a cholecystotomy, and several other operations in general surgery, to which he was good enough to invite me. He seemed much surprised at my ignorance of his being a worker in general surgery. In personal appearance, Mr. Allingham reminds one very much of General Phil. Sheridan.

At St. Bartholomew's Hospital, Mr. Langton did an ovariectomy under the spray, the carbolic solution, one to forty, being used for instruments and sponges. Before setting to work the operators and assistants scrubbed their hands and arms thoroughly in a bichloride solution, one to one thousand, and during the operation the operator kept near him a bowl of clean carbolized water, with which he frequently cleansed his hands. The tumor was a unilocular cyst, containing about two gallons of a dark coffee-colored fluid. There were some adhesions to the anterior and side walls of the cavity, but none to the viscera; pedicle short, ligated with large silk thread—an aneurism needle being used in passing the ligature. After removal of the tumor, the cavity, which contained a great deal of bloody fluid, was sponged out, but I was no little surprised to see no examination made to learn whether any vessels were opened in breaking up the adhesions. After using a dozen or more sponges for this purpose (cleansing the cavity) and squeezing at least an ounce or more fluid out of the last two used, the wound was accurately closed, the operator using but one needle, carrying its point through the skin and peritoneum. No drainage-tube was used. The

abdomen was finally covered with antiseptic dressings, and these confined by a layer of broad strips of adhesive plaster, reaching from the pubes to the ensiform cartilage, and encircling two thirds of the trunk. These were stretched tightly in order, it seemed, to make pressure. Over these a broad flannel bandage was applied.

Mr. Langton is an uncommonly fine-looking man, being upward of six feet in height, and remarkably well shaped, say forty-five years old. His general make-up suggests an Irishman rather than an Englishman. He is one of the examiners for the College of Surgeons. I am indebted to him for many civilities.

The other day I visited the Great Northern Hospital with your particular friend, Mr. Adams. From the name I expected to find a very large hospital, full of interesting cases, but, on the contrary, the Great Northern is a very small institution, and at present contains nothing of special interest. There are only about thirty beds, and these are distributed among three or four small rooms. Mr. Adams tells me, however, that they have bought ground for a new hospital, and sometime, within the near future, will erect a creditable building; a consummation devoutly to be wished, both on account of the afflicted who seek its succor and the excellent staff attached to it. Mr. Adams is just now very much interested in what he styles so-called congenital dislocation of hip or hips, and is preparing a second paper on the subject, the first having, you will remember, appeared in the British Medical Journal in 1885.

I was well rewarded by a visit to St. George's Hospital on May 6th, where I witnessed quite a lot of operative work. Mr. Timothy Holmes, for instance, did an amputation of the thigh for disease of the knee-joint, a colotomy for ulceration of the rectum; Mr. Rouse had two cases of amputation of the breast, and Mr. Pick removed a parotid tumor, and operated upon several cases of caries of bone—one or the skull, one of the lower jaw, and two of the leg.

The Esmarch bandage is not much used here in amputations. The limb is simply elevated in order to empty the vessels as much as pos-

sible, and then the rubber cord, or the old-fashioned tourniquet, or mere digital compression is used, some surgeons preferring one and some another. Mr. Holmes used the old tourniquet. He made the long anterior and short posterior flap. After sawing off the bone he scraped up the periosteum about an inch, sawed the bone off again, and then stitched the periosteal flap over the end of the bone, covering it completely. Catgut ligatures and silver sutures were used; operation done antiseptically—carbolic acid, no spray. The colotomy was done by the old method, viz., lumbar incision, and stitching the gut to the skin with several interrupted sutures, and then splitting it open. I certainly prefer Mr. Bryant's method. Mr. Holmes occupies a very enviable position in the profession here, and it is painful to think that such as he can not, by reason of years, remain much longer in active work. He is a large man, of commanding presence, and is said to be of great general cultivation.

There was nothing of any special interest in the other operations I mentioned.

Mr. Pick had a patient with a large thoracic aneurism, on whom he intended to operate by ligating the carotid and subclavian arteries, and soon after to fill the aneurismal sac with wire, but the patient's courage failed him and he backed down. Mr. Hulke filled one with wire recently with a successful result. Mr. Bryant told me, to-day, that he filled a popliteal sac with horse-hair once with good result. I hope Mr. Pick's man will still give him the opportunity to operate, and that I may be there to see.

On May 7th, I saw Mr. Bryant remove two diseased breasts, and Mr. Howse and Mr. Davies-Colley each do an amputation at the hip-joint.

Mr. Bryant is getting out a book on diseases of the breast, which he hopes to have ready by October next. He tells me he has notes of over six hundred cases of breast disease, but that he has not been able to "keep the run of them" as did Dr. S. W. Gross.

The hip amputations were a modification of Mr. Fourneaux Jordan's method. They were both undertaken for advanced disease of the

hip. Mr. Howse made the longitudinal incision, first from the head of the femur down the outer side of the leg about twelve inches, and after disarticulating made the circular incision straight down to the bone at the lower end of the longitudinal incision. Mr. Davies-Colley made the circular amputation *first*, and then the longitudinal incision, and peeled the bone out of the periosteum. Before doing this, however, he *torsioned* the vessels, including the *femoral*. The circulation in the limb was *entirely* cut off by a roller bandage applied as a compress over the femoral, and a large rubber cord passed over it and around the hip. (See last edition Bryant's Surgery.) The operations differed from Jordan's, in that the circular incision went straight down to the bone, through muscles and every thing.

I am inclined to think this *the* operation for hip-joint amputation, as the bleeding can be as completely controlled as in any other amputation of the limb. As Mr. Bryant says, the only objection one can have to it is that he did not himself propose it.

Connected with each hospital here there is at least one regularly-appointed anesthetist, whose sole business is the administration of anesthetics. The hospital surgeons usually avail themselves in their private practice of the experience of these specialists. It would be well if our hospitals had the same, and certainly there should be one or more such persons in every large city.

Some of the surgeons here operate in long, dark gowns, though most put on an old coat, which, no longer serviceable for street or office wear, they keep at hand in the hospital. They seem not to fancy doing surgery in their shirt-sleeves, saying it looks too much like "a flesher," as the Scotch call a butcher. The ovariottomists, however, at least such as I have seen, always work that way.

On May 8th, at St. Bartholomew's, Mr. Savory, the senior surgeon, did a castration for a sarcomatous testis. As is well known, Mr. Savory is a non-believer in antiseptics, and for that, among other reasons, I have been anxious to see some of his work. He is a striking looking man, sixty years of age, slightly over six feet tall, no beard, Roman nose, of fine



figure, and one of the best talkers in the profession here. The London men have very little to say at their operations, not over five minutes' talk, and that made up of a description or history of the case before them. Mr. Savory struck me as a neat, careful operator. His instruments are brought in on a waiter covered with a towel, and are *scrupulously* clean. He uses catgut ligatures, and is careful to see that all hemorrhage has ceased before closing the wound. He never uses a drainage-tube, and will not allow one to be used in his ward, but instead inserts a strip of rubber tissue-cloth in the bottom of the wound, letting one end hang out at its lower angle. In the castration he secured the cord with a clamp forceps before dividing it, and then tied the arteries separately instead of throwing a ligature round the entire cord. He is a great believer in poultices, and, his dresser tells me, uses them whenever a wound shows the slightest signs of inflammation. He dresses his operation wounds very lightly—a piece of lint saturated in carbolized oil and applied over the wound, this covered with a bit of dry lint, and the whole confined with a piece of plaster or bandage. I am told that he gets results about as good as those of his colleagues. Mr. Langton followed Mr. Savory with a sarcoma of the scapula, in which he removed the *entire bone*. His first incision extended from the inferior angle upward along the posterior border of the bone to the posterior superior angle, and from the center of this another was made to the point of the shoulder. I liked this operation better than that of Dr. Sands, because, instead of having *one* large flap, there were two smaller ones. I should have more fear of sloughing in one large flap than in two small ones. The operator commenced his dissection from the posterior border, making that of the axillary border last. He did the operation in one third of the time that it took Dr. Sands, but was nothing like so careful in his dissection. The hemorrhage in the two cases was about the same. Catgut ligatures and silver wire sutures were used, one drainage-tube, and the wound dressed with carbolized gauze.

The ovariectomy mentioned in an earlier part of this letter, Mr. Langton tells me, is doing

beautifully. Mr. Howard Marsh followed Mr. Langton, doing first an amputation of a malignant breast in a case in which he had done the same operation nine years ago, and then a case of osteotomy of the neck of the femur to bring down a limb, which had become ankylosed in a flexed position, for hip disease. Mr. Marsh said that there was a popular opinion against doing an osteotomy through a joint in which there had been an osteitis, for fear of rekindling the original disease, but that, so far as his experience went, there was not the slightest danger to be feared. He had never had any bad results, although he had done the operation quite a number of times. He makes an incision down to the neck of the bone large enough to admit the chisel, which he then drives well into the bone, but without sufficient force to send it clear through. After breaking the bone he does whatever tenotomies may be necessary (in this case dividing only the adductor longus), and then brings down the limb very gently and puts on an extension splint.

Two weeks ago, at St. Bartholomew's, Mr. Thomas Smith did supra-pubic lithotomy on an artilleryman who, up to six weeks before, had kept in active service, and removed a stone weighing *twenty-four and a half ounces*. I did not see the operation, but have seen the patient and the calculus, which is of the uric-acid variety. The patient, who is between forty-five and fifty years of age, is convalescing now, though there is still a small fistulous opening in the bladder in the line of the drainage-tube. Mr. Smith, upon examining the man through the rectum, thought the stone was a tumor, and was greatly surprised upon introducing the sound to get the click. How strange, that in this day one should come across so large a stone!

Mr. Thomas Smith is considered, by the dressers of the hospital, as the best operator in London. He does most of Sir James Paget's surgical work in private practice. I hear that he abounds in humor, and often indulges in fun at the expense of his assistants, besides sometimes guying the nurses.

I spent the afternoon of the next day at St. Mark's with Mr. Allingham, but regret to say I saw nothing but four cases of fistula in ano

operated upon. Three days ago Mr. Allingham did a resection of the knee by a new and original method. It is the first of the kind that he has done on the living subject. He made a *longitudinal* instead of *transverse* incision, and sawed the patella through the center longitudinally, then split the ligamentum patella, and was thus able to turn out the ends of the femur and tibia, which were sawed off. A drainage-tube, was now passed through the popliteal space from behind, then the pieces of patella were stitched together with silver wire, the external wound brought together, and the limb dressed with a posterior and two lateral splints.

The following day, owing to the dressings being soiled by seepage, they were removed, some five-per-cent carbolic solution thrown through the tube; and unless some evidence of mischief shows itself they will not be disturbed again for three weeks. It strikes me that this is an excellent operation, having the great advantage over all others in that the patella is not removed, and consequently the action of the quadriceps is not weakened. As a general thing in inflammatory mischief in the joint requiring the operation the patella is found unaffected, or if diseased, the part affected is superficial and can be scraped away. The operation was done three days ago, and so far there has been no untoward symptom. Mr. Allingham used nothing to fasten the femur to the tibia, but trusted to the splints keeping them fixed. I must say that I should have been better satisfied to have seen him use the nails, after Gerster's plan.

At each of these large hospitals they have one afternoon set apart for consultations, called Consultation Day, when all cases of any importance are examined before the class by the surgical staff, and the question of diagnosis and treatment fully discussed. The members of the staff seem to be on the most friendly terms, but there is undoubtedly considerable jealousy between those of the different hospitals. At all of the hospitals the nurses seem to be very proficient, and are as neat and clean as new pins. All of the large hospitals have a medical school attached, and in each of the classes there are some three or four black,

kinky-haired negroes—some from Africa and some from India. The students tell me that some of them are very clever, and come out at the examinations among the first in their classes.

W. O. ROBERTS.

*Editors American Practitioner and News:*

In your journal of May 1st, I find it stated that my father, W. Keith, "hedges his patients about in a private hospital," etc. Instead of this, since 1880, W. Keith has treated all his hospital patients in a public hospital of Edinburgh.

When Mr. Keith stated that he had given up Listerism, he was but a few years in advance of Lister himself, who has now discarded the spray. The misconception about my father's practice has consisted in the mistake made by many that Listerism and antiseptic surgery are identical terms. In this country Listerism has always meant the spray and all the other antiseptic details of Sir Joseph Lister.

I agree with the illogical generalizing that "Listerism is dead" as fully as I believe that the work done by Mr. Lister, of insisting on cleanliness, both chemical and mechanical, will never die and will never be forgotten.

There is a slight error in the same paper, copied, doubtless, from the International Medical Congress Reports, it is that out of twenty-five cases W. Keith lost seven, it ought to be five.

I am, sir, yours, etc.,

SKENE KEITH.\*

EDINBURGH, SCOTLAND.

**HYDROBROMATE OF HYOSGIN; ITS PHYSIOLOGICAL EFFECTS.**—Having occasion to-day to prepare some granules of hydrobromate of hyoscin for the Central Lunatic Asylum, I accidentally touched the index finger and thumb used in opening the package to the lips, and noticed a peculiar bitter, sweetish taste. The effects were so peculiar that I thought (this being a new pharmaceutical) it might be of interest to some of your readers to describe them. The pupils of the eye soon became dilated and the vision impaired. The solar

\* The article to which Dr. Skene Keith refers was written by Dr. Douglas Morton, of Louisville. The point made by our correspondent in insisting on the difference between Listerism and antiseptic surgery is well taken, so far as relates to Great Britain. In America Listerism is used, though most improperly, as synonymous with antiseptic surgery. ED. AMERICAN PRACTITIONER AND NEWS.



light was decomposed, and the gas lights were surrounded with a halo, the first band being green, fading into yellow, succeeded by orange, violet, and red. The largest print could not be read. Faces even were indistinct. No other unpleasant physical effects followed, but an exceedingly pleasant, sedative effect on the nerves, restful and quieting, resembling the sensations produced by a mild cigar, smoked after a hard day's labor. I was soothed as if by morphine, and quieted as if by chloral. The digestive functions were not impaired, a hearty supper was eaten with relish and digested without difficulty. The sedative effect continued for about four hours, and was not followed by the nausea and other unpleasant symptoms usually experienced when either of the other drugs have been taken. If this agent produces similar effects on others, I am inclined to believe that it will be a valuable addition to our sedatives, producing quiet and rest without the disagreeable after-effects of most of the drugs of this class now employed.

J. P. BARNUM, M.D.

KENTUCKY STATE MEDICAL SOCIETY.—The thirty-first annual session of this Society will be held at Winchester, on June 23, 24, and 25, 1886. The following is the programme:

#### FIRST DAY (WEDNESDAY), 2 P. M.

Reading of the Minutes.  
Report of Committee of Arrangements and Credentials.  
Report of Treasurer.  
Report of Permanent Secretary, J. Steele Bailey, M. D.  
Report of Librarian.  
Address of the President, J. P. Thomas, M. D.  
Address—"Vigorous Childhood," by J. A. Larabee, M. D.

#### EVENING SESSION, 8 P. M.

Address—"The Uncommonness of Common Politeness," by E. Williams, M. D.  
Report on Pathology, by Dudley S. Reynolds, M. D.  
Micro-Organisms and their Relation to Disease, by J. B. Marvin, M. D.

#### SECOND DAY (THURSDAY), MORNING SESSION.

Miscellaneous Business. (Limited to one hour.)  
Report on the Progress of Practical Medicine, by J. W. Irwin, M. D.

Discussion by Wm. Bailey, M. D., J. T. Whitaker, M. D.

Report on the Progress of Surgery, by M. T. Scott, M. D.

Discussion by J. N. McCormack, M. D.

The Third Stage of Labor, by J. M. Harwood, M. D.

Discussion by W. H. Wathen, M. D., J. G. Cecil, M. D., A. D. Price, M. D.

Clinical Report on Progressive Muscular Atrophy, by J. B. Marvin, M. D.

Discussion by Edward Alcorn, M. D., Frank Wilson, M. D., H. M. Skillman, M. D.

Report on Surgery of the Genito-Urinary Organs, by H. H. Grant, M. D.

Discussion by N. P. Dandridge, M. D., J. H. Letcher, M. D.

Intestinal Obstruction, by L. C. Wagner, M. D.

Discussion by J. M. Mathews, M. D., R. M. Fairleigh, M. D.

Penetrating Wound of Abdomen: Laparotomy, by J. G. Brooks, M. D.

#### SECOND DAY (THURSDAY), AFTERNOON SESSION 2 P. M.

Report on the Diseases of the Rectum, by J. M. Mathews, M. D.

Discussion by Walter Byrne, M. D.

Perineal Laceration, by Arch Dixon, M. D.

Discussion by L. S. McMurtry, M. D., W. H. Wathen, M. D., Thad. A. Reamy, M. D.

Injuries of the Head, by John L. Taylor, M. D.

Discussion by J. N. McCormack, M. D., R. C. McChord, M. D.

Pelvic Abscess, by W. H. Wathen, M. D.

Discussion by Thad. A. Reamy, M. D., Turner Anderson, M. D.

Clinical Observations on Typhoid Fever, by S. W. Willis, M. D.

Discussion.

Orthopedic Surgery of To-day, by Ap Morgan Vance, M. D.

Discussion.

Report on Ophthalmology, by M. F. Coomes,

Discussion by J. Morrison Ray, M. D.

County Infirmaries, by M. E. Poynter, M. D.

Discussion.

Report on Laryngology, by W. Cheatham, M. D.

Discussion by R. Maupin Ferguson, M. D., J. A. Stucky, M. D.

Urethral Fever, by Fayette Dunlap, M. D.

Discussion by T. Hunt Stucky, M. D.

#### THIRD DAY (FRIDAY), MORNING SESSION, 8 A. M.

Miscellaneous Business. (Limited to one hour.)

Report on Practical Hygiene, by J. N. McCormack, M. D.

Discussion by Wm. Bailey, M. D.

Report on the Diseases of Children, by J. A. Larrabee, M. D.

Discussion.

Report on State Medicine, by L. Beecher Todd, M. D.

Discussion by J. Pinckney Thompson, M. D.

Clinical Report on Aphonia, by A. B. Thrasher, M. D.

Discussion by Dudley S. Reynolds, M. D., M. F. Coomes, M. D.

Puerperal Fever, by J. G. Cecil, M. D.

Discussion by Charles Mann, M. D.

Syphilis in Relation to Skin Diseases, by J. Clark McGuire, M. D.

Discussion.

The Treatment of Insanity, by John M. Foster, M. D.

Discussion.

Ulceration of the Signoid Flexure, by J. G. Carpenter, M. D.

Discussion.

A Case of Unusual Injury of the Lower Extremity, by W. B. Radford, M. D.

Discussion.

Clinical Data with reference to a New Method in the Treatment of Fractures, by Edward von Donhoff, M. D.

Discussion.

Removal of Hair by Electrolysis, by Sam E. Woody, M. D.

Discussion.

Report on Otology, by J. Morrison Ray, M. D.

Report on Necrology, by H. Brown, M. D.

**HEALTH IN MICHIGAN, MAY, 1886.**—Reports to the State Board of Health, Lansing, by regular observers in different parts of the State, show that of the diseases which caused most sickness in Michigan during the month of May (four weeks ending May 29), 1886, rheumatism held the first place, neuralgia the second, consumption of lungs the third, and typhoid fever (enteric) the last. Number of weekly reports received, 242.

For the month of May, 1886, compared with the preceding month, the reports indicate that diarrhea and measles increased, and that influenza, bronchitis, pneumonia, and tonsillitis decreased in prevalence.

Compared with the preceding month the temperature in the month of May, 1886, was higher, the absolute humidity and the day and the night ozone were more, and the relative humidity was the same.

Compared with the average for the month of May in the eight years, 1879–1886, intermittent fever, measles, pneumonia, remittent fever, and bronchitis were less prevalent in May, 1886.

For the month of May, 1886, compared with the average of corresponding months for the eight years, 1879–1886, the temperature and the absolute humidity were about the same, relative humidity and the day and the night ozone were more.

Including reports by regular observers and others, diphtheria was reported present in Michigan in the month of May, 1886, at fifty-one places, scarlet fever at thirty-nine places, measles at twenty-one places, and typhoid fever at six places.

Reports from all sources show diphtheria reported at eleven places more, scarlet fever at eight places more, typhoid fever at two places more, and measles at twelve places more in the month of May than in the preceding month, April, 1886.

HENRY B. BAKER,  
*Secretary, Lansing.*

**A NURSERY FOR SCROFULOUS AND RHACHITIC CHILDREN.**—Mr. Rindge, of California, has offered to give Lowell Island, in Salem Harbor, to one of the charities of Boston, as a summer home for scrofulous and rhachitic children; and, in addition, he has guaranteed \$1,000 annually for three years toward its support. If at the end of that time the situation is found unsanitary, the property, which is valued at about \$50,000, can be sold and the proceeds used for a similar institution elsewhere. Recently a meeting of the staff of the Boston Dispensary was called to consider the subject from a medical stand-point, and, as it seemed to be the unanimous opinion that such an institution was desirable, those interested called a second meeting Monday, April 26th, to determine how the nursery organization should be effected. As the trustees of the hospitals of Boston, Lynn, Salem, Lowell, and Worcester had not had time to consider the matter, the meeting adjourned to meet at the call of the chairman.

DR. ALEXANDER BALFOUR, the celebrated pharmacist of Liverpool, is dead.



IN MEMORY OF AUSTIN FLINT.—During the session of the Executive Committee of the Ninth International Medical Congress, May 3, 1886, appropriate resolutions expressive of this body's high appreciation of his character and noble life-work, were unanimously adopted, and its deep regret at the loss of the late President of the Congress.

OFFICERS OF THE INTERNATIONAL MEDICAL CONGRESS.—The Executive Committee of the International Congress have finally elected the following officers for the Washington Congress:

*President*—N. S. Davis, of Chicago.

*Vice-Presidents*—W. O. Baldwin, of Montgomery, Ala.; William Brodie, of Detroit; W. W. Dawson, of Cincinnati; E. M. Moore, of Rochester, N. Y.; T. G. Richardson, of New Orleans; L. A. Sayre, of New York; J. M. Toner, of Washington; the President of the American Medical Association, the Surgeon General United States Army, Surgeon-General United States Navy, Supervising-General Marine-Hospital Service.

*Secretary-General*—J. B. S. Hamilton, U. S. Marine-Hospital Service.

*Treasurer*—E. S. F. Arnold, of New York.

*Chairman Finance Committee*.—Frederick S. Dennis, of New York.

*Presidents of Sections*:

*Medicine*—A. B. Arnold, of Baltimore.

*Surgery*—William T. Briggs, of Nashville.

*Military and Naval Surgery*—H. H. Smith, of Philadelphia.

*Obstetrics*—Delaskie Miller, of Chicago.

*Gynecology*—James H. Harrison, of University of Virginia.

*Anatomy*—William H. Pancoast, of Philadelphia.

*Physiology*—J. H. Callender, of Nashville.

*Pathology*—A. B. Palmer, of Ann Arbor.

*Diseases of Children*—J. Lewis Smith, of New York.

*Ophthalmology*—E. Williams, of Cincinnati.

*Otology*—S. J. Jones, of Chicago.

*Laryngology*—W. H. Daly, of Pittsburgh.

*Dermatology and Syphilis*—A. R. Robinson, of New York.

*Hygiene*—Joseph Jones, of New Orleans.

*Collective Investigation, etc.*—H. O. Marcy, of Boston.

*Nervous Diseases*.—John P. Gray, of Utica.

*Dental and Oral Surgery*—J. Taft, of Cincinnati.

THE ASSOCIATION OF AMERICAN PHYSICIANS will hold a preliminary meeting for organization in the Army Medical Museum Building, Washington, D. C., on June 17 and 18, 1886. The President, Dr. Francis Delafield, of New York, will deliver an address, and papers will be read by S. Wier Mitchell, Morris J. Lewis, F. Peyre Porcher, J. T. Whittaker, E. T. Bruen, W. T. Councilman, H. N. Lyman, Reginald H. Fitz, William M. Polk, W. H. Welch, and William Osler. Other papers have been promised, but their titles have not yet been announced. Under the lead of Dr. James Tyson, of Philadelphia, and W. H. Draper, of New York, the following question will be discussed: Does the Present State of our Knowledge Justify a Clinical and Pathological Correlation of Rheumatism, Gout, Diabetes, and Chronic Bright's Disease?

From the foregoing it will be seen that the East, West, and South are represented in the new society by names which can not fail to invest its deliberations with dignity, influence, and scientific worth.

LOUISVILLE MEDICAL SOCIETY.—The annual meeting for the election of officers for this Society was held in May, with the following result: President, Dr. Ap Morgan Vance; First Vice-President, Dr. William Bailey; Second Vice-President, Dr. H. A. Cottell; Secretary and Treasurer, Dr. S. G. Dabney. The names of Drs. Joseph M. Mathews and W. H. Wathen were added to the Executive Committee.

DR. WILLIAM OWEN BALDWIN died in Montgomery, Alabama, on May 30th, in his sixty-eighth year. He was an Associate Fellow of the College of Physicians of Philadelphia, President of the Medical Association of the State of Alabama, and a member of the American Medical Association, of which he was president in 1869. He was also the author of numerous contributions to medical literature.

**THE INFLUENCE OF DISEASE IN DETERMINING SEX.**—In a paper on the influence of sex of the fetus on the length of the intergestative period, Dr. J. Stockton-Hough reaches, among other interesting points, the conclusion that under the influence of feebleness, degeneracy, and disease, each sex tends to produce a larger proportion of offspring of its own gender.

**VALERIAN IN DIABETES INSIPIDUS.**—De-mange says, in *L'Union Medicale*, that diabetes insipidus is best treated by valerian in doses of two to four drams of the powder per diem. This drug has been highly praised by Trouse-sau, and since his day has been revived by Bouchard.—*Weekly Medical Review*.

**A MISTAKE IN ORTHOEPEY.**—The Florida Medical and Surgical Journal says that "a case of pronounced Asiatic cholera has appeared in Pinconning, Michigan." True, it was so delivered by the newspapers; but subsequent developments have not proved the correctness of the pronunciation.

**NOMENCLATURE OF MENTAL DISORDERS.**—A conference of Austro-Hungarian specialists will be held in Vienna on December 26 and 27, 1887, for the purpose of revising the nomenclature of mental disorders. May the beneficent spirit of science and simplicity attend their deliberations!

**LOUISVILLE MEDICO-CHIRURGICAL SOCIETY.** The annual meeting of this Society, for the election of officers, was held on May 23, 1886. The officers chosen were: President, Dr. H. A. Cottell; Vice-President, Dr. John G. Cecil; Secretary and Treasurer, Dr. J. Morrison Ray.

**CHOLERA INOCULATION IN SPAIN.**—The Spanish Sanitary Council has authorized the practice of inoculation discovered by Dr. Ferrán in the event of a recurrence of cholera in Spain.

**DR. GEORGE C. CATLETT**, Superintendent of the Missouri State Lunatic Asylum, and a writer of distinction upon mental and nervous diseases, is dead.

**NEW HAMPSHIRE MEDICAL SOCIETY.**—The ninety-sixth annual meeting of this Society will be held in Concord on Tuesday, June 15, 1886.

The Scientific American says oil stains may be removed from paper by applying pipe-clay powdered and mixed with water to the thickness of cream; leave on for four hours.

### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from May 23, 1886, to June 5, 1886:

*Lieut.-Col. Andrew K. Smith*, Surgeon: *Maj. Alfred A. Woodhull*, Surgeon, and *Capt. Jas. P. Kimball*, Assistant Surgeon, detailed as board to assemble at United States Military Academy, West Point, New York, on June 1, 1886, to examine into the physical qualifications of members of the graduating class and the candidates for admission to the Academy. (S. O. 119, May 21, 1886.) *Maj. Albert Hastaff*, Surgeon, detailed as member of a board appointed to meet at United States Military Academy, West Point, New York, on June 1st and August 25, 1886, to examine into the physical qualifications of members of the graduating class and the candidates for admission to the Academy. (S. O. 121, A. G. O., May 25, 1886.) Paragraph 7, S. O. 120, A. G. O., May 24th, revokes so much of paragraph 12, S. O. 119, A. G. O., May 21st, as details *Surgeon Alfred A. Woodhull* as member of medical examining board to meet at West Point, New York, on June 1, 1886. *Capt. C. K. Winne*, Assistant Surgeon, granted leave of absence for twenty days on surgeon's certificate of disability. (S. O. 34, Department California, May 17, 1886.) *Capt. Henry S. Kilbourne*, Assistant Surgeon, assigned to duty at Vancouver Barracks, Washington Territory. (S. O. 80, Department Columbia, May 15, 1886.) *Capt. A. H. Appel*, Assistant Surgeon, ordered for duty at Fort Reno, Indian Territory. (S. O. 52, Department Missouri, May 24, 1886.) *Capt. R. B. Benham*, Assistant Surgeon, ordered for temporary duty at Fort Omaha, Nebraska. (S. O. 56, Department Platte, May 24, 1886.) *First Lieut. R. W. Johnson*, Assistant Surgeon, ordered for duty at Fort Adams, Rhode Island. (S. O. 45, Division Atlantic, May 25, 1886.) *Col. J. H. Baxter*, Chief Medical Purveyor, ordered to proceed to New York City on public business, and on the completion thereof to return to his station. (S. O. 128, A. G. O., June 3, 1886.) *Lieut.-Col. Charles Page*, Surgeon, granted leave of absence for one month, with permission to apply for ten days' extension. (S. O. 55, Dept. Mo., June 1, 1886.) *Capt. G. W. Adair*, Assistant Surgeon, granted leave of absence for two months, to take effect when his services can be spared. (S. O. 128, A. G. O., June 3, 1886.) *Capt. E. F. Gardner*, Assistant Surgeon, ordered for duty at Madison Barracks, N. Y. (S. O. 49, Div. Atlantic, June 1, 1886.) *First Lieut. R. L. Robertson*, Assistant Surgeon, relieved from temporary duty at Ft. Snelling, Minn., and ordered to Ft. Keogh, M. T. *First Lieut. John L. Phillips*, Assistant Surgeon, relieved from duty at Ft. Keogh, M. T., and ordered to Ft. Sisseton, D. T. (S. O. 45, Dept. Dakota, May 24, 1886.)



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. I.  
[NEW SERIES.]

LOUISVILLE, KY., JUNE 26, 1886.

No. 13.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### THE EARLY TREATMENT OF SYPHILIS.\*

BY A. MORGAN CARTLEDGE,

*Professor of Surgery, Hospital College of Medicine, Visiting Surgeon and Lecturer on Clinical Surgery to Louisville City Hospital.*

The universal distribution of syphilis, the few medicinal agents employed in its treatment, and the abundance of thought and investigation, to say nothing of the practical experience which the subject has received, would seem to have left little room for new methods with old tools. To a certain degree this is true. However, the turbulent and oft-varied history of mercury gives evidence of an unsettled and unsatisfied spirit. The strongest argument in favor of the potency of this historical drug is, that, with its thousands of abuses and condemnations at the hands of the profession, it survives its enemies, and to-day occupies a place in our esteem never before attained. As potent for evil, when maladministered, as for good, unfortunately its evil side has often shown its most conspicuous one. Observation leads me to believe that, while there is great uniformity of opinion and practice as to the best methods of treating the later or so-called tertiary manifestations of syphilis, there is a wide and oftentimes very divergent course pursued in treating the early stages of the disease. It is my province, in hospital and a large dispensary practice, to treat many cases of syphilis presenting in all stages; and the necessity of some more uniform, I may say better,

method of treatment during second incubation and the secondary stage seems more obvious every day.

(1) What means may be employed to prevent the commonly observed secondary symptoms of syphilis? (2) What are the best methods of administering our agents to control these symptoms when once developed? The method to pursue in the first case is rendered a secondary matter at the threshold, the first question being the old vexed one: Should we do any thing by way of treatment until constitutional symptoms develop which shall forever settle the true nature of the initial lesion? The advocates of immediate constitutional treatment, when a reasonable investigation has decided the case one of syphilitic lesion, have been many. Again, a spirit of conservatism and safety has led most modern syphilographers to the conclusion that an expectant plan of treatment, until secondary symptoms develop, is the most judicious rule for the profession at large. The more dogmatic advocates of this latter rule can easily frame for themselves a right respectable array of reasons (often the result of bad therapeutics) to support their tenet, and from a similar cause gain them many followers. These assertions may bear truth in some respects, but in others are certainly very fallacious. The early resort to treatment, viz., when the case is diagnosed one of syphilis, may not shorten the total period of the disease in all cases, though if evidence is in favor of either theory, it is that it does. The natural history, great chronicity, many relapses, want of uniformity in clinical course, subject to so many modifying influences, such as constitution of patient, hygienic surroundings, faulty treatment, has put the hope of settling this question a great way off. The assertion that early treatment does not tend to pre-

\*Read before the Louisville Medico-Chirurgical Society, April 2, 1886.

vent the development of secondary symptoms, is only true when it relates to a few exceptional cases in which the constitutional depravity is such as to invite dyscrasia and preclude the possibility of success, or the treatment is faulty together with a failure to properly carry it out. That the immediate-treatment plan is a little dangerous for the profession at large I am free to admit; still I think this difficulty can be remedied by formulating our convictions and standing by them. Unfortunately there is not that widespread ability nor inclination to properly distinguish between the primary sores, chancre and chancroid. I might not put this so plainly if I did not believe that much of this inability is due to the easy habit many have of treating the sore and waiting until the unmistakable symptoms appear. Their method of practice does not necessitate study for purposes of differential diagnoses. Whenever there is a doubt as to the true nature of the initial lesion, the patient should be given the benefit of the doubt. Still there are numerous cases in which a proper investigation removes all doubt as to syphilitic nature, and these should receive constitutional treatment from the start to prevent altogether secondary symptoms, or at any rate prevent that gradual blood dyscrasia which ensues during second incubation and which renders secondary manifestations much more severe. This practice is founded upon the clinical fact so clearly set forth by Keyes in his excellent paper upon the administration of mercury in tonic doses (1876), in which he claims that to control the poison of syphilis the blood must be charged with only a small quantity of mercury, never carrying it to a point of toxemia—a tonic effect in all that the word implies. Now, Keyes, in his valuable method, had special reference to the treatment of syphilis after being manifested by secondary symptoms, for he is an advocate, I believe, of delayed treatment. The tonic dose of mercury is no where more efficient than in the second incubation stage, viz., before secondary symptoms have developed. Here we have the advantage of a more or less inactive state of the poison to gradually produce those invigorating effects in the blood which are so inimical to the growth and development of the poison.

Just what blood changes are produced by syphilis and by mercury I shall not attempt now to explain. All are familiar with some of the investigations in both fields. Clinically we know mercury is one first in the list of tonics, and in syphilis nearly a specific one when properly given. Experience teaches us that in administering iron, arsenic, and other tonics, we must give them in small doses long continued in order to bring about the changes in blood and tissue which they produce. If mercury will act as a tonic, if it has a specific action in the blood dyscrasia produced by syphilis, it would seem that the same conditions would hold good here, and judicious practice demonstrates that it does. It seems strange that the mode of administering certain other drugs never suggested until it did a more rational administration of mercury in syphilis. Does careful experience and observation show that to get the beneficial effect of any medicinal agent it must be given to a point of toxemia? I think not. On the contrary, there is a rapidly growing impression that our doses have heretofore been excessive, and that the longer continued and more judicious administration of tonic agents is followed by the best results. Practice shows the benefit of this principle in mercury as applied to syphilis. All know how largely the successful course and final issue of a given case of syphilis depends upon a strong constitution—in this respect not differing from other diseases—also how unfavorably any intercurrent disease which lessens to much degree the vital resistance affects the course of syphilis.

When mercury is given to the point of rendering its effects visible by the ordinary signs, spongy gums, etc., a point of toxemia has been produced and the vital resistance lowered in proportion to that toxemia. I have several times noticed in patients accidentally pyralized what seemed to be a hitherto pretty well controlled syphilis spring up in some rapid and virulent manifestation. This accident will not happen if we err, if err at all, to the small dose, and cease the practice of feeling along in order

\*The reader will note that this paper was read before Mr. Jonathan Hutchinson had delivered his last Lettsomian lecture on "Some Moot Points in the Natural History of Syphilis," in which he especially spoke of the influence of mercury as an antidote to syphilis.—EDS. PRACTITIONER AND NEWS.



to find out the patient's caliber for mercury. One reason why mercury has so often fallen into disrepute is the unfortunate fact that we do not possess any defined idea as to its mode of action when once taken into the system. To sum up the advantages of the tonic system of giving mercury in syphilis: It does not produce toxemia, hence does not lower vital resistance, thereby ceasing to do good and inviting the syphilitic poison to the front. Mercury evidently does not antidote syphilis by main force of bulk, but by slow and obscure changes wrought in the blood and through the blood to all the tissues. Again, the small quantity of the drug permits its long continuation without fatigue to the alimentary surfaces and possible trouble from this source. Last, it has for its basis reason, where older methods were gross empiricism. The advantages to be derived from early treatment, viz., during second incubation must seem obvious. The advantages seem negative rather than positive, for they are based upon the disadvantages of controlling secondary symptoms when once developed, and where no prior treatment has been practiced. The difficulty often of rapidly mitigating the symptoms of secondary syphilis, so called, is familiar to all. Many such cases require considerable general treatment, and while it is like gonorrhea, something we fully intend to relieve in a few days, oftentimes it is many weeks. Especially is this the case with a patient whose syphilis is complicated with too much mercury or malaria; and this leads me to briefly speak of a subject which has demanded a good part of my attention, malaria complicating syphilis. I used often to wonder why, with my best efforts in many cases, I had such poor success with specific treatment. I have since learned that much of my trouble was in not properly recognizing the malaria that so often complicates syphilis in this climate. Another important question, is the treatment best adapted to patients suffering from toxic doses of mercury, blue gums, fetid breath, impaired digestion, etc., and secondary symptoms all on the increase. It is a common custom to give such patients iodide of potassium. I think, barring a few exceptional cases, this is a mistake. Mercury is deposited in the glandular

and other tissues as metallic or chloride of mercury. I think, if the blood of these patients were examined, it would show a fearful dyscrasia, not syphilitic, but mercurial; although in the present state of our knowledge we could not say. It may be an effort of conservatism in nature to store the drug and thus temporarily prevent its circulation. The iodides are supposed by many to promote the absorption of mercury, and in its reabsorption and elimination it again acts as mercury. This was one theory the stern advocates of mercury against iodine claimed, that iodide of potassium only did good by bringing the mercury again into the circulation. This we know is not true, however, unless it has reference to mercury which has been long stored up. I think, when iodide of potassium is given to a patient already the subject of too much mercury, that he is almost always made worse. The iodides in these cases induce a more rapid absorption of the somewhat latent mercury into a blood already much deteriorated from the combined effects of mercury and syphilis. By sheer strength of constitution the system may at last eliminate the mercury down to a point where the vital force, or possibly the iodide, will control the disease. My treatment of patients, in the condition described, is free stimulation with quinia and iron, if the stomach will bear it, together with a system of judicious catharsis at regular intervals. Oftentimes a good mercurial purge to relieve lymphatic and other glandular engorgement, followed by plenty of selected diet and malt liquor, will do more to relieve this condition than any other treatment I have tried. Once relieve the system of the surplus mercury and its bad effects and we may again commence our tonic dose of mercury or the iodides, as the circumstances seem to indicate.

It was my intention to supplement this paper with a report of cases treated with an eye to preventing secondary symptoms altogether, but I will only mention two as illustrating the method, with some of the usual results.

CASE 1. Grant L., aged twenty years, native of Kentucky, occupation that of working in a paper mill. General aspect, robust. Presented for treatment June 2, 1885, four days after a sore on penis was observed. No prior local or

general treatment. Examination: an annular ulcer situate at the junction of prepuce with glans, dorsal aspect, circumscribed induration well marked. Adenitis of inguinal glands well marked, not tender, no periadenitis. Period of incubation very clear, time twenty-eight days. Diagnosis, syphilis. Treatment—locally, bismuth and calomel, equal parts; internally, one fourth grain protoiodide of mercury with extract gentian, *q. s.*, morning and night. Chancre healed in ten days. In August a slight pharyngitis of some two weeks' duration with limited enlargement of a few post-cervical glands; all disappeared by increasing mercury to three pills a day for about one week, after which the original dose was resumed. September of 1885 patient contracted a severe gonorrhea which lasted some five or six weeks. During administration of medicine for clap, there was no cessation of mercury. In December patient had a chill, followed by fever, muscular soreness, and some pain referred to bones; calomel in purgative form, followed by quiniæ sulphas, was given; recovery in a few days. January, 1886, had severe cold, muscular pains in chest, which quinia relieved. This was followed in two weeks by pain and a feeling of tension about the eyes, and some engorgement of blood-vessels, indicative of iritis. The accommodation was partially suspended by atropia, and the protoiodide increased to three one-fourth-grain tablet triturations a day. Symptoms relieved on second day; recovered in four or five days. The two tablets a day resumed and continued with what seemed perfect health, good digestion, etc., until March 1, 1886, when a rest from treatment of four or six weeks was instituted.\*

He has gained six or eight pounds in flesh since quitting the mercury. This I attribute to the mental relief with which the cessation of any long-continued medication is generally followed.

CASE 2. John G., aged twenty-five years, native of Kentucky, occupation, carpenter. Family robust, with good history. Presented September, 1885. Well-marked indurated abrasion. Local history exceptionally clear. Period of incubation twenty days. Sore had

existed but a few days when first seen. No treatment had been resorted to. Inguinal glands not enlarged. Being convinced of the truth of this patient's statements, together with the typical local lesion, I felt little hesitancy in pronouncing it a case of syphilis. Treatment—locally, bismuth and calomel; internally, one-third-grain triturations of protoiodide mercury morning and night, every other day, taking only one tablet at night. The primary lesion was slow in healing—probably eighteen days. The patient, up to date, has never had any manifestations of syphilis other than a slight tonsillar engorgement, which commenced in November and lasted some three weeks. During this time the mercury was increased to, at one time, three one-third-grain tablets a day. These patients were closely watched for cutaneous symptoms. While neither of the cases reported show an entire absence of secondary symptoms, they do show, with many others I could report, the great preventive tendency of the mercury and its modifying influence upon secondary symptoms. I consider the tablet triturations of Fraser & Co. the best form in which to administer the drug in syphilis.

LOUISVILLE.

## TWO CASES OF PLEURITIC EFFUSION.

BY D. A. NUNN, M. D.

I was called to see Mr. S., aged twenty-six. The patient had great difficulty in breathing, and a very rapid pulse; he was also very anemic and showed symptoms of extreme prostration. The history of the case (as I learned from him) is as follows: About the middle of January last he was attacked with pneumonia, in consequence of which he was confined to his bed for about twenty days. As the disease passed into the third stage he began to suffer with difficult breathing and a pain in his right shoulder, which continued, with increasing intensity, until the time of the above-named visit, which was three or four weeks after the beginning of the pain. The signs elicited by auscultation and percussion were complete dullness from apex to base in the left lung, and a total absence of the respiratory murmur. There was considera-

\*Remains perfectly well at present time.



ble bulging of the intercostal spaces, and a very marked enlargement of the left side of the chest. There was also a complete transposition of the heart to the right side, but its action was normal.

Assisted by Dr. J. H. Nunn and Dr. Williams, I operated on the 15th of April last. By means of a large trocar I made an opening between the seventh and eighth ribs and removed about two gallons of pus. The patient was greatly benefited by the operation; he was at once able to sleep without disturbance, to breathe without difficulty, and was soon strong enough to take a horseback ride. In two weeks' time there was a reaccumulation of pus, and a second operation was done, which brought away about the same quantity as before. On this occasion the opening was made between the eighth and ninth ribs, the canula being left *in situ* for twenty-four hours. In a few days the opening closed, but soon after reopened and remained patulous, the pus continued to flow in quantity, diminishing with each day until nothing further came away, when the wound closed. At this writing, June 10, 1886, there is no sign of pus in the pleural cavity, while the patient is gaining flesh rapidly, and able to do moderate labor. I think I can safely say that his cure is complete.

A. G., aged sixteen years, had an attack of pleuro-pneumonia, with grave symptoms. When he had been confined to his bed about six weeks, I was, through the courtesy of his attending physician, Dr. Johnson, called to see him. The patient was much emaciated, and had a rapid pulse with an aggravating cough. Percussion revealed dullness over the lower two thirds of the right lung. There was also some bulging of the intercostal spaces. These signs, with absence of the respiratory murmur, were sufficient to make clear a diagnosis of pleuritic effusion, and to call for operative interference. Assisted by Dr. Johnson and Dr. J. H. Nunn, I made an opening into the thorax between the eighth and ninth ribs, and removed upward of one pint of serous fluid. The wound remained open as long as the fluid continued to flow through it; when this ceased it closed spontaneously. Improvement in the condition of the patient was noticeable at once, and now,

about five weeks after the operation, he seems to be in perfect health.

I am led to report these cases, not because they present any novel features as to course, treatment, or result, but simply in accentuation of the doctrine for many years advocated by Professor Stone, of New Orleans, that a free opening and thorough drainage are sufficient in all cases for the cure of serous or purulent effusion into the pleural cavity.

CHESTNUT BLUFF, TENN.

### FRACTURE OF THE VAULT OF THE CRANIUM; A CASE.

BY L. M. WOODSON, M. D.

On April 8, 1886, I was called to see Ed-die P. (colored), aged thirteen years, who, in a fight with a school-mate, had been struck on the head with a stone, which knocked him down and rendered him insensible. He was immediately taken to his home, a few hundred yards distant, where, soon after his arrival, he was seized with clonic convulsions.

I saw him at this time (1 o'clock P. M.) when an examination revealed the following conditions: A scalp wound, on the left side of the head over the parietal bone, just large enough to admit the little finger was seen. The parts about the wound were greatly contused, and a fracture of the parietal bone, with a circumscribed depression about the size of a silver dollar, was readily made out. The convulsions recurred at intervals of a few minutes, each seizure lasting from three to five. The spasm was confined strictly to the upper part of the right side, involving the hand, arm, and face. The patient was profoundly comatose, and could not be aroused. His breathing was slow and stertorous, the expiratory act being accompanied by a peculiar blowing sound. The pulse was full and slow, and the pupils remained fixed midway between contraction and dilatation.

Dr. Haynie was called in consultation, and agreed with me in the opinion that operative procedures should be undertaken without delay. Accordingly the patient was etherized, and the scalp about the wound cleanly shaven and

sponged with a solution of bi-chloride of mercury, one part to two thousand. The instruments were washed in carbolized water, and the operation performed as follows: The wound was enlarged by a crucial incision, when a fracture of the parietal bone anterior to parietal eminence, with a depressed area of surrounding bone, was found. By means of the Hey's saw I removed a triangular piece of the bone, which permitted the introduction of the elevator and the lifting of the depressed bone. As soon as this was done the convulsions ceased, never again returning, while other signs of improvement were rapidly manifest.

This wound was washed with the bi-chloride of mercury solution and sutures introduced, when it was closed, except at one point left open for drainage. The wound was dressed with iodoform and borated cotton, with a light bandage over all. The patient was given a hypodermic injection of morphia sulph., gr.  $\frac{1}{8}$ , atropine, gr.  $\frac{1}{150}$ , and when I left was resting well. I saw him again at five P.M., and found him very much improved. Pulse was now 100, temp. 99°, respirations nearly normal, pupils slightly contracted. He could be aroused, and, when so, was fully conscious. I ordered the bromides, frequent small doses of calomel, and a light diet. The patient improved rapidly, and recovered without an untoward symptom.

*Remarks:* My reason for reporting this case is that it demonstrates clearly the lesions of the cerebral cortex, as described in Hall's work on Differential Diagnosis, page 86, under head of Localization of Brain Diseases. Hall's diagram modified from Ferrier and Ecker, shows that "Circle II" is the seat of lesions which convulse or paralyze the upper extremity of the opposite side, the parts of the cortex of the cerebrum involved being the ascending frontal and parietal gyri. "Circle III" is the probable seat of lesions which convulse or paralyze the face on the side opposite the injury. This localization of the function of the brain has been abundantly confirmed by the leading modern physiologists. The case here reported would seem to demonstrate these points clearly, and is an interesting clinical confirmation of the results of physiological experiment.

GALLATIN, TENNESSEE.

## THE ANALGESIC AND HYPNOTIC EFFECTS OF JAMAICA DOGWOOD.

BY J. A. MAYES, M. D.

My son, J. A. Mayes, jr., one of your recent graduates in pharmacy, informs me that, in your lectures, you state that you have no experience with the Jamaica dogwood, *Piscidia erythrina*, as an anodyne.\*

As I have used it very freely, and with satisfactory results, I feel like imparting to you my conclusions, and thereby inducing you to make some trial of it. I will state in one sentence my verdict—it has nearly all the good properties of opium, and none of the bad.

Its good effects are shown by relieving pain promptly, and by its soothing influence upon the nervous system, inducing sleep in almost every case, and being never followed by nausea or by the gastric disturbances that follow the use of opiates. I will give sketches of a few cases in illustration of my mode of using it:

1. I was called in consultation to see a woman in labor. She had been having strong pains for two days and nights, but no progress was made, the head of the child could not be reached by the forceps, so the physician in attendance told me. On examination I found it so, and also discovered that the pains were *not* bearing-down pains; I made it out to be a case of false labor, and so informed the physician. I advised one teaspoonful of fl. ext. Jam. dogwood at once, and to be repeated in half the quantity every two hours, if needed. The first dose stopped all pain; she went to sleep, and slept several hours, then got up and attended to her household duties, having no new pains for a week, when she went into true labor, and was promptly delivered.

2. Yesterday afternoon I was called to a case of threatened miscarriage, the patient being four and a half months pregnant. There was no hemorrhage, but very strong and frequent bearing-down pains. I prescribed a half teaspoonful of fl. ext. Jamaica dogwood every hour till she was relieved. The patient took two doses (one dram in all), when the pain disap-

\*This paper is a private letter which the author, some weeks since, wrote to our friend, Prof. F. Peyre Porcher, Charleston, S. C., who, appreciating its value, kindly sent us the MS. for publication.—EDS. AMER. PRACTITIONER AND NEWS.



peared, after which she went to sleep, and, as she told me this morning, had slept soundly all night, waking to feel quite well.

These two cases will point out the value of the drug in an important class of affections. I have used it during protracted labor in many cases as a means of giving the patient a more perfect rest during the intervals between pains, thereby sustaining the strength, and I have never found it to have any bad effect in any way. It will not arrest the true labor pains.

In general practice I prescribe the Jamaica dogwood very largely as a substitute for opiates, and am very seldom disappointed in obtaining excellent results. Now and then I find cases in which it does not produce sleep; but, as the pains are relieved, it appears that the hypnotic effect is not as certain as the anodyne effect.

Please try the following prescription for delirium tremens, or *mania a potu*. It has worked wonders in my hands: R Fl. ext. erythroxyton coca, six drs.; fl. ext. celery, four drs.; fl. ext. Jamaica dogwood, four drs.; Hoffman's anodyne, *q. s.*, to fill two-ounce bottle. Dose, two teaspoonfuls every two hours till sleep is induced, then one teaspoonful every three, four, or five hours till the nervous system returns to a normal condition.

I think you will be pleased with this prescription. Fortunately, I don't see enough of delirium tremens to establish the usefulness of the prescription in all cases, but so far as used I have never seen better, or even as good, results from any other remedy. The combination is worth studying, and a full analysis of it would be an instructive exercise.

MAYESVILLE, S. C.

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TREATMENT OF DIPHTHERIA COMPLICATING SCARLET FEVER.—Dr. Heubner, of Leipzig, treats these cases by means of injections into the tonsils and gums of a three-per-cent solution of carbolic acid. This should be done on both sides of the mouth and throat twice daily, with an instrument prepared by him for the purpose. Since H. has applied this method the rate of mortality has fallen from thirty-five to thirteen per cent.—*Deutsche Med. Zeitung*.

## Societies.

### OHIO STATE MEDICAL SOCIETY.

The forty-first annual session of this Society was held at Akron, June 2, 3, 4, 1886, under the presidency of Dr. Wm. Morrow Beach, of London. The attendance registered one hundred and seven against one hundred and nine at Dayton last year. Membership, five hundred and fifty-seven. Dr. Thomas MacEbright, of Akron, was chosen president for the ensuing year, and Dr. J. A. Collamore, of Toledo, secretary. Time and place of next meeting Toledo, the third Wednesday in June, 1886. Resolutions of support and assistance to the State Board of Health were adopted. Thirty papers were read, of which the following is brief mention:

W. C. Jacobs, of Akron, read a very interesting paper on Phosphor-Necrosis. Akron having one of the largest match factories in the United States, he spoke from experience and illustrated by cases.

Dr. E. S. McKee, of Cincinnati, read on Consanguinity in Marriage. He argued against the belief that these marriages are followed by ill effects on the offspring due to the consanguinity.

Dr. A. B. Thrasher, of Cincinnati, read a paper on Hypertrophic Nasal Catarrh, in which he thought the disease, as a rule, due to a strumous diathesis in addition to the common irritative causes of chronic nasal catarrh.

There was only difficulty in diagnosis when the hypertrophic tissue had a tendency to become pedunculated when it may simulate, or really become, a true polyp.

The prognosis is wholly governed by the treatment, and bad if no treatment is instituted.

The treatment should be two-fold, constitutional and local. The constitutional treatment should be both hygienic and medicinal and suited to the peculiarities of the case. The local treatment should be the radical removal of the thickened tissue. This should be done, as a rule, by the galvano-cautery.

Dr. Wm. Corlett, of Cleveland, read on Diseases of the Skin Occurring in the Subjects of

Gout. He reported three cases. Of these and other lithemic eruptions which came under the essayist's notice the following are the most noteworthy features: First, they were scaly; second, the color was reddish, generally like syphilide; third, there was a tendency to a symmetrical distribution; fourth, they were met with in adults, usually after forty-five, except when inherited; fifth, they were accompanied by other evidences of lithemia; sixth, they were prone to return. Treatment: The alkaline baths, preparations of tar and ammoniated mercury comprise the means most in vogue and best suited to this end.

The papers of Drs. Herrick, Shively, and Corlett were discussed together.

Dr. Wm. B. Davis, of Cincinnati, read on the Alcohol question. He referred to the great interests, moral, physical, and temporal, which the question involved. He discussed the physiological action of alcohol in the body. He considered it an antipyretic, unless, perhaps, in the first stage when the blood is driven to the surface. He thought alcohol to be a food. Sulphur is a fuel; but we would hardly use it to heat a room. Alcohol can be used as a food advantageously in fevers and some other diseases, but should not be used in health. He then reviewed the immensity of the subject in relation to various interests in this country and in England.

Dr. McIntyre, of Delaware, thought alcohol always deleterious, never beneficial. It is not a stimulant, it is an irritant and a depressor, a narcotic and a poison.

Dr. E. H. Hyatt, of Delaware, discussed alcohol as a food. He was not settled as yet in his belief. One thing controverting this idea is, that the power of endurance under its use is not increased.

Dr. J. T. Whittaker, of Cincinnati, read a paper on the Cardiac Complications of Bright's Disease. The essayist commenced by comparing the relation of the heart and kidneys in the machinery of man to that of a force or feeding pump and the escape or waste-water pipe. Disease of one was, therefore, sooner or later followed by disease of the other. In this relation the disease might begin first in the heart and be followed by acute or chronic

nephritis; secondly, in both heart and kidneys simultaneously, under the operation of the same cause, as in alcoholism, syphilis, gout, arterio-capillary sclerosis, etc.; and lastly in the kidneys, to be followed by pericarditis, much more rarely by endocarditis, but always by hypertrophy of the left ventricle.

This hypertrophy, which we know now to be compensatory, hence to be favored and sustained in every way, accompanies every case of chronic nephritis, except in the fortunately few cases of extreme debility where new tissue can not be supplied. It is not limited to renal cirrhosis, but is found equally in chronic parenchymatous nephritis, in fact there is no chronic nephritis without it. It is a valuable sign in that it shows itself early, in the course of two to four weeks after the inception of the disease in the kidneys, at which time it may be detected clinically as well as demonstrated upon autopsy.

The various causes assigned for its production were next discussed, and the symptoms, increased tension of the pulse, dislocation of the apex to the left, increased dullness, and accentuation of the aortic tone were dwelt upon in its recognition. These symptoms are all the more valuable in that they may all exist in marked degree in the entire absence of subjective signs on the part of the heart. In the absence of a valve lesion to account for them they excite the suspicion of the practitioner at once as to the existence of Bright's disease.

So long as this compensation is exact there is no dropsy, and mostly no uremia, but so soon as it becomes disturbed, either in excess or failure, grave symptoms supervene. Failure is eventually inevitable. It shows itself first in the pulse, which becomes weak and quick; next in the lungs, with signs of dyspnea, bronchitis, asthma, and edema; lastly in the general system, with anasarca and hydrops of the serous sacs. The paper concluded with the treatment of the dilated heart, and urged the importance of gauging the stage of Bright's disease by the condition of the heart.

Dr. B. M. Ricketts, of Cincinnati, read a paper on Epithelioma: its Etiology, Diagnosis, and Treatment. He referred to the extreme amount of suffering caused by cancer to the



patient afflicted. The authors writing on the subject are prone to elaborate and intensify rather than to simplify their thoughts. Their productions, owing to their voluminous character, are inaccessible to the majority of practitioners. Bichat, Müller, and Rokitansky first clearly defined the histological tissue development. Parker, who has carefully studied this disease, says it is the cause of one one-hundred-and-twentieth of all the deaths in the world. It is, however, almost unknown on the banks of the Nile, among the American Indians, Hindoos, Egyptians, and the native negro population of Africa; is probably most common on the water-courses of England and Wales. Epithelioma is the only form of cancer whose origin has been satisfactorily associated with previous local disease—constant irritation being the most common cause. It was not till 1840 that Rokitansky placed our knowledge of this disease on a high footing, and epithelioma was known to be a distinct disease. It is thought that the upper lip has an immunity of the disease; Hebra, however, reports two cases. The average time required to destroy life is fifty-three months, longer than any other form of cancer. The author gave a number of tables which went to show that this variety comprises one fourth of the cases of cancer, that it occurs oftener in men than in women, and oftenest on the face and lips. The classification of epithelioma was then discussed. First, the superficial or flat. J. Collins Warren, in his Boyleston Prize Essay, claims that the rodent ulcer is a form of this disease. Next the deep-seated variety was discussed, then the third variety, the papillomatous or warty cancer, the most common of the three.

The only diseases liable to be confounded with epithelioma are lupus, syphilis, and rhinoscleroma, from which a differential diagnosis is comparatively easy.

Treatment should be both local and constitutional. There is no question but that either form of the disease should be removed as soon as discovered; the only difference being as to how it should be removed. The superficial is the most likely to be cured, and is claimed by some to be the only form in which caustics should be used. Mr. Erichsen firmly believes

that excision with the knife cures. Caustics, though brought into disrepute by charlatans, are undoubtedly of use. He discussed the actual cautery, the black paste, made of sulphuric acid and saffron, the chloride of zinc paste, caustic arrows, Tell's paste, arsenious acid, Mance's ointment of pyrogallie acid, acetic acid, electrolysis. Escharotics, he said, should not be used unless there was a considerable amount of tissue underneath. Cauterants should be followed by warm poultices and carbolized-oil dressing.

He further discussed repair of lost parts by flap operations, skin and sponge grafting; recommended highly the local or subcutaneous use of cocaine to relieve pain; spoke of local anesthesia from salt and ice, but feared sloughing as a result; recommended the giving of special attention to the general condition of the patient.

#### CHICAGO MEDICAL SOCIETY.

Stated Meeting, June 7, 1886, the President, E. J. Doering, M. D., in the chair.

Dr. A. Reeves Jackson read a paper entitled *The Intra-Uterine Stem in the Treatment of Flexions*, exhibiting the stems used.

The essayist began treating uterine flexions with the stem pessary in 1870. Prior to that time the only methods he had employed were gradual dilatation and incisions. The results were so unsatisfactory that he sought for a safer and more successful method. Having received the impression that the use of the stem pessary was more hazardous than either the dilating or cutting plans, he commenced its employment with misgiving, and did not rely wholly upon it, but preceded it with either gradual stretching or slight incisions. In two cases this mixed method was followed by pelvic abscess, a sequence which he had never observed when the stem alone had been used. All cases of uterine flexion are not accompanied by dysmenorrhea or sterility, yet when there exists a relationship between these symptoms and an existing flexion, the latter must be looked upon as a mischievous factor and one that should be removed. He had never treated any case of flexion in which dysmen-

orrhea was not present, although coexistent barrenness has been frequently an additional incentive to the patient to undergo efforts at cure.

He preferred Chambers's bifurcated vulcanite instrument, although the divergence of the branches *below* the internal os uteri was a radical defect in the instrument as ordinarily used. Frequently the branches should be closed so that the stem might be practically single in that portion which traverses the cervix. His method is as follows: A flexion and its direction being diagnosticated, a flexible bougie is passed through the bent portion of the canal and quite to the fundus. The depth of the canal being carefully noted, a pliable stem, consisting of the distal portion of the same, or a similar bougie, one third of an inch shorter than the ascertained depth of the canal, is selected for introduction. A flange or bulb is formed upon the outer end of the stem by rolling upon it a section of rubber tubing. The woman being placed on the back in Simon's position and the os uteri exposed with a speculum, the stem, either grasped with a dressing forceps or mounted upon the end of a piece of pointed wire, is passed entirely into the uterus. A large tampon of cotton moistened with slightly aluminized glycerine is pressed against the bulb of the stem and allowed to remain one or two days. The tampon is removed and replaced at suitable intervals until the tendency of the stem to leave its position disappears. After this yielding stem has remained from one to three weeks, according to the degree of tolerance manifested by the uterus, it is removed and a thicker one put in its place. This likewise is permitted to remain a week or two, and is then replaced by a Chambers stem. While not very much, or, indeed, any change of shape is to be expected in consequence of the use of the flexible stem, yet, in several instances, a very considerable alteration took place within a few weeks, or even a few days, and in a few cases it was found unnecessary to resort to a rigid instrument at all. Usually, however, it had been necessary to use an inflexible instrument for from three months to a year—not continuously, but for periods of three or four months, with an interval of a

week or two, during which the stem was removed in order to test the degree and permanence of the improvement. The feature of this treatment which is essential to its safety and success is its slow and gradual conduct, and the non-observance of this necessity has been the cause of dangerous results and failures to cure.

The drawbacks attending this method of treatment were: (1) Difficulty in retaining the instrument in position; (2) pain; (3) hemorrhage; (4) pelvic inflammation—all except the first being common to all other methods of treatment. A table comprising the details of sixty-four cases treated by the intra-uterine stem alone was given, showing the ages and social conditions of the patients, the direction of the flexion and the result of the treatment. Of the entire number forty-two occurred in married and twenty-two in single women. Of the former eight had borne children; the other thirty-four were sterile. Of the latter eight subsequently bore children. A cure of the flexion followed in forty; of the remaining twenty-four four were improved and relieved of dysmenorrhea. In twenty the result was unknown. The ages of the patients ranged from nineteen to thirty-nine years. The uterus was anteфлекed in fifty and retroфлекed in fourteen.

In conclusion the author said: "I believe the principle of the intra-uterine stem in the treatment of flexions to be correct; and it need not be dangerous—at least no more dangerous than any other effective method. I further believe that by its use more cases of uterine flexion can be cured than by any other means at present in vogue. The conditions of both safety and success are watchfulness, patience, and slow progress."

Dr. A. R. Small reported a Case of Pistol-Shot Wound. May 2, 1886, he was called to see F. R., aged twenty-three, who, a few minutes previously had received a shot from a No. 32 pistol. Patient was suffering from shock, difficult breathing, and excessive pain in the left leg below the knee. The ball had struck the right eighth rib about two inches external to the costal cartilage. Sensation was lost in the right leg below the knee. Motion was not impaired in the right leg, though the sensation



was lost below the knee. The left leg was hyperesthetic below the knee and motion slightly impaired. A drainage-tube was inserted about two inches into the wound and the wound dressed antiseptically. The patient complained of no pain except in left leg below the knee, where the pain was excessive. Morphia was given hypodermically in sufficient doses to control the pain. Nothing was allowed the patient the first twelve hours but ice, and occasionally water. About 10 p. m. there was evidence of internal hemorrhage, and the patient seemed to be sinking. Milk was then given in small quantities frequently. The morning of the 3d he had rallied somewhat.

The urine was drawn by the catheter every eight hours, and contained blood. There was no expulsive force to the bladder. Respiration was normal after the first two hours.

On the afternoon of the 3d patient became delirious, and continued so, with occasional lucid intervals, until death, which occurred at 4.20 p. m. of May 4th.

Autopsy five hours after death. Rigor mortis well marked. Unfortunately, through a misunderstanding, the undertaker had preceded us and injected his preserving fluid, so that we were unable to determine exactly the amount of blood in the right pleural cavity. It must have been quite large, however, as the right lung was entirely collapsed. The ball made a clean round hole through the center of the eighth rib on the right side, about two inches from the costal cartilage, passed through the lower side of the right pleural cavity without injuring the lung, passed through the diaphragm, right lobe of the liver, and superior portion of right kidney, and through the intervertebral foramen between the eleventh and twelfth dorsal vertebræ, on the right side of the spine, and lodged against the posterior surface of the body of the eleventh dorsal vertebra, just within the spinal cord, where it was so firmly imbedded that it could not be removed without disarticulating the spine, which, for sufficient reasons, we did not do.

Though we found the right lung collapsed, respiration had been normal except during the first two hours after the injury.

Dr. Alfred S. Houghton read a paper on

The Danger in Specialism. He said that specialties had greatly increased medical knowledge and skill, and had secured for many much reputation. Hence young practitioners grasp any excuse for becoming specialists. But man is not a machine, but a complicated organism, and disease is complex, one organ sympathizing with another; hence it is necessary to examine every portion of the body and treat all organs affected. Hence there is danger in a specialist limiting his sphere of action and usefulness to an unnecessary degree. Another danger is that specialists are apt to become egotistic, and indulge in utterances which they will afterward regret.

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## Reviews and Bibliography.

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**Practical Human Anatomy.** A working guide for Students of Medicine and a ready-reference for Surgeons and Physicians. By FANEUIL D. WEISSE, M. D., Professor of Practical and Surgical Anatomy, Medical Department of the University of the City of New York. Illustrated by two hundred and twenty-two lettered plates, containing three hundred and twenty-one figures. 8vo, pp. 456. Cloth. New York: William Wood & Co. 1886.

The design which the author of this important work has put into execution, if not in the fullest sense original, comes, at all events, far nearer the point of full realization in his hands than in those of any previous worker in anatomical literature. It is, through a series of marvelously executed plates and brief descriptive paragraphs, to enable the student and physician to see and understand, by book, the anatomy of every region of the human body as it is brought to view, step by step, from the most superficial structure to the deepest under the hand of the experienced dissector.

That Professor Weisse has realized this stupendous undertaking in a manner which bears abundant testimony to his industry and skill, and added a gem of the first water to the crown of American medicine, no competent reader will deny. But in our congratulations to the author, it is important to commend his wisdom in the selection of helps, without which the work could never have assumed its present

splendid proportions. These were an artist of high rank who has succeeded in making his illustrations true to nature, and publishers of ample facilities, whose skilled workmanship and great enterprise have made the book a marvel of the printing art.

**A Treatise on the Diseases of Infancy and Childhood.** By J. LEWIS SMITH, M. D., Clinical Professor of the Diseases of Children in Bellevue Hospital Medical College, New York. Octavo, 867 pages, forty illustrations. Cloth, \$4.50; leather, \$5.50. Philadelphia: Lea Brothers & Co. 1886.

This classic work, now in the sixth edition, has long held, and is likely to hold for many years to come, the first place in American pediatric literature.

The text for the present edition has been thoroughly revised. The chapters which deal with cerebro-spinal fever, scarlet fever, pseudo-membranous croup, and infantile diarrhea, have been entirely rewritten, and much new matter relative to the natural history and treatment of diseases of children has been added to the other departments of the work. An excellent index, prepared by Dr. J. Lewis Smith, jr., who seems to be following successfully in the footsteps of his father, is an interesting feature of the work.

**Illustrations of Unconscious Memory in Disease; including a theory of alternatives.** By Charles Creighton, M. D. 16mo, pp. 212. New York: J. H. Vail & Co., 21 Astor Place. 1886.

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**Diseases of the Stomach and Intestines. A Manual of Clinical Therapeutics for the Student and Practitioner.** By Professor Dujardin-Beaumetz, Physician to the Cochin Hospital, etc. Translated from the fourth French edition by E. P. Hurd, M. D., Newburyport,

Mass. With illustrations and one chromolithograph. May number of Wood's Library of Standard Medical Authors for 1886. New York: William Wood & Co.

**Boston Society of Civil Engineers.** Papers read at a special meeting held March 3, 1886, comparative of Metric and old Units with reference to convenience. By Fred Brooks, member of the Society. Report of Committee on Weights and Measures, consisting of Charles H. Swan, C. N. Folsom, and C. W. Kettell. Reprint: Journal of the Association of Engineering Societies. New York: Atkin & Prout. 1886.

## Foreign Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

At a recent meeting of the Council of Public Hygiene and of Salubrity of the Department of the Seine, a discussion took place as to the principal measures that should be taken to arrest as much as possible the development of pulmonary tuberculosis, which is definitely classed, and with some semblance of reason, among the number of contagious maladies, when the following rules were agreed upon: Patients should avoid spitting on the ground or floor, or in a handkerchief, as the sputa constitute the agent the most active in the transmission of pulmonary tuberculosis. They should be recommended to spit in vases filled with sawdust, which should be burnt each day, and the vase washed with boiling water. These precautions are indicative chiefly in large assemblies, such as schools, manufactories, barracks, hospitals, etc. The rooms occupied for a length of time by phthisical patients ought to be disinfected with sulphur, the bedding should also be disinfected by the same means or by a drying stove, and the clothing should be thoroughly boiled and bleached. These instructions are certainly good in their way, but it would appear difficult for the public to put them in practice. Moreover, in obliging a phthisical patient to spit into a special vase, his attention would be infallibly aroused as to the nature and the gravity of his malady; the physician himself would certainly hesitate



to recommend a precaution that would contribute to remove the delusion which such patients generally entertain to the last moment of their lives.

The Medical Society of the Hospitals of Paris also took up the subject, and a commission was formed to inquire into the contagiousness of phthisis. The commission adopted a sort of collective investigation, and forwarded, in the form of a circular, a series of questions on what it termed phthisiology to 10,000 medical men. But of this number, only eighty-three replied; and of these eighty-three, fifty-seven pronounced for the affirmative and seventeen for the negative; nine gave no definite reply. It was with reference to the result of this inquiry, which is, after all, only relative, that Dr. Vallin read a voluminous report, in which the author does not set forth irrefutable arguments to clear up the controversy in question. Of the four hundred and thirty-nine furnished by the eighty-three physicians already cited, two hundred and thirteen are in favor of contagion, and two hundred and twenty-six are against, notwithstanding the coincidence of conditions favorable to contagion. As regards heredity, Dr. Vallin is forced to acknowledge that, by the inquiry, it is very difficult to fix rigorously the limit and the proportions of this influence. In any case, however, added the author, heredity is scarcely produced in any other way than directly through the father or through the mother; it takes place very exceptionally by atavism or by collateral media. The two hundred and thirteen cases of contagion are given as follows: One hundred and seven between man and wife, seventy-three between consanguineous relations, thirty-eight between strangers. Among the higher classes of society, the communication of the disease of a tuberculous husband to his survivors appears to have occurred only once in ten times. This proportion is a great deal higher among the poorer classes. Notwithstanding the little light that has been thrown on the subject of this inquiry, Dr. Vallin has thought proper to formulate the following prophylactic measures: The proper supervision and disinfection of the bedding, clothes, carpets, the floor, soiled by the sputa

and the dejections of phthisical patients, are the most efficacious means of attenuating the chances of contagion.

In connection with this subject it may be interesting to reproduce here the opinions of Fonssagrives and Andral respecting the doctrine of contagiousness. Taking up with energy the fears and scruples of Pidoux, for whose work the Paris Faculty of Medicine awarded the prize of 10,000 francs, Fonssagrives proclaimed the necessity of enlightening in a complete manner medical opinion, and of establishing the basis of a more intelligent individual prophylaxy, as follows: To avoid by simple precautions the pernicious emanations which proceed from the sputa of tuberculous subjects; to seclude from the air in which tuberculous subjects breathe those that are predisposed by their age or by their debility to phthisis; to discountenance with more authority marriages which offer special perils as regards transmission; to condemn as insalubrious the atmosphere of a room occupied by a phthisical patient, and to prevent as much as possible its cohabitation by other persons.

Andral writes: "The facility of the contagion of pulmonary phthisis has, without doubt, been singularly exaggerated, nevertheless is it wise to absolutely deny it in all cases? Who can affirm, with sufficient proofs in support of his opinion, that a malady which can never be considered as purely local, and which, as it advances, presents the image of a sort of infection of the economy, is not susceptible of transmission in cases where there is almost continual contact and would expose a healthy individual to the absorption of miasmata which are disengaged from the pulmonary mucous membrane and the skin of patients? All I can say, without pretending to decide definitely such a grave question, is that in the course of my practice I have more than once seen women commence to present the first symptoms of pulmonary phthisis soon after the death of their husbands, with whom they had cohabited to the last moment, and who had succumbed to this malady. Such a question will always be very difficult to solve scientifically, owing to the great frequency of phthisis. Facts opposed to those which I have cited will always occur, and it

may be objected that those who become phthisical in such cases would have become so whether they had cohabited with another person or not. But practically these facts have perhaps sufficient importance to induce medical men to prescribe certain precautions to those persons who are in daily relation with phthisical patients, especially during the last stage of their malady." (Notes in *Traité de l'auscultation de Laennec*, t. II, p. 179, 1864.)

Dr. Leudet, of Rouen, lately read a paper at the Paris Academy of Sciences, giving the result of his vast and long experience on the above question, namely, the contagiousness of phthisis. The heading of his paper was: "The Effects, as Regards Pulmonary Tuberculosis, of the Admission into General Hospitals of Individuals Affected with this Malady." The elements which served to solve the problem are the cases of 16,094 adult patients of both sexes, who were treated in a medical division of the Hôtel Dieu, of Rouen, from 1854 to 1885. This portion of the building must have been contaminated, as the proportion of the number of patients affected with tuberculosis to the total of individuals admitted, during thirty-one years, was 2,814 of 16,094, or seventeen per cent. The conclusion of the author is: "The propagation of pulmonary phthisis by contagion in the hospitals is not demonstrated, it is at least limited."

PARIS, June, 1886.

### LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

A suggestive report by Mr. W. H. Power, of the Local Government Board, has just been published relative to the connection between scarlet fever and infected milk. As in many other cases, the report in question contains much matter for public instruction in the ways of health-science. The connection between milk of defective quality and scarlet fever has long been suspected. Mr. Wynter Blyth reported cases of this kind which occurred in the St. Marylebone district at the close of last year. In this instance milk was clearly associated with the outbreak of scarlatina, and was traced to the fluid supplied by a particular dealer.

This dealer in turn obtained his supply from two farms. One of these sources appeared to present no evidence which would connect it with the outbreak of the epidemic. The other farm, situated at Hendon, was, however, laid under grave suspicion. Yet despite careful inquiry on the part of the local Medical Board of Health, no clue was obtained to the elucidation of this sanitary mystery. The link which was wanting here was that which should serve to show clearly and indisputably the exact source of the milk contamination. There was no human illness traceable on the Hendon farm. This is naturally a frequent source of milk contamination. Where epidemic disease is being treated on a dairy farm, and that not always carefully as regards isolation of the patient, it is almost impossible for the milk to escape infection. Putting aside the question of human illness, there remained for consideration that of the health of the cows. Here the investigators were approaching ground of by no means solid character. Over and over again it has been asserted that certain ailments in cows are capable of giving specific diseases to man through the impurity engendered in the milk secretion. But the matter so far has always been a moot point in sanitary science. No exact proof has been furnished of this assertion, and the topic has remained under the shadow of unverified theory. No veterinary examination of the cows was made at the date of Dr. Cameron's investigation at Hendon. Hence the field was left tolerably clear for Mr. Power's inquiry, which, at the onset, may be pronounced to open up a new and important investigation in the department of public health. After a laborious investigation Mr. Power was enabled to formulate a definite series of facts leading to the discovery of the truth about the scarlatina outbreak. Three points were clearly proved in the course of the inquiry. In the first place, all sources of the contamination of the milk by scarlet fever that could have been communicated to it outside the farm were excluded. External infection was thus proved to be practically impossible. The circumstances of the epidemic alone seemed to render this conclusion inevitable. In the second place, Mr. Power was enabled to associate the prevalence of the Maryle-



bone epidemic with the importation into the Hendon farm of particular cows. This alone, as will be seen, constituted a point of singularly high importance in connection with the source of the outbreak. That any importance should have been attached to the cows was ridiculed by farmer and cow-men alike. The farm was sanitarily perfect. Separate sheds were provided for sick animals and for the preliminary observation of those newly bought. The premises were supervised by Dr. Cameron himself. Every modern improvement in respect to cleanliness, washing of milk-vessels and examination of the persons employed on the farm, was duly in force. A third point elicited by the researches connected the outbreak of scarlatina in London with the introduction of the milk of the newly imported cows. The investigation of the whole circumstances of the epidemic appeared to indicate the appearance of a new and sudden factor of disease on the scene. The issue was thus narrowed to the question of the cows and of their health, and it was exactly at this stage in the prior investigations that the search for the causes of disease failed and broke down. Henceforth, thanks to Mr. Power's labors, sanitarians will be prepared to undertake such a search in future with a greater prospect of success than has hitherto attended their efforts.

Three cows, which had been received on the 15th November from Derbyshire, fell under suspicion. Certain circumstances connected with the results of the distribution of the milk of these cows led to their being regarded as the probable sources of the ailment. The services of Dr. Klein were next called into requisition. Apparently as the result of infection from the cows last named, the dairy stock generally was found to be suffering. These appearances were of varying degrees of intensity. While the 15th November cows were apparently free from disease on December 31st, when the investigation was undertaken, their neighbors being then affected, scars indicative of a former attack of the disease was discovered on the udders of these particular animals. From these specific appearances, as well as from the concomitant circumstances of the case, it became clear that the cows of the dairy had

become infected with a specific disease derived from their newly imported neighbors of the 15th November. It was equally obvious that this disease was infectious and that it had spread through the dairy, and that, furthermore, it was inferentially proved to be capable of imparting scarlatina to human beings through the contamination of the milk which ensued as a natural result of the ailment. Dr. Klein regarded the malady as not merely local, but as constitutional in its nature. The sores were to be regarded in fact as the merely local manifestations of the constitutional disease. The peculiar facts that the general health of the cows did not appear to be affected, that they ate well while exhibiting the symptoms alluded to, and that they gave a full yield of milk, might well have caused the cow-men to have overlooked any suggestions that they were diseased. Dr. Klein is now engaged in a definite inquiry into the exact nature of the milk of the diseased cows, and of the ailment from which they suffered. Two of the affected animals were purchased for the Brown Institution, where they are being kept under careful scientific observation. One thing is certain, that a well-established link has been now discovered between human disease and cow maladies. It remains for the link to be strengthened in order to gain the knowledge that will prevent the people from perishing within the sure grasp of sanitary science.

Dr. Schwenninger, the celebrated German specialist, who has undertaken to prescribe for the Czar with the view of reducing his corpulence, is to receive £1200, and this sum is not to be paid unless His Majesty really benefits by his system. If the Czar is not satisfied, the doctor is only to get £500 and his traveling expenses.

LONDON, May, 1886.

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**VIBURNUM PRUNIFOLIUM.**—Dr. Napier (British Medical Journal) says: Every new drug, like every new bonnet, has a period of fashionable favor, when it is liable to be overlauded. I believe that viburnum will gain a permanent place as a remedy for abortion (more especially "habitual early abortion"), but it can never wholly displace some of the remedies we have employed in the past.

## Translations.

**OVARITIS IN THE CHOREA OF SYDENHAM.**—Of thirty-three patients with chorea, observed by P. Marie (twenty-seven girls from nine to fifteen and six boys of like age), ovarian pain, or pain in the inguinal region, was wanting on pressure in only nine cases. In ten cases it was found on the right side, in ten others on the left, and in four on both sides. The ovaritis in the girls and inguinal tenderness in the boys was invariably found on the side upon which choreic movements had begun.

**A PECULIAR SPUTUM IN HYSTERIA.**—Dr. E. Wagner has called attention to a peculiar sputum often observed by him in hysterical patients, the appearance of which might readily excite the suspicion that a phthisical affection is to be dealt with. But in fact it has been observed invariably as coming from subjects (always hysterical) who show no symptomatology by which tuberculosis of the lungs may be confirmed. The sputum is, of course, free from bacilli, is of a hemorrhagic nature, mostly red, but of a lighter red than ordinary bloody sputum, and not in any way resembling ordinary rusty-colored sputum. When examined in a glass it appears like a reddish or brownish-red pulp, in which numerous small gray particles cover the bottom. This sediment is so characteristic that it is easy to make the diagnosis with the naked eye. In one case the sputum for several days, in color and consistence, resembled a raspberry jelly, so that he suspected the development of a sarcoma or carcinoma in the bronchial tubes, under which circumstances it is usual to see this character of sputum. Under the microscope, in the sputa described, may be seen considerable quantities of small red blood corpuscles, and along with them, frequently, numerous white blood corpuscles, pavement epithelium, and cocci. Alveolar epithelia from the lungs were not discovered. Sometimes mucous pockets are found embracing pus cells.

In every case, upon failure to find signs of disease of the lung or the larynx, the author believes he has a right to conclude that the bloody coloring proceeds from small bleeding

vessels, that the colorless part of the sputum is a pathological secretion of the mucous membrane, and that probably it all originates in the buccal cavity. The writer reports four cases in which he had observed this sputum for a considerable length of time: in one of which, however, bacilli at length appeared. In all cases an investigation for bacilli is of prime importance with a view to differential diagnosis.—*Deutsche Med. Zeitung.*

**IODOFORM IN VENEREAL DISEASES.**—(Dr. Max. Bockhart, of Weisbaden). From his experience and observations in the treatment of venereal disease with iodoform, Dr. Bockhart gives the following conclusions: Iodoform does not exercise the least influence upon gonorrheal inflammation. Ulcers and erosions of the vagina and adjoining portions of the uterus, which result from gonorrhea of the cervix, are treated successfully with powdered iodoform. In these cases the application is to be made with small sacks filled with the powder brought to the eroded or ulcerated spot, and held fast with water tampons. Iodoform may be prescribed as a specific poison against the virus of the soft ulcer. It is the best, the surest, and the *quickest* working remedy in the treatment of all sorts of soft chancres. Suppurating buboes of the inguinal region are most appropriately treated with the iodoform pressure-bandage. As an anti-syphilitic, taken internally, the iodoform falls far behind iodide of potassium, but in cases of syphilitic neuralgia it is of special utility. Injected subcutaneously it exercises a much more persistent influence over the organism than iodide of potassium. Of all local forms of syphilis, only ulcerating gummata are specially favorable for treatment with iodoform. On these ulcers it exerts a specific action. The best corrigent of the odor is pulverized (parched) coffee.—*Ibid.*

**NITRATE OF SILVER IN DYSENTERY.**—Dr. Pablo Patron, in *La Cronica Medica*, extols the employment of nitrate of silver in the dysenteries of Peru, where this disease is very severe, and much inclined to run into gangrene of the intestines. In addition to the silver he



also recommends calomel, opium, and ipecac in small doses. The nitrate of silver is given *per os* in fourth-grain doses every six hours in mild, and by injection in strong solution, in severe cases.

**TYPHOID FEVER.**—Dr. Ch. Bouchard employs the following treatment in typhoid fever: For the first twenty-four hours he gives one third of a grain of calomel every two hours. This is followed by a mixture one hundred parts vegetable charcoal, one part of iodoform finely divided, and five parts of naphthaline. These are held in suspension in two hundred parts of glycerine and fifty parts of liquid pep-tones. A teaspoonful is given every two hours in half a glass of water. This is continued until the cure is complete, except in a few cases where gastric irritability prevents its use. It is indispensable with this method of treatment to evacuate the bowels regularly to prevent the accumulation of charcoal. For this purpose four drams of sulphate of soda every three days is sufficient. Finally, morning and evening the patient has a bath of carbolie-acid water, one part to the thousand. It is important to see that the bowels are opened after the cessation of the antiseptic treatment.—*Union Medicale du Canada*.

**THERAPEUTIC FORMULÆ.**—M. Besnier advises the application of ointments over the entire body to combat erythema caused by the presence of a parasite. The following is his formula:

Carbolie acid.....	gr. xxx ;	
Vaseline, }		
Starch, }	āā.....	3iijss. M.

The clothes of the patient should be passed through the oven, and he should take a soap bath.

**Pains in the Stomach.** Lassegue and Regnault for gastric pains recommend:

Chloroform water, saturated.	3 parts ;
Orange-flower water.....	1 part ;
Distilled water.....	2 parts.

M. Sig: A teaspoonful to a dessert spoonful every fifteen minutes till relief is obtained. This will relieve the pains and nausea experienced during digestion.

In the case of patients affected with dilatation of the stomach the orange-flower water may be replaced by star anise, as in the following:

Chloroform water saturat'd.	150 parts ;
Tinct. of star anise.....	5 parts ;
Distilled water .....	145 parts. M.

The saturated solution of chloroform contains nine parts in a thousand.—*Jour. de Med. de Paris*.

**Anti-dyspeptic Quieting Mixture** (M. Germain See):

Tinct. hyoscyamus, }	āā....	3j to v ;
Tinct. of conium, }		
Tinct. of gentian.....	3 ii j ;	
Essence of anise.....	3 x.	

M. Sig: Take ten to thirty drops at each meal, in painful dyspepsia or in cancer of the stomach.—*Ibid*.

**CATIVI.**—Under this name Dr. Lewis Lazo Amago, of Guatemala, describes a skin affection prevalent in Honduras, which is characterized by the occurrence of variously colored spots over the entire body. Two forms of the disease are distinguished, the scaly and the non-scaly cativi. The former is accompanied with severe pruritus and abundant desquamation. The latter by only insignificant attacks of itching. The color of the spots varies considerably; with whites, they are red, blue, and black; with negroes, blue and white. The disease is exceedingly contagious, and perhaps hereditary, but when in it does not attack all the members of one family.

The scaly cativi begins soonest and is mostly acquired in early childhood; the other form does not appear before the seventh year. Patients suffering from this disease, called *pin-tados* or *manchados*, in the language of the people, generally feel well and do not resort to physicians, but sometimes the disease excuses the men from military service.

In one case mercurial inunction resulted in a speedy cure.—*Deutsche Medezinal Zeitung*.

**TREATMENT OF INTERSTITIAL KERATITIS FROM DELAYED HEREDITARY SYPHILIS**—(Dr. Alfred Fournier). Local treatment, though by no means as important as general treatment, often renders useful service, and should consist in the following:

1. Keep the eye shut out from all exterior excitation; for this, require the patient to wear glasses of dull tints surrounded with black veiling.

2. Use collyria of atropine.

3. Recourse to cold water. The temperature of the liquid should be about 40°, and used in the form of spray, or cloths steeped in an infusion (say of chamomile), and applied four to six times a day.—*Revue d'Ophthalmologie*.

## Abstracts and Selections.

**RESORCINE IN THE TREATMENT WHOOPING-COUGH.**—In an exhaustive review of this subject Dr. W. H. Barlow confirms the observations of Professor Moncorvo, and arrives at the following conclusions: (1) That whooping-cough is to be classed among the diseases which are caused by the irritation excited by the presence of parasites. (2) That it is due to the presence of micrococci, which proliferate in large numbers upon the lining membrane of the larynx and pharynx, and which infiltrate the epithelial cells, which seem to be the preferential seat of their growth and increase. (3) That resorcine in a solution of the strength of one or two per cent, applied directly to the mucous surfaces concerned, has been found, in all cases in which it has been employed and the results watched, to rapidly reduce the number of chinks, to reduce their intensity, and finally to lead to the cure of the disease.

This last word "cure" is a bold one, but if the first and second propositions are held to be proven, then there can be but little doubt that it is properly used. For if there are no other diseases *cured*, yet certainly those which are due to the irritation of a parasite are cured when that parasite is destroyed.

Lastly, the mode of application by means of a brush or swab is not the only mode in which it may be made; perhaps by some of the recently used instruments for applying medicated spray to the interior of the larynx and the adjacent parts of the throat it may be applied yet more effectually than by the methods adopted by Professor Moncorvo and myself.—*Lancet*.

**TREATMENT OF ACUTE RHEUMATISM.**—The last number of the *Russkaya Meditsina* contains a communication from Dr. L. Grinvitski, of Rostoff-on-the-Don, who writes that for more than twenty years he has treated acute articular rheumatism with nitrate of potash, two drams being given daily in raspberry syrup,

and a dose administered every two hours. Together with this internal medication he prescribes an ointment for use morning and evening of the following composition: Olei hyosc., 1 oz.; ung. hydrarg. cinerei, 2 dr.; ext. acon., 1 dr. He has tried all ordinary remedies, and finds that on the whole this plan of treatment is more satisfactory than any other, being especially valuable in those cases where salicylates fail to give relief. Generally the disease is brought to an end in from one to two weeks, according to its severity and the time the treatment was commenced. When commenced at the onset of the attack, and before more than one joint was affected, the others were usually spared altogether.—*Ibid*.

**PARALYSIS OF LARYNGEAL MUSCLES.**—The generalization so strongly upheld by Dr. Felix Semon, that the abductor muscles of the larynx are more prone to paralysis than the adductors does not carry us a great way, but it is a very useful as a step to further knowledge. A general cause acting on the recurrent laryngeal nerves appears always to paralyze or weaken the abductor muscles before or more than the adductor. M. Charazac records a case in the *Revue Mensuelle de Laryngologie* of cystic goitre associated with unilateral paralysis of the abductor muscles of the larynx consecutive to compression of the right recurrent laryngeal nerve. During expiration the larynx appeared to be perfectly healthy; the local cords left the middle line in a natural manner, so that the glottis presented its normal triangular outline. But during phonation the left vocal cord closed up to the mesial line in good form, but the right did not approach its fellow. We think M. Charazac lays too much stress on his single observation, supposing that to have been a true one, and not to be explained by other causes than the one to which it is attributed. So far the generalization to which we above referred seems to have been confirmed and strengthened by numerous and carefully observed cases.—*Ibid*.

**SURGICAL AFFECTIONS IN THE INSANE.**—Dr. Giné y Partagas, physician to the Barcelona Asylum, Nueva-Belén, in a clinical lecture published in *La Independencia Médica*, gives a *résumé* of the more important surgical maladies he has met with among lunatics. Erysipelas, he says, and especially erysipelas of the face, is very common, and should be watched for by the physician, as lunatics frequently do not trouble themselves about cutaneous affections. Eczema also is very common. As to furunculosis, he remarks that he has never seen it followed by cure or alleviation of the mental con-



dition. The chief self-destructive propensity of melancholics seems to be to mutilate the genital organs. One man showed the doctor, as an evidence of his operative skill, a testicle which he had contrived to excise with the help of a piece of broken glass. Another patient managed with a similar implement to perform a true esophagotomy. Dr. Giné remarks that it is wonderful how insensible they seem to the pain they thus inflict upon themselves. With regard to the difficulty of retaining splints on fractures, he says that for many years poroplastic appliances have been employed in Nueva-Belén with the most satisfactory results. In conclusion, he calls the attention of his hearers to the importance of careful examinations of the inguinal and crural regions of lunatics, who may have new herniæ or inflammations in old ones for some time without complaining.—*Ibid.*

**GRINDELIA ROBUSTA.**—*Grindelia robusta*, which has been for some time in use in the form of fluid extract, has recently been made the subject of a series of further elaborate investigations, both in the physiological laboratory and hospital, by Dr. Dobroklonski, chief of Professor Botkin's clinic in St. Petersburg. This observer holds that the therapeutic action of the drug, of which the author is in the habit of administering thirty drops three or four times daily, is, he believes, due to its power of decreasing and rendering more regular the cardiac contractions—having, he says, a greater regulating effect than digitalis, adonis vernalis, convallaria majalis, or chloral hydrate. It has, too, a diuretic action, but this is of less importance, being weaker than that of digitalis or adonis vernalis. He finds that *grindelia robusta* may advantageously be combined with adonis vernalis in cardiac diseases, which other more ordinarily used remedies have failed to relieve.—*Ibid.*

**THE NATURE OF INFECTIVE OSTEOMYELITIS.**—The nature of what is known as infective osteomyelitis is not as yet perfectly understood, although recent studies in the line of the germ theory of diseases have apparently done much to make it clearer than it once was. A micro-organism was first observed in the pus of osteomyelitis in Germany, in 1874 and 1875, by Lücke, Klebs, and Eberth, and in France, in 1880, by Pasteur. After this a number of different observers endeavored to produce a similar disease, in otherwise healthy animals, by inoculation with what was believed to be the specific germ of infective osteomyelitis. These experiments have not yet proved conclusive, from the fact that it has heretofore

seemed to be necessary to accompany the inoculation with some artificial injury of a bone or joint in order to bring about the condition which was looked for. Further, it has been claimed that this condition could be brought about with ordinary putrid materials, if their action was supplemented in a similar manner.

Last year a valuable contribution to this subject was made by Dr. A. J. Rodet, of Lyons (*De la nature de l'ostéomyélite infectieuse*, etc., *Revue de Chirurgie*, 1885), in which, after calling attention to the points already mentioned, he describes some experiments of his own. In these he made intravenous injections with the pus of osteomyelitis, or with a culture fluid, and in eight cases out of fourteen produced juxta epiphyseal lesions of the bones having the characteristics of osteomyelites. In one of his experiments, of which the details are given, he employed a culture of the thirteenth generation, and produced juxta-epiphyseal osteitis of both femora, of one tibia, and of one humerus. In studying these experiments, Dr. Rodet remarks that the principal seat of the lesions was the medulla of the juxta-epiphyseal region, which corresponds with the views of Ollier. The periosteum was not much involved, and there was no true subperiosteal abscess. There was sometimes a separation of the epiphysis, but this was at the expense of the diaphysis. In a few cases the epiphysis also was invaded. The most notable exception to this rule is found in the upper end of the femur, where the lesions are habitually situated in the upper part of the neck, which is separated from the diaphysis by a connecting cartilage.

The form of the osteitis which Rodet observed was rarefying; in exceptional cases it was condensing. He believes that what he produced was the same disease as that known in human beings as infective osteomyelites, and that he has been able to supply the missing link in the theory which makes this depend upon a specific germ.

We can not go quite so far as this. The experiments are interesting and instructive, and they seem conclusive. But we must not forget that they follow the work of other careful experimenters who failed to secure any such result. Krause, for example, who reported experiments in the *Fortschritte der Medicin*, for April, 1884, concluded that inoculation of the lower animals with the micrococcus of infective osteomyelitis, while always producing a disorder characterized by the formation of pus in various tissues, and having a predilection for the parts of the locomotor apparatus, does not produce one which can properly be said to resemble closely infective osteomyelitis in human beings.

It must be borne in mind that Krause speaks from Germany, while Rodet speaks from France, and more than this, from Lyons and the circle which surrounds Ollier. It must also be noted that Rodet used liquid culture media, while recent German students have thought that perfect isolation of specific micro-organisms can be secured only by culture upon solid media. Such a difference of opinion is very material, and there still may be some doubt that Rodet has succeeded in demonstrating that the effects of his inoculations were attributable to the micrococcus of osteomyelitis.—*Medical News*.

MYRTOL.—Myrtol has only been, hitherto, studied as a curiosity. Dr. Linarix, in his doctoral thesis, *De l'Emploi du Myrtol*, gives a complete account of the properties of this substance. Myrtol is both an antiseptic and a disinfecting agent. By its presence, it prevents the decomposition of fermentative and putrescible organic substances; applied to the skin, it does not produce the slightest irritation, if the epithelium be intact. If there be a slight abrasion, a few drops will produce a very trifling burning sensation, which quickly goes off. Myrtol stimulates the digestive faculties; all who use it find their appetite increased. In small doses it acts as a sedative. It is eliminated by the lungs and kidneys, and has also a powerful balsamic action, but is more easily tolerated than most balsams. Its use is not followed by dyspepsia, nor by any of the other troubles attending the use of balsams in general. Dr. Linarix says that myrtol does not produce the same result at all periods of the affections of the respiratory system: in subacute and chronic catarrhal affections, it should be administered when fever has subsided; then the sputa become less abundant, also less purulent. Six capsules daily, each containing fifteen centigrams of myrtol, form a moderate dose, which should be taken before meals.—*British Medical Journal*.

INDICATIONS FOR ARSENIC IN MALARIA.—Dr. James Craig, of Llandudno, writes: The antiperiodic properties of arsenic are well known, but, so far as I am aware, no one has pointed out any symptom usually found in the cases in which it is successful which distinguishes them from those, perhaps the greater number, in which it fails to prevent a recurrence of the malarial symptoms. The cases in which arsenic is beneficial have one symptom in common, viz., at one period of the twenty-four hours, sometimes several times daily, but most frequently only in the morning after rising, the patient experiences a sensation of

coldness, most marked in the hands and feet, and combined with this chilliness there is a decided fall in the temperature. In India I have frequently seen the temperature during one of these seizures under 96° F. And in this country I have on several occasions seen the temperature fall to 94.5°. The low temperature continues for about half an hour, and then gradually rises to about 97.8°, which in these cases is the usual average temperature. The severity of the symptoms experienced during the seizures varies in different cases, and also on different days. Some days there is no attack, on other days only a very mild one. These seizures of low temperature often continue for months after the last attack of ague, and quinine has little influence on them; but small doses of arsenic quickly, "often in nine or ten days," prevent, or at least modify them, and if the arsenic is persevered in for a long period (with occasional intermissions), and the patient is not again exposed to malarial poison, it prevents their recurrence, and also prevents a return of intermittent fever. The attack of chilliness is not the cold stage of an aguish attack. (Although I find that if the temperature is taken at the commencement of the cold stage of an aguish attack, there is, at least in many cases, an actual fall in the temperature.) But in these attacks of chilliness the feelings experienced by the patient differ from those felt during the cold stage of ague; and as these patients usually have considerable experience of both symptoms, they can predict whether or not the chilliness will be followed by an attack of ague. Examination shows that although the temperature is so much reduced in the attacks of chilliness which are not followed by the usual symptoms of intermittent fever, still there is never so much prostration or nervous disturbance as there is in the cold stage of an attack of ague, I have found arsenic equally useful in attacks of hemoglobinuria of malarial origin when accompanied with similar seizures of low temperature. The seizures of low temperature are not abortive attacks of hemoglobinuria; and when occurring in persons suffering from this disease are distinguished from the abortive attacks by the greater lowering of temperature, by not being accompanied with disintegration of the blood-cells, nor by draining of the coloring matter out of the red blood corpuscles—both of which changes I have seen in a drop of blood taken from the finger during an attack of abortive hemoglobinuria.—*Lancet*.

THE PNEUMOCOCCUS.—In a discussion of the microbic theory of pneumonic fever, (London Practitioner for May), Dr. Thomas



W. Shore passes in review the observations of numerous pathologists relative to the specific character of the pneumono-coccus, and concludes as follows:

Assuming, then, that it is proved that some cases of pneumonia are associated with a micrococcus in the blood, etc., its possible relations to the pneumonia are:

1. The organisms may be the direct cause of the disease.

2. They may be the indirect cause, either by *carrying* the specific virus or by *producing* it.

3. They may have no causal relation, in which case they must either be the *effects* of the pneumonia or be *accidental*.

At present, experimental pathology alone can answer these questions. If micro-organisms, taken from a patient suffering from a specific disease, be cultivated artificially for several generations in suitable media with proper precautions; and if, after these successive cultivations, some of the micro-organisms be introduced into the body of a suitable animal, which forthwith becomes affected with the same disease; and further, if the same micrococci are found in the blood and tissues of this animal, then experimental pathologists consider that they have established a causal relation between the organisms and the disease.

These principles have been experimentally applied to pneumonia by many observers, among whom are Salviali and Zäselein, whose results were published in 1883; also by Friedländer and Frobenius in 1883, and they all agree that the micrococci of pneumonia obey the above test.

Further, the micrococci of pleuro-pneumonia of cattle have the same characters as those of human pneumonia; and Dr. Nolen, of Rotterdam, has found that cultivations of micrococci derived either from the human subject or from cattle produce in cattle ordinary pleuro-pneumonia.

It seems clear, then, that specific constitutional pneumonia depends on a micrococcus.

**DOUCHES AND LOTIONS.**—Under the title of Douches and Lotions for the throat and nose, Dr. H. MacNaughton Jones writes thus practically in the Practitioner:

To thoroughly wash the pharynx with a gargle in cases of follicular pharyngitis, tonsillar hypertrophy, and general pharyngeal relaxation, is frequently a most essential adjunct to more direct applications to the nose and nasopharynx. To get a patient to do this properly he should be made to lie down on his back, and keep the head low when gargling the throat. With a little education and practice he can learn how to force the fluid up be-

hind the soft palate or eject it from the nostrils. The use of a nasal spray or douche is a much more satisfactory method of insufflating the nasal passages than the plan sometimes adopted of directing the patient to sniff up some medicated fluid. A small portable insufflator after the plan of Sass, which can be carried in the pocket and contains so much of the fluid or powder required, can be had for those who are traveling. I have never found any serious effects follow the use of the syphon nasal douche. I have occasionally had to abandon it in consequence of headache, frontal-ache, giddiness, and ear-ache, resulting. This occurred only when permitting the stream to pass through from one nostril to the other by the usual method of holding the head forward. But I have found that such symptoms were more frequently due to imprudent and improper application of the douche, for they have disappeared when the following precautions were adopted: (1) The regulation of the force of the stream, the patient holding the vessel of fluid in the hand, raising or lowering it according as it is wished to increase or lessen the strength of the douche; (2) the maintenance of a proper temperature of the fluid (about 100°), the colder the douche the greater the risk of unpleasant results; (3) the avoidance of strong saline solutions; such concentrated fluids entering the Eustachian orifice may cause intra-tympanic inflammatory disturbances. The mouth should be kept slightly open during the act of douching, and for the moment or two it is better to direct the patient to suspend his breathing. Frequently it is not necessary to do more than allow the stream to pass from a height a little above the head into either nostril.

I prefer to use all weak astringent and disinfectant washes by means of the nasal spray, such as alum, tannic acid, sulpho-carbolate of zinc, chlorinated soda (3ii liquor. sodæ chlor. ad 3viii), chloride of zinc (gr. ii ad 3i), carbolic acid (gr. ii ad 3i), bichloride of mercury (1-2,000), hazeline with infusion of matico (3i in 3viii), cocaine (with the special cocaine spray). The more concentrated solution of glycerine and perchloride of iron (grs. xx-xxx ad 3i); the combination of aldehyde (2 pts.), and carbolic acid (1 pt.), glycerine (5 pts.) iodol or iodoform in ether (grs. xx-xxx ad 3i); chromic acid (grs. x-xx ad 3i); chloride of zinc (grs. x-xx ad 3i), nitrate of silver (grs. x-xx ad 3i) are best applied with the nasal probe and cotton-wool. The nares should be wiped clean with absorbent wool before any of these solutions are used. Should severe smarting follow the application and last any little time, a warm alkaline stream should be

passed through the nostrils. The powders for insufflation I find of most service in catarrhal conditions are those of iodoform (deodorized with fresh coffee, coumarine or vanilline), tannic acid, catechu, oxychloride of bismuth, and in tonsillar and throat congestions guaiacum. The quantity of each may be regulated at from gr. ss to gr. i for each insufflation, powdered starch or lycopodium making an admirable basis. Fatty preparations serve in ulcerative states. I do not much care for greasy applications to the nasal membrane, but we can well apply in this manner iodoform or iodol, bismuth, belladonna, morphia, bichloride of mercury, the oxides of mercury, iodide of potassium, oxide of zinc, cocaine, the best medium for suspension being one part of vaseline and two parts of lard to four parts of lanolin. There can be no doubt that lanolin, diluted with lard, geoline, or vaseline, makes a capital absorbent basis for ointments. Iodol is the best substitute for iodoform, being quite devoid of its unpleasant odor and possessing all its properties without any of its toxic effects. I give this opinion of iodol from personal use of the drug.

**HYDROA HERPETIFORME.**—(1) There is a group of diseases distinct from pemphigus, herpes, and erythema exudativum, while sharing some features with all of them, for which the term "Hydroa herpetiforme" is convenient, and has the advantage of being already partially adopted. (2) It would give greater clearness to the term hydroa, if it were restricted to diseases of the type discussed, and not made to include divers anomalous bullous eruptions. (3) The features which characterize the group are the presence, at some period of their course, of erythema, chiefly, but not exclusively, of a circinate type, of vesicles, bullæ, or pustules, with a tendency to group herpetiformly. These different elements are present in varying ratio to each other, now one, now another predominating and overshadowing the other; but the disease is always accompanied by intense pruritus, and the eruption tends to undergo evolution and involution at the periphery and center respectively. The disease generally runs a long, but ultimately favorable course, with frequent exacerbations and remissions, with a strong tendency to recur even after long intervals, but it is generally amenable to careful persevering treatment.

The treatment may be deduced from the foregoing cases. Improvement, as far as practicable in the general surroundings is often necessary; a well-selected and nutritious dietary, but usually with abstention from alcohol, and mental and bodily rest, are usually indi-

cated. Internally, I have found arsenic the most reliable remedy, but it must be given in full doses, and often requires to be pushed to its physiological limit; improvement seldom sets in until six-minim or eight-minim doses of the liquor arsenicalis are reached, but the dose should be small at first, and gradually increased. Where that has failed—and, like all such remedies, it fails sometimes—I have usually succeeded with tincture of belladonna, also given in unconventional doses up to thirty minims or more. Dr. Tilbury Fox advocated quinine in two-grain to five-grain doses; and, no doubt, it is useful in some cases; for example, Case VI, in which atropine failed, while cod-liver oil for the broken-down is strongly indicated.

Locally, the object is to relieve the pruritus; for this, the best agent, in my hands, has been a lotion of two drams of liquor carbonis detergens to eight ounces of water, applied freely whenever the pruritus is troublesome; this has always given temporary relief, and the prevention of scratching is very important. Other antipruritics may be used, such as sanitas diluted with equal parts of water, etc.—*Dr. H. R. Croker, British Medical Journal.*

**SCARLET FEVER AND HIP-JOINT DISEASE.** Disease of the hip, or of other joints, is not, as far as I have seen, a common sequence of scarlet fever; though it is quite possible it may happen oftener than I think, as the cases occurring would gravitate to the surgical side. Presumably the weakened condition of health produced by the fever predisposes to tubercular disease of bones or other organs. There can be little doubt that an attack of scarlet fever, as a rule, greatly aggravates chronic disease of joints which have already become established. Suppuration quickly takes place in a perhaps hitherto quiescent hip-joint, and possibly a condition of septicemia or pyemia supervenes. It seems probable that sometimes a joint, which has suffered from scarlatinal synovitis, may become the seat of chronic disease, though I can not say I have ever been certainly able to trace out such a sequence. Much of the variance of opinion with regard to the rheumatic or septicemic origin of the joint lesions in scarlet fever has, no doubt, originated from the fact that observers have been describing the different forms which occur. *Dr. Henry Ashby, Ibid.*

**BISMUTH SALICYLATE.**—A paper was read on the above subject before the Medical Society of Berlin on the 3d instant, by Herr Sulger. After employing it in a variety of affections for several years the author was able



to speak with assurance of its action. He had found it especially useful in chronic diarrhea, including the tuberculous form, in reflex neuroses arising from chronic intestinal mischief, in diarrhea from errors of diet, and in that of nervous origin. No serious untoward effects were observed during its employment, and when slighter presented themselves they were in every case removed by a small dose of castor-oil. The dose he gave now was smaller than that given at one time, and was found to be equally successful. He usually gave it in the form of a powder along with an equal quantity of sugar of milk. His usual formula for administration was as follows: Bismuthi salicylati, sacchar. lact. āā, 25 grm. M. Divide in partes æquales xl. One to be taken every three hours.—*Medical Press*.

TO AVOID SCARRING IN SMALLPOX.—From an experience of over 1,300 smallpox patients Reimer (*St. Petersburger Med. Wochenschrift*) strongly recommends Schwimmer's salve:

R Acidi carbolici 4–10 gm., or say 30–80 gr.;  
Ol. olivæ..... 40 grams, or 3 v;  
Crète pulv.... 60 grams, or 1 oz.

As the best means of aborting commencing pocks. It may be applied on linen to any or all of the affected places, and changed twice daily. In not one case in which it was applied was the suppuration well-marked, and only seldom were slight scars formed on the nose. The method is not applicable to young children, both on account of the difficulty of retaining the bandages in their places and of the liability of a carbolic-acid intoxication. Acting on a suggestion put forward by Claridge, Reimer administered sodium salicylate in 5–10 grain doses, day and night, in fourteen cases, and found in every case, even on the second day, a distinct arrest of development of the pustules. They remained flat, and quickly dried up from the center.—*Practitioner*.

THE BREASTS OF MALE CONSUMPTIVES.—According to M. Leudet there sometimes exists a congestive swelling of the breasts of male consumptives that is related to the pulmonary disease. There is no deposit of tubercle. The author has observed three cases of this mammary enlargement. The breast is first swollen throughout, and has the characters of a disk whose diameter is about three to five centimeters. The skin that covers the gland does not exhibit any change in color, and the subjacent connective tissue is unaffected. After one gland has enlarged the opposite organ may be affected. Pain is experienced in the diseased gland and may radiate round the thoracic wall.

This swelling is especially liable to occur on the side the lung of which is most diseased, or when pleuritic attacks are notably present. The swelling is regarded as due to a congestion, the result of irradiation from the central disease. The lymphatic glands are not swollen. After lasting from one to several months, the swollen mamma returns slowly to its normal size; suppuration has not been known to occur.—*Lancet*.

IODIDES OF SODIUM AND POTASSIUM.—The British Medical Journal thus sums up the advantages of iodide of sodium over iodide of potassium: "(1) It can be used therapeutically for almost all, certainly the chief, purposes for which potassium iodide is used, and with similar beneficial results. (2) Sodium iodide is more assimilable than the iodide of potassium, both locally to the digestive organs and to the general system. (3) That as a result many of the local and general undesirable effects which are produced by potassium iodide do not follow the use of sodium iodide."

A PASTE FOR USE IN ECZEMA.—Funk (*Monatsh. f. prakt. Dermat.*, October, 1885) recommends the following:

Salicylic acid..... 2½ drams;  
Ichthyol..... 5 "  
Alcohol..... 20 "

To be rubbed in thoroughly with a brush twice daily.

A SOLUTION OF MERCURY AND UREA FOR HYPODERMIC USE.—Schutz (*Dtsch. Med. Woch.*, 1885, No. 14) uses this solution:

Urea..... 4 grains;  
Corrosive sublimate..... 18 "  
Distilled water..... 3 ounces.

Fifteen minims are to be injected daily.

METHYL IODIDE IN GYNECOLOGY.—Dr. Robert Kirk (*Lancet*, October 24, 1885) recommends this preparation instead of Churchill's tincture for application to the cervix uteri and the vaginal vault. It is said to have an anesthetic as well as a resolvent action. After an application has been made to a sensitive endometrium, a sound may be passed without pain.

HYPODERMIC INJECTIONS OF EUCALYPTOL IN PHTHISIS.—Roussel (*Allg. wiener Med. Ztg.*) reports favorable results following the use of this treatment; purulent sputa became mucous, the appetite and strength returned, and the cough was relieved.—*New York Medical Journal*.

# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. I. SATURDAY, JUNE 26, 1886. No. 13

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

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## THE INDIGENT DOCTOR.

"If thou be poure farwel thy reuerence!  
Yet of the wyse man tak this sentence:—  
'Alle the dayes of poure men ben wikke;'  
Be war therfor, er thou come in that prikke."

CHAUCER.

Not long since the Southern Clinic, in all seriousness, editorially advanced the opinion that the State should prohibit to practice such physicians as show, after a fair trial, that they are unable to make a decent living for their families.

The ethical and judicial soundness of this view having been called in question by the editor of the American Lancet, the Clinic, in justification of its position, calls attention to the fact that recently, under the stress of poverty, certain Virginia doctors have adopted a line of conduct which in the *denouement* has secured for the profession of the Old Dominion a somewhat too liberal representation among the occupants of the State penitentiary.

In one instance a physician, failing to find scope for the successful exercise of his talents in the peaceful pursuit of physic, took to the highways, and proceeded to rob the public

without discrimination. Another, who had grown poor and desperate in his calling, killed his brother in a squabble over the division of some property. A third, hard pushed in business, took the life of a rival doctor who had taken from him two of his patients. And lastly, as a fitting climax to this sorry chronicle of crime, the case is cited of a Dr. M., who having become so marasmic of this world's goods that he could no longer sport a decent suit of clothes, indemnified himself of the buffets of fortune by marrying Virginia heiresses in greater number than the law allows.

This is indeed a sad commentary upon the prospects for professional forage in old Virginia, and one which the ambitious young physician should duly ponder before planting his standard on her historic soil. Certainly, the annals of Kentucky medicine can show nothing comparable to this record of misery and crime! The only instance within our cognizance which even remotely suggests a possible trend in the direction of professional degeneracy is in the person of the inscrutable Dr. X., of Penny Royal Ridge, who, at the age of fifty, was discovered to be the father of eleven daughters, and without a living practice or a son to break the monotony of family life and lighten the insupportable weight of the ever-pressing question of bread and dry goods. This case has proved bewildering to our ethical philosophers, since it has been impossible to fix, with logical nicety, the relationship existing between this unbalanced state of the doctor's domestic affairs and his failure in physic.

To his credit, however, be it said that Dr. X. did not in this desperate strait seek redress in robbing upon the highways or murder in civil life; for we have it upon good authority that, so soon as every honorable endeavor to pull through at medicine had been tried and found futile, he emigrated to one of our thriving cities, where he is content to revenge himself upon society and make reprisals of his wrongs in the minor rôle of a sewing-machine agent.

But while the case cited may suggest a remedy for the professional failures in Kentucky and other States, we would not so much as hint that it could be successfully applied to a similar class of unfortunates in the Mother of



States and of Presidents, nor are we able to see, in the face of the evil which he so vividly portrays, how the scheme of our able contemporary can meet the exigency in any satisfactory manner, since its effect would be only to drive into the ranks of overt criminality many high-born sons of *Æsculapius*, who now, through divers sharp practices in trade and judicious borrowing from friends, are doubtless able to make both ends meet, and so save the State the expense of their maintenance in sealed houses under the cover of buck-shot at short range.

A better plan we believe would be to take some legal steps looking toward the equalization of practice and professional emolument. For instance, let an act be passed by the General Assembly providing that whenever the income of any physician shall reach the sublime figure of ten or twelve thousand a year (his word as to the size of the figure being taken of course), he shall be declared "off," and be gently forced to retire in the full enjoyment of his well-earned affluence.

The plethoric practice of one of these high feeders, divided among ten or a dozen doctors already tolerant of plain fare, would serve to keep them all off the State for a year or more at the worst, while a respectable majority of them would doubtless lay the foundation of substantial professional success in the fields thus opened to the exercise of aggressive endeavor, and go in and out and find pasture during the remainder of their allotted years, to the safety of the public, the good of the State, and the glory of practical medicine.

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#### LOGIC AS AN INSTRUMENT OF DISCOVERY.

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In an editorial upon the Requisites of Scientific Discovery, the *New York Medical Monthly* commends the study of logic to all who would attain success in the line of original research. Certainly the study of logic can not be too highly commended in this connection; but is it not a mistake to suppose that any attainment in logic can lead to the discovery of new principles or even facts, except in so far as it may prevent its possessor from wasting his

time in fruitless effort? It seems to us that logic is to be regarded rather as the rod and line by which supposed discoveries are to be tested. The men who have carried logic to the greatest perfection have not by any means been the greatest discoverers. At all events logic must have material upon which to work, and it is the power of suggestion, combined with an extensive knowledge of ascertained facts and principles, that leads men out of or beyond the beaten paths.

Mathematics represents logic in its strongest and purest form, yet how few discoveries in physics have been made by the pure mathematician.

Mathematics is a most excellent crucial test of the truth of conceptions; but truths would be revealed very slowly if they could only be brought to light by the probings of mathematics. The power of discovery, as of invention, is largely a gift—the man must be built that way. It is the curious mind, conversant with all that has been done in the particular department where new light is sought, and intuitively conscious of the defects of existing systems, and with vigorous, though not too vivid imagination, that draws most of the revelations from nature. Discoveries seem often, even to their authors, as the results of "happy accident;" but they are really the prize of minds furnished as described and chained to their work by an innate necessity of sustained thought.

Linnaeus was not noted as an eminent logician, yet he was able by philosophic insight and by intuition of the true relations of Nature's works, to furnish all aftercoming men eyes with which to look at plants and language with which to describe them. And even to Newton, though blessed with wonderful reasoning powers, logic, whether applied in the form of syllogism or mathematical axiom, was merely the plumb-line with which he tried the grand structures he was building.

But let it not be understood that we decry logic. More's the pity that in its fires might not be tried, as it comes from the mine, the measureless dross that has through all ages encumbered the mind and wasted the time of mankind.

### NITRATE OF SILVER IN THE TREATMENT OF DYSENTERY.

Among our *Translations* is an extract from *La Cronica Medica*, detailing a method, common in Peru, of treating dysentery with nitrate of silver.

This treatment is said to have been found remarkably effectual in that country, where dysentery is peculiarly malignant. There is good reason to believe that success might have been much greater in the treatment of this disease in all countries, had this or some similar method been more generally resorted to. It is not easy to see, however, why injections should be used only in the worst cases, while the medicament is given by the mouth (in which case its effect is nil) in those of a milder type. Undoubtedly the action of the remedy is mainly local, and for that reason its use by injection can not be too early resorted to. If the alimentary canal is at once and thoroughly cleared with a brisk saline purgative, malaria combated when present, injections of nitrate of silver, Monsel's solution, or some similar substance made, not often enough to prove destructive to the intestinal lining, and lastly all sense of pain obviated with opiates, there is little reason why dysentery should ever add materially to our lists of mortality.

S.

### Notes and Queries.

EDINBURGH, SCOTLAND, May 15, 1886.

*Editors American Practitioner and News:*

I have been here now among these warm-hearted Scotchmen just two days, and am delighted with them. They are so simple, frank, natural, and cordial that I feel rather as if I was in some town in our own Old Dominion instead of away up in the north of the Queen's dominions. It is positively refreshing to meet such people.

The University of Edinburgh is an immense concern, and its medical department is unquestionably among the very foremost in the world. The facilities for teaching—demonstrative teaching—are simply admirable. Prof. Chiene, whom I have had the good fortune to see much of, gives fifteen hours a week to teaching. He

impresses me as being in love with all his work, a genuine enthusiast. His lectures, published some years ago in the *American Practitioner*, showed him deeply engaged in the study of micro-organisms. He continues to work intently in this line, employing at his own expense a thoroughly qualified assistant, whose sole business is to cultivate the organisms and instruct without charge such visiting physicians as desire it in all that relates to these interesting bodies. He seems anxious for foreigners, particularly, I thought, Americans, to come to Edinburgh instead of going to Germany. I heard him quiz his class yesterday, and was delighted with his method. He certainly possesses every requisite in a teacher.

I saw him do Mr. Whitehead's operation for internal piles, a description of which you will find further on. He ran down to Manchester the other day—you know this isn't a country of "magnificent distances"—just to see Mr. Whitehead operate. After Mr. Chiene had witnessed the originator of the operation perform it and then did it himself, he still seemed undecided in his own mind as to the precise value of the procedure. I hardly think, however, he will adopt it save in quite exceptional cases, and I am clearly of the opinion that it is not likely to become in any sense a general favorite. It is too tedious, and, though simple enough when once seen, it would not, I fear, be altogether easy to do from the bare description of it given by Mr. Whitehead.

Prof. Annandale has been exceedingly polite. He reminds me in size, appearance, voice, and ways of the late Dr. Bayless. He is so busily engaged now in the examinations at the University that he is doing no surgery he can avoid.

Dr. Cotterill, Mr. Annandale's assistant, kindly asked me to a resection in a case of empyema of fourteen month's standing, in which he removed portions of seven ribs, from the fourth to the tenth, inclusive.

An opening had formed spontaneously in the tenth intercostal space immediately below the angle of the scapula. Taking this as his starting point, the operator made an incision upward and forward in the direction of the right nipple, dividing the several tissues covering this portion of the ribs. A



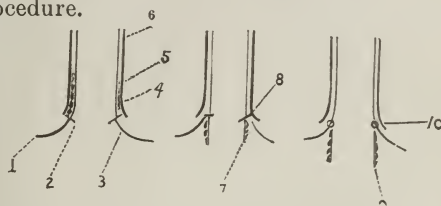
second incision, some three inches in length, was then carried from the angle of the scapula and made to meet the first incision at right angles. The skin, latissimus dorsi, and pectoralis major muscles were turned back to the extent of exposing about six inches of the ribs to be removed. Seven ribs were divided subperiosteally (the periosteum having been previously stripped from the portion of ribs to be removed) by cutting first the distal then the proximal end of the ribs with a Hey's saw, and completing the section with bone forceps. Each portion of rib was then grasped with forceps and peeled out of its periosteum. The original sinus in the pleural cavity was enlarged with scissors, and the fingers of the left hand passed into the cavity so as to grasp the soft parts lying immediately under the ribs and be ready to control any hemorrhage arising during their removal. The whole of the soft parts, consisting of intercostal muscles, periosteum, and pleural sac, in connection with the portion of ribs removed, was then snipped away with the scissors, thus leaving a large, gaping opening in the pleural cavity. The skin and muscles were brought together with interrupted sutures, and two large drainage-tubes carried into the cavity through the upper and lower end of the first incision. Antiseptic dressings (iodoform) were applied. The total amount of bone removed was two inches from the tenth rib, four inches from the ninth and eighth ribs, five inches from the seventh, four inches from the sixth, three and a half inches from the fifth, and three inches from the fourth.

Dr. Cotterill advises against fluids being thrown into the pleural cavity, except in cases of great putridity—fearing danger from shock. He thinks it of great importance that the upper drainage-tube should remain in the longer, because the cavity closes from below upward, partly by the encroachment of the diaphragm, partly by the falling in of the resected ribs, partly by the pushing over of the mediastinum toward the affected side, which is due, in great measure, to the hypertrophy, which takes place in the other lung.

Of course an operation of such extent and gravity as this is resorted to only in very old cases, where the lung is entirely destroyed, and

other procedures promise nothing. In recent cases of empyema the practice here, as with us, is to make two openings, one high up and the other below, passing a tube through both openings, removing the upper tube last.

Let me now attempt a very brief description of Mr. Whitehead's operation for internal hemorrhoids, and that you may the more readily understand it, I send a rough diagram of the procedure.



1. Skin. 2. Line of division of mucous membrane.
3. Junction of skin and mucous membrane.
4. Piles. 5. Mucous membrane. 6. Muscular wall.
7. Mucous membrane and piles drawn down through anus after division of mucous membrane.
8. Line of division of mucous membrane above the piles.
9. Mucous membrane and piles removed.
10. Edges of mucous membrane stitched loosely with silk dusted with iodoform.

First, the sphincters are thoroughly dilated. The mucous membrane is then cut through its entire circumference with small, sharp-pointed, curved scissors, just internal to its junction with the skin. The external or skin edge is then seized and pulled aside with Payon's forceps. The mucous membrane and piles are next dissected from the subjacent tissues, pulled well down and grasped by two pairs of Payon's forceps, between which the mucous membrane is split with small, sharp-pointed scissors, upward in the cellular plane to the extreme summit of the hemorrhoidal growths. The result of this dissection, it will be observed, is to leave a longitudinal slit in the membrane which is now divided transversely at the highest point of the incision, whereby the hemorrhoids are left simply attached to loose cellular tissue. The forceps containing the tumors were then twisted till all connection was severed and the tumors removed. The upper portion of the mucous membrane is then carefully brought down and stitched all round to the corresponding portion which was left attached to the skin, a stitch being put in the instant a snip was made, in order to control hemorrhage. [Mr. Whitehead cautions against drawing the stitches overtight.] The wound is finally given a thick coat of iodoform, a suppository of

morphia carried into the bowel and the patient returned to bed. The bowels are locked for a week and the stitches allowed to take care of themselves.\* The hemorrhage was very slight in Mr. Chiene's case, no vessel needing ligature, but though Mr. Chiene is both rapid and skillful in the use of instruments, the operation was certainly, as I have said, very tedious.

\*Four years ago, when Mr. Whitehead published his first account of this operation, he spoke of it as follows: "The intention of the operation is to remove from the lower segment of the rectum the diseased, dilated, and tortuous vessels, and the adjacent tissues, hypertrophied and consolidated by plastic exudation. These diseased structures are situated beneath the mucous membrane of the rectum, and rest upon the circular fibers of the internal sphincter; and it is the object of the operation to clear them away from the anal orifice, where they act as obstructions to defecation and excitants of periodic and distressing spasmodic muscular contractions. \*\*\*"

"In the healthy rectum, the mucous membrane is loosely connected with the adjacent muscle and readily detached, but in this operation it is one of the objects, and a main feature in the cure, to obtain adhesion between the mucous membrane and the muscular coat of the bowel, in order to counteract for the future the tendency to hemorrhoidal stasis by giving a substantial support to the vessels; and this is gained by uniting the healthy mucous membrane from above to the verge of the anus—an advantage which can not be overestimated. It closes what would otherwise be an open wound in one of the most undesirable localities of the body, and, by protecting the raw surface from the irritating influences of passing feces, prevents a considerable amount of after-suffering, and admits the only possible chance of immediate repair. \*\*\*"

"The preparation of the patient, previously to operation, requires a considerable amount of forethought and personal supervision.

"The patient must be induced to remain recumbent for at least three days previously to operation. An immense gain is secured by this—the hemorrhoids are reduced to their least possible dimensions; whereas, if the patient be allowed to go about as usual, he frequently exerts himself in making unusual arrangements in anticipation of the operation, and by such means increases the vascularity of the hemorrhoids, and consequently adds unnecessarily to the difficulty and the extent of the operation. It would be obviously unscientific to operate upon piles during an 'acute attack'; and it is equally evident that, the more the circulation can be reduced to a quiescent condition, the less will be the bulk of tissue requiring removal. The diet must also be regulated by strict rules. In ordinary cases fluid farinaceous food should alone be taken, and unless specially indicated all stimulants should be interdicted.

"Suitable aperients must be prescribed, and the character of the evacuations should be inspected, in order to ascertain that no solid feces remain, and to secure an empty rectum on the day of operation. An enema of water containing a little glycerine may, with advantage, be administered each morning. A digital examination of the rectum the day preceding the operation may prevent the unpleasant discovery at the last moment of an obstinate accumulation in the rectum, notwithstanding these precautions.

"The lithotomy position for the patient during the operation, though, perhaps, the least delicate, is for the same reason the most convenient, as it permits what is most desirable—an unencumbered view of the parts to be dealt with; and, further, it secures, when the hips are elevated and the thighs well flexed on the abdomen, a relaxation of the muscles likely to interfere with free manipulation. I have always found an ordinary dressing table convenient for the patient to lie upon during the operation, and I prefer sitting on a low chair in front of the patient.

"When the patient is in position, I generally commence by compressing a soft sponge about the size of an orange, and passing it six inches or more up the rectum; this precaution prevents the escape of liquid feces during the operation; and it is hardly necessary to state that the sponge must not be forgotten at the completion of the operation. During the operation, sponges wrung out of spirit and water, one in six, will be found superior to water alone for purposes of clearing blood from the surface of the wound.

"In operating on men the hemorrhoids must be hooked down with a finger, or secured by ring forceps and withdrawn. Attempts to obtain a prolapse of the hemorrhoid by the efforts of the patient or the use of an enema previously to the administration of an anesthetic, are undesirable and opposed to sound principles."—EDS. AMER. PRAC. AND NEWS.

Well, I've seen Mr. Keith do an ovariectomy, and this is certainly something to be able to say of one's self. The vaginal examination had led Mr. Keith to expect an ugly case, but instead, it was an exceedingly smooth one, the adhesions being few and slight. His only assistants were his two sons, one of whom gave the ether, the other doing the sponging and tying the ligatures.

The patient was placed on a short table, which was drawn up to a window, and her feet rested on the window sill. Her lower limbs were covered with a blanket and strapped down to the table; her hands were brought down and tied with a bandage to this strap; her chest was then covered with a blanket; over the lower half of the body a sheet of rubber cloth was placed, then another sheet of the same material with a large opening was applied over the abdomen. Around the edges of this opening was some adhesive material which caused the cloth to stick tightly to the abdomen. Over these rubber cloths and towels wrung out of carbolic acid water 1 to 40 were placed. The skin exposed was thoroughly washed with the same fluid, and the instruments were kept in it also. The incision was now made with a bistoury down to the aponeurosis, and all bleeding vessels being secured, the aponeurosis was divided with scissors. When the tumor was fully exposed the trocar was introduced, the sac gradually emptied and then carefully pulled forward; great care being taken with sponges and towels to keep the wound as little exposed as possible, and prevent any escape from the tumor into the cavity. The two points at which the tumor was attached to the omentum were tied with silk ligatures. The pedicle, which was very broad, was next caught in the large clamp invented by Mr. Keith, and the tumor cut away. After ligating the few vessels to which the forceps were attached, he carefully burned off the pedicle with the actual cautery on a level with the clamp. He was very careful in doing this, at the same time tightening the clamp slightly by squeezing it with his left hand, and using the irons with his right. Upon finally removing the clamp, the edge of the pedicle was seen covered with a thin parch-



ment-looking slough, in depth the thickness of the clamp. This (the stump) the operator examined with extreme care to see that it contained no blood-vessels. In this instance it was absolutely translucent. Of course every step of the operation was perfect, but the work on the pedicle was actually beautiful. The cavity was now thoroughly sponged and carefully inspected, and the abdominal wound closed as we are in the habit of doing it. Iodoform gauze, absorbent cotton, and a flannel bandage followed. I must say, now that I have seen Mr. Keith use the cautery, that it strikes me as much the better way to deal with the pedicle.

I bought from his instrument-maker a set of the irons he uses for the purpose, and hope you'll keep a case for me to try them on as soon as I get home.

Mr. Keith is a small, pale, frail-looking man, with bluish-gray eyes, sandy hair and beard, of slight figure, quick of movement, who, I should say, was well on to sixty. As an operator, he is deliberate, but loses not a moment—careful, painstaking and gentle.

\* \* \* \* \*

To-morrow I shall go to Glasgow for a few days, mainly to see Mr. Macewen do some bone surgery.

GLASGOW, May 18th.

I arrived here yesterday, with cards of introduction from Mr. Chiene to Mr. Cameron, of the Western Infirmary, and Mr. William Macewen, of the Royal Infirmary, and went immediately to learn the hours at which these gentlemen would operate. Fortunately for me this (Monday) was the day for one of them (Mr. C.) and to-morrow for the other. So at 9 A. M. I was at the Western. This institution is situated about two miles from the center of the city, on an elevated point adjoining the University, and the faculty hold their clinics in its several amphitheatres. Both buildings are comparatively new, and are magnificent stone structures. The institutions own the grounds immediately about them, and these are beautifully laid out in walks, drives, and campuses. The Western Infirmary has three hundred beds, is kept as neat as a new pin, and, of course, is furnished with every possi-

ble convenience. Mr. Cameron belongs to the extra-mural faculty of the University. He said he was always pleased to meet American doctors, and added that he regretted having nothing of interest to show me—that his clinic to-day would consist simply of a “few loppings off”—by which he meant amputations—one of the thigh, a Symmes, and a finger. Mr. C. is a very clever operator, is fond of Symmes' operation, and does it beautifully. He says that our artificial-limb makers are far ahead of those in Europe. He is a warm disciple of Lister, and was associated with him here in the Infirmary. The antiseptics used were carbolic acid for instruments, mercury bichlor. (1 to 2000) for the wound, and carded wood-wool as a dressing. All stumps over here (in Great Britain) are dressed on a splint of some description, wood, lead, tin, plaster of paris, etc.—some surgeons preferring one, some another. Mr. C. has been very successful recently in treating psoas abscess according to Lister's method. After leaving the Infirmary he took me to see several of these cases in his private practice. All of them were doing beautifully. He expects to read a paper on the subject at the August meeting of the British Medical Association. He doubts that Lister has abandoned the spray in such cases, at any rate *he* does not think of doing so. During the morning he drove me to the Children's Hospital, of which he and Mr. Macewen are the surgeons. It contains sixty beds, and generally they are all occupied. Like the Infirmary, this institution is kept scrupulously clean, and the children appear extremely happy; strange to say with all these many children, I did not hear one cry, or see one look mad. These several institutions are kept up by private voluntary subscription. At a bazar gotten up by the ladies, headed by Lady So-and-so, and lasting only four days, there were realized *twenty thousand pounds* sterling for the Children's Hospital. How long would it take to raise that amount with us?

Mr. Macewen's clinic hour is the same as Mr. C.'s, 9 A. M. The Royal Infirmary is very centrally located, is an old institution, somewhat larger than the Western, and

also has amphitheatres for the students, but they are not nearly so large as those of the Western. Mr. Macewen needs no introduction to American readers. His book on Osteotomies has been translated, I believe, into every modern language. He certainly has in Glasgow a good field for his labors, for surely no other place in the world contains as many crooked limbs—I actually saw hundreds of them on the streets. Mr. Macewen is a man of about forty-five years of age, tall and slender, with brown hair and beard well sprinkled with gray, and resembles very much Rev. Dr. T. T. Eaton, of Louisville. He is a good talker, and, like the preacher, is not a silent man. During the morning he did a lot of osteotomies for genu valgum, resected an elbow-joint, and trephined a femur for pus. In his osteotomies of the femur for genu valgum, he always enters the chisel on the *inner* surface of the femur instead of the *outer*, as is done in London; and, in breaking the bone, bends it *inward*, thus effectually closing the V shaped opening made in the bone by the chisel. He then applies antiseptic dressing to the wound, and fixes the limb on a straight wood splint extending from the foot nearly to the axilla. His results in resections are perfectly wonderful.

I saw quite a number of recent and several old resections of the elbow and shoulder. In the elbow Mr. M. makes the long posterior incision, going through the olecranon process. He then, after exposing the joint, resects the ends of all the bones, and pays no attention whatever to the periosteum. He then dresses the limb straight with wood-wool and gauze. At the end of three weeks he begins making motion. A strip of elastic webbing is bandaged to the hand, and then pinned to the clothing on the back of the same shoulder, thus holding the limb so flexed at the elbow as to nearly admit of the hand touching the tip of the shoulder. This is done during the day, and at night a weight and pulley are put on the hand so as to keep the limb fully extended. During the day the patient is required to exercise the joint by pulling on a weight and pulley. I certainly saw very wonderful results obtained by this practice.

I saw one case of shoulder resection in which the boy had good motion in every direction. He had been made to exercise in the way named. After hip resections Mr. M. also keeps up motion by extending the leg in different directions, sometimes straight, then abducted, then greatly abducted, then at an obtuse angle to the pelvis, etc.; and he tells me that, as a rule, his cases when discharged from the hospital have good motion of the joint. In resections of the knee, he makes a transverse cut (semicircular) above the patella through the fibers of the quadriceps femoris, and turns the patella downward, thus exposing the joint. His reason for going well up beyond the patella is for the purpose of exposing thoroughly the synovial sac, which you know extends some little distance upward. He thinks it of the greatest importance that every particle of this sac should be removed. After sawing off the ends of the bones, and scraping away any diseased tissue covering the under surface of the patella, he stitches the cut surfaces of the quadriceps together, nails the tibia and femur together, as Gerster does, puts in bone drainage-tubes, and then applies straight wood splints to the limb. Why these great men over here stick to wood and other splints rather than apply a fixed dressing, especially that made with gypsum, I am unable to say.

Mr. M. showed me a fractured patella he had cut down upon and wired. He said that he advises this procedure in recent cases, because he has found that good union does not occur without it, not, however, for the reasons laid down in the text-books, viz., the drawing up of the upper fragment, the difficulty of keeping the fragments in apposition on account of the action of the quadriceps, the scarcity of blood-supply, and the increased quantity of synovial fluid, but because the *aponeurotic covering* of the bone, in giving way, falls between the fragments and adheres to the fractured surfaces, investing them almost completely. Such, at any rate, was the condition in the eight cases he had operated upon. His views on this subject appeared, as you will remember, in the *Lancet* some time ago.

He showed me quite a lot of photographs of cases in which he had practiced bone grafting with excellent results. In the first case that he



tried it, and which was published some years ago, he restored almost half of a humerus in a small boy. Since then he has practiced it in a great many instances, and is highly gratified with the results. He always uses fresh bits of bone, and as he is taking out wedges from the tibias all the time, he of course never wants for grafts. He also is a firm believer in antiseptics.

He prepares his gauze (cheese cloth) by first boiling it thoroughly, then soaking it in a solution of the bichloride (1 to 400), and hanging it out to dry without wringing it. He puts the wood-wool through the same process. Before applying these he sprinkles the wound well with iodoform. He much prefers the wood-wool to absorbent cotton, and says that it is a far better absorbent.

There are over four hundred students in the University here.

W. O. ROBERTS.

**SUBCUTANEOUS INJECTIONS OF COCAINE IN ASTHMA.**—Subcutaneous injections of a five-per-cent solution of salicylate of cocaine are said by Mosler to arrest paroxysms of asthma, and he believes that this remedy will prove useful in the general treatment of the affection. He gives 0.04 gram (three-fifths of a grain) for a dose. In one case he remarked a certain amount of faintness, which, however, soon passed off. A Dresden physician, Dr. Beschorner, has also recorded favorable results from the use of cocaine in asthma.—*Lancet*.

[There is little room to doubt the power of cocaine to arrest or forestall the paroxysms of asthma; but the danger that such treatment will in a short time render the patient a hopeless victim to the cocaine habit should be seriously weighed by the physician before adopting this method of treatment.—ED.]

**SCIENTIFIC JOURNALS IN JAPAN.**—A paragraph in *Nature* states that there are thirty-seven periodicals published in Japan, devoted to matters connected with education; of this number, seven are medical papers, with a monthly circulation of 13,514. There are nine papers relating to sanitary matters, and two to pharmacy. There are also nine other papers devoted to other branches of science;

and no fewer than twenty-nine papers, with a circulation of over 70,000, engaged in disseminating a knowledge of popular science.

**THE TRANSLATION INTO JAPANESE OF AGNEW'S PRINCIPLES AND PRACTICE OF SURGERY.** From an advertisement before us, we learn that Dr. D. Hayes Agnew's work on surgery is about to be published in Japanese. The translation is being made by Dr. M. Toyabe, and will be revised by Dr. Matsuyama Hoan. This large work will be published in seven volumes, of about 300 pages each, at a subscription price of one *yen* per volume in advance; the fixed price after publication to be ten *yen* (\$8.50); office of publication is that of the *Tôkyô Jiji Shinshi*. *Philadelphia Medical News*.

**MORTALITY AMONG MEDICAL MEN DURING THE TYPHUS EPIDEMIC IN MOSCOW.**—The typhus epidemic in Moscow, which is now, it seems, on the wane, has played great havoc in the ranks of the profession, no less than five junior police surgeons having already died. Most of them were without private means, and left their families entirely without provision. Five more surgeons have been attacked by the disease, and it is hoped that they may recover.—*Lancet*.

**M. PASTEUR.**—It is reported that M. Pasteur has been so favorably impressed by the scientific intelligence of an American physician, Dr. Mott, of New York, that he has, for the first time, broken through his rule not to allow his virus to go out of his own hands.—*Lancet*.

A RUSSIAN gentleman, M. Nemvloff-Colodkin, of Moscow, who has lately died, has bequeathed his house as an institution for the blind, and has also left an endowment of 100,000 roubles (nearly £14,000) for the same object.

A DENTIST in Berlin has been sentenced to three months' imprisonment for kissing a lady, on whose teeth he was operating in his house.

DR. QUAIN'S Dictionary of Medicine is about to be translated into Italian by Dr. Tamburini, of Milan.

**A CORRECTION.**—In the letter of Dr. Skene Keith, published in the issue of this journal for June 12th, the name of the illustrious father of our correspondent is printed *W. Keith*. Of course our readers understood it should have read Thomas Keith.

**PROF. HANS GIERKE.**—The University of Breslau has lost one of the most popular of its medical staff in Dr. Gierke, who died on the 8th inst. in the Maison de Santé, at Schöneberg, near Berlin.

**MENTHOL IN THE TREATMENT OF URTICARIA.**—*Union Médicale* for May 22, 1886, suggests the following simple remedy: Dissolve a small quantity of menthol in alcohol, and apply to the spots as a lotion. This preparation is said to be equally soothing in the case of insect-stings.

### SPECIAL NOTICES.

**"CARNRICK'S SOLUBLE FOOD."**—a child of six months was suffering from the following symptoms: Constipation, at times irregular action of bowels, regurgitation of food and an asthmatic cough. Its mouth was full of thrush sores, and its appearance one of poor nourishment. It had been given a number of Infants' Foods in vain, one of which I prescribed myself. I gave "Carnrick's Soluble Food," and had the satisfaction of having it retained, and at last accounts the child was doing nicely. This food recommends itself in that it contains caseine, rendered soluble by pancreatine, starch converted into dextrose and maltose. Hence it requires but little preparation, and that is so simple, mistakes can not occur. It requires no addition of milk and forms a nearly physiological substitute for mother's milk.—*C. F. Denny, M. D., Northwestern Lancet.*

**BROMIDIA.**—I have now ordered it regularly for over a year, and have found it excellent in the pain of rheumatism, pneumonia, and cancer, also in the sleeplessness of scarlatina and alcoholism. It has never failed me in procuring sleep without the disagreeable dreams and after-effects of opium. The dose is half a dram to one dram every hour till sleep is procured. I have also found it of much service in cases of tonsillitis, used as a gargle with glycerine and carbolic acid.—*J. Lindsay Porteous, M. D., F. R. C. S., etc., Edinburgh Medical Journal.*

**ALETIS.**—I prescribed Aletris Cordial (Rio Chem. Co.) in a case suffering from menorrhagia and a complication of uterine diseases, depraved digestion, etc. The woman was in her menopause. Her improvement was so decided and prompt that she left for home in good health.—*J. T. Colling, M. D., Cincinnati, Ohio.*

**ACID MANNATE.**—I have used Acid Mannate with success as a gentle laxative where mild cath-

arsis is needed, and I find it unrivaled for pregnant women, having the safe and gentle aperient effect desired.—*G. A. Hulett, M. D., Kansas City, Missouri.*

**PINUS CANADENSIS.**—A thorough trial of Kennedy's Pinus Canadensis proves it to be all that is claimed for it as a mucous astringent.—*W. T. Coggins, M. D., Covington, Georgia.*

### Army and Navy Medical Intelligence.

**OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from June 6, 1886, to June 12, 1886:**

*Maj. Blencowe E. Fryer*, Surgeon, sick leave of absence still further extended six months on surgeon's certificate of disability. (S. O. 131, A. G. O., June 7, 1886.) *Maj. Henry R. Tilton*, Surgeon, ordered for duty as Post-Surgeon, Presidio of San Francisco, California. (S. O. 38, Department California, June 1, 1886.) *Maj. Wm. E. Waters*, Surgeon, ordered from Department East to Department Columbia. *Capt. James C. Merrill*, Assistant Surgeon, ordered from Columbus Barracks, Ohio, to Department Columbia, to take effect upon the expiration of his present leave of absence. *Capt. Samuel Q. Robinson*, Assistant Surgeon, ordered from Department Columbia to Department Texas. *First-Lieut. Wm. O. Owen, jr.*, Assistant Surgeon, ordered from Department Columbia to Department East. (S. O. 133, A. G. O., June 10, 1886.) *Capt. W. F. Carter*, Assistant Surgeon, ordered for duty (temporary) at Fort Concho, Texas. Paragraph 2, S. O. 55, Department Texas, C. S., granting Assistant Surgeon Carter leave of absence for one month, is revoked. (S. O. 64, Department Texas, June 1, 1886.) *First-Lieut. C. S. Black*, Assistant Surgeon, ordered for duty at Fort Stockton, Texas. (S. O. 64, Department Texas, June 1, 1886.)

*Maj. J. S. Billings*, Surgeon, granted two months' leave of absence, with permission to go beyond sea, to take effect July 9, 1886. (S. O. 138, A. G. O., June 16, 1886.) *Capt. J. V. Lauderdale*, Assistant Surgeon, ordered for duty as post surgeon at Fort Concho, Texas. (S. O. 70, Department Texas, June 12, 1886.) *Capt. Edward T. Comegys*, Assistant Surgeon, ordered for duty as post surgeon at Madison Barracks, Sackett's Harbor, N. Y. (S. O. 60, Division Atlantic, June 15, 1886.) *First Lieut. C. S. Black*, Assistant Surgeon, ordered from Fort Stockton, Texas, to Fort Clark, Texas. (S. O. 69, Department Texas, June 11, 1886.)

**OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the three weeks ending June 14, 1886:**

*Mead F. W.*, Passed Assistant Surgeon, granted leave of absence for twenty days. June 9, 1886. *Guiteras, John*, Passed Assistant Surgeon, granted leave of absence for thirty days. June 14, 1886. *Watkins, R. B.*, Assistant Surgeon, granted leave of absence for thirty days. June 4, 1886. *Pettus, W. J.*, Assistant Surgeon, to proceed to Charleston, South Carolina, for temporary duty. June 11, 1886.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. II.  
[NEW SERIES.]

LOUISVILLE, KY., JULY 10, 1886.

No. 1.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### REPORT ON THE PROGRESS OF PRACTICAL MEDICINE.\*

BY J. W. IRWIN, M. D.

During the past year few new discoveries have been made coming under the head of practical medicine. Still some new points have been raised, and additional light has been thrown on disputed subjects, some of the most important of which I wish to bring before you for consideration.

Under the head of "Diagnosis," Dr. W. Pasteur, of London, has directed attention to a new physical sign of tricuspid regurgitation which he observed in functional incompetence of the tricuspid valve. "The sign consists in a distension, with or without pulsation of the superficial veins of the neck, occurring when firm pressure is exerted over the liver in the direction of the spinal column, and independent of the movements of respiration. A little consideration of the parts concerned will suggest the facility with which an impediment may be created to the flow of blood, in either direction, through the vena cava inferior by such a maneuver, especially when the liver is obviously enlarged. . . . Although the number of cases in which I have observed this phenomenon is certainly limited, I have never failed to elicit it when there was indubitable evidence of tricuspid incompetence; on the other hand, I have invariably failed to obtain

it in other forms of valvular cardiac disease, and in various cases of hepatic enlargement from causes other than passive congestion. . . . I can not but think that this sign may furnish an important aid to diagnosis in cases where the usual signs of tricuspid regurgitation are ill defined or in abeyance, and that it may prove a valuable factor in the difficult general problem of prognosis in cases of cardiac disease."

In "the diseases of children," a new method of treatment in cases of croup and diphtheria has been devised by Dr. Joseph O'Dwyer, of New York, which, from the very great importance of these affections, should claim our most careful attention. The new method is intended to supplant the more formidable operation of tracheotomy in those diseases, and it consists in the introduction of a tube through the mouth into the larynx, thus enabling the patient to receive air into the lungs. The tubes which he makes use of are from one and one quarter to two and one half or three inches in length, oval in shape, so as to fit between the vocal cords, their lumen being three to four sixteenths of an inch in the long diameter, and one eighth of an inch in the short diameter. The tube is surrounded by a collar at its superior end, which rests when in position on the ventricular bands and prevents it escaping into the trachea. At the anterior-superior angle of the tube there is a small eyelet, into which a silk thread is inserted before beginning the operation, which is intended to aid in its removal, "should it be found to have passed into the esophagus." The method of inserting the tube is as follows: If the child is old enough to have back teeth, a gag is placed in the left side of the mouth; if there are no back teeth, the mouth may be held open by the hand of the operator, then the

\*Read at a meeting of the Kentucky State Medical Society, June 25, 1886.

index finger of the left hand is inserted into the pharynx and the epiglottis raised; when, by means of an instrument devised for the purpose, the tube is carried into the larynx. The silk thread is then removed, and this completes the operation.

Although tubing of the larynx is not a new operation in other diseases of that organ, I have been unable to find any account of its having been practiced in croup and diphtheria until brought into use by Dr. O'Dwyer.

The cases reported that were subjected to the new method of procedure, nearly forty in all, show a mortality of nearly sixty-two per cent. In all of the cases reported, where tracheotomy has been performed, the mortality is upward of seventy per cent, thus making a difference of over eight per cent in favor of intubation of the larynx.

Dr. Lucas, of Paris, and others, have reported several cases of joint inflammation occurring in children suffering from purulent ophthalmia. The joint inflammation is said to resemble gonorrheal rheumatism, and it is regarded as infectious.

Reports of this disease have come to us from France and Germany only; I have not seen any account of its occurring either in England or in the United States. It is not unlikely that we may before long make the acquaintance of the European visitor, as nearly all of our infectious diseases have come to us from Eastern countries.

Under the head of "Diseases Peculiar to Women," Dr. Düvelius has reported sixty, and Benicke ten, cases in which conception took place after the mucous membrane of the uterus had been removed by the curette. These gentlemen advise this method of procedure in all cases where it is indicated, notwithstanding the advice of B. Schultze to the contrary, the latter claiming that it is almost impossible for conception to take place after the removal of the uterine mucous membranes.

Olshausen and Litzman, of Germany, have reported three cases "in which death resulted from the entrance of air into the uterine veins where the uterine douche had been employed to bring on premature labor." Advocates of intra-uterine injections, for the purpose of in-

ducing premature labor, or for detergent purposes after confinement, should not lose sight of this source of danger.

Two new theories have been given us during the year, which, from the importance of the diseases to which they relate, I wish to bring to your notice.

Dr. M. Ord gives a new theory of pyrexia, which he arrived at by experimenting upon the growth of plants, and which serves to strengthen the general belief that, in the process of building up the tissues by food in health, heat is rendered latent. "In fever this process is changed; heat continues to be given off at the same time the constructive process is going on, thus helping to increase the heat produced by excessive tissue combustion." In fever, according to this view, there is interference both in the constructive and destructive changes that are produced by the cells in matter brought in contact with them, which is caused by disturbed nervous influence.

Dr. Landerer, of Leipsic, has recorded what he calls a new "mechanical" theory of inflammation. While the few remarks he has made on this subject do not make a theory, his idea appears to be well worthy of recognition and one step nearer a solution of this very important problem.

Dr. Landerer reasons from the normal blood-pressure on the capillaries, and says that the vessels would not be able to retain their contents in health, were it not for the supporting pressure of the surrounding tissues.

When inflammation takes place, these structures are the first to lose their elasticity, become weakened and unable to exert external pressure on the capillaries. The vessels then lose elasticity; their coats become thinned by internal pressure, and blood exudes into contiguous enfeebled parts.

In connection with this subject I wish to mention the importance of inflammation as a factor in the causation of the pyrexia of many fevers.

In studying the diseases into which it enters I find it hard to draw the line between recognized cases of inflammation and fevers. It may be, if we were able to determine the nature of the origin of fever and of inflammation, that the phenomena of the latter would be found



to be the cause of the former. In nosology the diseases ending with the suffix "itis" are all recognized, barring lobar pneumonitis, as of the inflammatory kind; but I do not believe that the limits of inflammation as the cause of the pyrexia of many of the fevers have been extended sufficiently.

The general tendency of the profession, at times, is toward theorizing, and this habit may have led to the view that lobar pneumonia is no longer a process of inflammation. Is it a fever? This view seems far from being accepted by the profession generally, as there are many close observers who regard the phenomena of lobar pneumonia that are going on in the lungs as an inflammation. It may be, if the same amount of thought had been expended, by those who regard lobar pneumonia as a febrile condition, in viewing it as an inflammation rather than a fever, much more good would have been accomplished. But the minds of medical men are sometimes directed by the dictates of fashion rather than by deliberate individual judgment.

The chief reasons given by those who regard lobar pneumonia as a fever are: (1) The initiatory chill. (2) The rather typical course it runs. (3) A definite duration and symptoms following in regular sequence. (4) The deposits in the lungs may disappear without the formation of pus.

On the same principle, would it not be as well for its advocates to regard boils and acute abscesses as fevers rather than inflammations? These affections have chills, rather typical courses, and abrupt terminations. The relief from pain and fever following the bursting of a boil or an acute abscess has been equally as sudden as the crisis of a lobar pneumonia, and who would regard these affections as fevers?

In acute lobar pneumonia the deposits may disappear without the formation of pus. This is quite in accord with the laws governing boils and acute abscesses. If the deposits are let out early enough, there will be no pus formed, and the disabled tissues will soon regain their normal functions. It may be well to inquire how far inflammation enters into the causation of the pyrexia of typhoid fever,

of scarlet fever, of measles, of parasitic diseases, and of many of the disorders of the cerebro-spinal nerves and their ganglia.

May it also be present in malarial affections and in other disorders of the sympathetic nervous system that give rise to fever?

How else can we account satisfactorily for the enormous size that the spleen often attains and the catarrhal affections of the stomach in malarial disorders?

In viewing the pathological phenomena of typhoid fever it is hard to understand the nature of the changes that take place in various tissues and organs without bringing to our aid the process of inflammation. The enlarged spleen with its deposits, the kidney and liver disorders, the ulceration of the gall-bladder, the vegetations on the valves of the heart, the adhesions of the dura mater to the cranium, the catarrhal affections of the larynx and bronchial tubes, the pneumonias, the early catarrhal disorders of the intestinal mucous membrane, the ulceration of Peyer's patches, and other glandular structures in the alimentary canal are more than suggestions of inflammation being an important factor in the disease.

When we come to examine the pyrexia of typhoid fever in its relation to the intestinal lesion, we find that the intestinal lesion corresponds in severity to the increase of temperature.

In the causation of the pyrexia of measles and of scarlet fever the catarrhal affections of the throat and bronchial tubes are important factors.

In parasitic diseases inflammation is also present in giving rise to the pyrexia, as may be seen in trichiniasis.

In inflammatory diseases of the nerve-centers and after division of the cervical sympathetic nerve the highest temperatures have been recorded. Viewing the phenomena of pyrexia from these premises, the most logical deduction would be that inflammation was the cause of the pyrexia, and the greater the nerve lesion the greater the pyrexia.

Pyrexia, then, does not appear to be governed so much by the extent of surface in which inflammation is going on as by the nature and extent of nervous tissue involved.

This view is borne out after the amputation of a large limb (for example, the thigh), where no great amount of nervous matter has been wounded; the temperature has never been so high as in certain forms of inflammation of the spinal cord, showing clearly that the increase of temperature is governed by the inflammatory changes going on in nervous structures.

Should the germ theory of disease, on more mature investigation, prove to be well founded, the disturbance produced in nervous tissue by the presence of microbes will be recognized as the chief factor in giving rise to inflammation of the idiopathic kind. The difference between idiopathic inflammation and that due to external injury can not be well defined. The cause only is different. In the former inflammation is due to the presence of germs in the tissues disturbing the process of nutrition, and in the latter to force applied externally, its impress being transmitted to internal tissues, giving rise to phenomena of the same character as that due to the microbes. As to the nature of the origin, or the tissue that first resents the cause, of inflammation, very little is known beyond surmise.

The theory received most generally is that it is due to the morbid influence acting primarily on the nerves that govern the process of nutrition.

The primary cause, whatever it may be, whether taken into the tissues in the form of microbes, or as force applied externally, is always followed by inflammatory phenomena, differing only in extent and kind with the nature of the part involved. Inflammation, then, may be considered an exaggerated process of destruction and repair—destruction in breaking down and casting off morbid matter, repair in closing up the breach in the tissues—which should receive kind aid rather than combative procedure.

Do not understand by these remarks that I would be content to stand by and refuse to open an abscess, and thus allow much healthy structure to become involved; some useful organ to be impaired, or perhaps destroyed, by the effort of nature to rid the tissues of morbid matter. On the contrary, I would

assist the conservative process by the best means known to science in restoring the part and system to health.

LOUISVILLE.

### POST-PARTUM HEMORRHAGE.\*

BY T. B. GREENLEY, M. D.

There is, perhaps, no condition of a patient which calls for more prompt assistance from the physician, or more excites his apprehension as danger, than a case of sudden and profuse flooding after childbirth. There is no time to consult authorities or to procure assistance, but we are left entirely dependent on our own knowledge and resources. Should we be slow to act or ignorant of the proper means to arrest the flow, a life will be chargeable to our account. Fortunately, through the genius and researches of our predecessors, we are enabled by prompt action to save a very large majority of cases. Within the limits of this paper it will be impossible to go into the details of the treatment of *post-partum* hemorrhage, for I can only allude to it in a very cursory manner, my main object being to give a condensed history of a few cases. *Post-partum* hemorrhages are classed as primary and secondary, and may result from various causes. Dr. Erich, of Baltimore, has subdivided the primary cases into those occurring in a contracted state of the womb, and those occurring in a relaxed state of the organ. The causes in the latter condition are retained placenta, clots, and inertia of the womb. The placenta may be detached or adherent. In either case the hand should be slowly introduced into the vagina, when, if detached, it may be found partly expelled, or lying just within the cervix. The organ should be grasped and brought away, together with any clots that may be present. Should the placenta be adherent, the hand should be passed up and with the finger-nails carefully detached; and as soon as it is loose, keeping the hand above, use gentle friction against the body of the womb, the other hand grasping the organ through the parietes of the abdomen and making counter-pressure. As a rule, the womb will soon contract and gradu-

\*Read before the Kentucky State Medical Society, June, 1886.



ally expel both the placenta and the hand. Fluid extract of ergot should be given hypodermically, injecting it well below the skin in order to prevent formation of abscess. And it would be advisable in cases bordering on collapse to inject it into the body, as in those cases the circulation is very feeble in the arms. Perhaps the most dangerous and fatal cause of flooding is inertia of the womb. A case of this character requires bold and prompt action on the part of the accoucheur. The organ is soft, and can scarcely be felt through the walls of the abdomen. One hand should be passed well up into the womb, and with the other firmly grasp it through the parietes, and use due pressure and thorough manipulation between the hands. Should contraction fail to take place, then a lump of ice carried into the womb, hot-water injections, tincture of iodine, tincture of iron (Monsel's solution), may be used in rotation. In using injections the nozzle of the instrument should be carried well up to the fundus. In using tincture of iodine, it should be diluted with whisky and an addition of iodide of potash to prevent deposit of iodine on the lining membranes. Monsel's solution should also be diluted with water. Vinegar has also been used successfully in such cases. Prof. Penrose claims it to be among the best remedies, and hardly ever fails to arrest the flow. A small Gaiffe's battery has been used successfully where other remedies had failed.

Dr. Erich, of Baltimore, states a case wherein all the means at his command had failed, when he resorted to the use of Potter's bag applied over the womb to produce compression, and Braun's kolpeurinter to tampon the vagina. The pressure brought to bear by these means arrested the hemorrhage. In this case there seemed to be complete paralysis, and the patient presented the appearance of collapse. He also used atropia hypodermically with benefit. In cases where the hemorrhage is internal the clots should be turned out and the hand allowed to remain, producing pressure and counter-pressure with the other hand as in retained placenta. It has been objected to by some to turn out the clots, as they may serve as a stimulus to bring about contraction, and

at the same time to prevent further flow, but most authors advise emptying the organ and using compression.

The causes which produce hemorrhage, when the womb is in a state of contraction, are rupture of the vagina, rupture of the cervix, the perineum, and the womb itself; also inversion, and the formation and rupture of a pudendal hematocoele. The diagnosis of all these is plain, and the use of styptics indicated. There also may be rupture of an intra- or sub-peritoneal vessel of the uterus, causing severe hemorrhage. Fritsch reports a case wherein death resulted from rupture of a uterine vein. In such cases but little can be done aside from injection of ergot and a resort to laparotomy. Cases of this character fortunately are rare. We occasionally see a case where there is more or less oozing from the womb, although it may seem to be pretty well contracted, which, if kept up long, tends to prostrate the patient. This condition may be relieved by swabbing out the organ with vinegar, or, as recommended by some, Monsel's solution. There is objection to the iron on account of its tendency to form thrombi, which, if retained, may become septic, and being absorbed result in septicemia. Tufts of placenta may adhere to the womb and cause dangerous hemorrhage, as in a fatal case reported by Prof. Lusk. These can be removed by the finger or a dull curette. The causes of secondary hemorrhage are retention of firm clots, portions of the placenta and membranes, and insufficient contraction of the womb from debility. Relaxation of the organ is a common cause. We may also have inversion of the uterus, polypi, etc., all of which should be treated on general principles. Aside from local causes, we may have general or constitutional causes, such as hemorrhagic diathesis, debility, as the result of impaired health, connected with pregnancy. These conditions should be attended to, previous to confinement, by tonics, nutritious diet, etc., and guarded against at the time by the use of efficient prophylactic means.

I will now report a case illustrating the characteristics in each of the several conditions wherein we frequently have *post-partum*

hemorrhage, with some unusual phenomena accompanying two of them:

CASE 1. Mrs. B. was delivered of second child in September, 1868. Labor was natural and easy. I had removed the after-birth and applied the bandage, seen the baby attended to, waited an hour, as is my custom, and ordered my horse, to leave, when I was called hurriedly to her room, and found her flooding profusely. This was arrested by pressure and application of cold. I remained with her until all symptoms of flooding had ceased, and reaction was thoroughly established. In this case I regarded the cause due to a cup of hot tea, and the removal from the lounge to the bed after I left the room, she, no doubt, erecting herself unduly. She had no further trouble, and recovered in due time.

CASE 2. Was called to see Mrs. C., in 1872, aged twenty-seven, primipara. Labor natural and not unduly prolonged. Placenta expelled in reasonable time, and womb apparently well contracted. Up to this time we had no premonitory symptoms of hemorrhage. She expressed herself as feeling quite comfortable; but in less than fifteen minutes she was gaping and sighing, and complained of dimness of vision and faintness. Found her pulse feeble and quick, with enlarged abdomen; no escape of blood externally. We had a case of internal hemorrhage. After lowering her head I proceeded immediately to empty the womb, and in the ordinary way to excite contraction by friction with my closed hand in the womb, and counter-pressure with the other hand externally. I also passed a lump of ice into the organ.

The womb soon contracted and the hemorrhage ceased. She made a favorable recovery. I was unable to determine the cause of flooding in this case, as she was in good health during her pregnancy, and, as before remarked, had a normal labor.

CASE 3. Mrs. B., same as first, confined in July, 1872, with her fifth child. She was attended by a neighbor doctor, and I was sent for hurriedly on account of severe hemorrhage. When I arrived she was pulseless and blanched from loss of blood. The *doctor* informed me that her "labor had been all right, but that

he could not get the after-birth." She had fainted several times, and at times was blind, also troubled with nausea and vomiting. I had her head lowered, and after injecting morphia and atropia in her chest (the circulation in the arms being too feeble to absorb), in order to support the action of the heart and lungs, I proceeded to extract the placenta. Not finding the cord, I inquired of the *doctor* what had become of it. He said he had pulled it off in his endeavors to extract the after-birth. I now passed my hand into the womb, and found neither cord nor placenta, but an hour-glass contraction. The placenta was completely chambered in the fundus of the womb; and if I had not been assured by the *doctor* that it had not passed, I probably would have come to the same conclusion of a doctor in a neighboring county, who, under like circumstances, asserted there was no after-birth, although he had a cord to guide him to its resting place.

In my case the aperture to the chamber above barely admitted my index finger, which I introduced, and by gradual dilatation finally overcame the contraction and brought away the placenta. The organ was adherent to the fundus, and very probably, if a contraction had not formed on it, the efforts of the *doctor* in its extraction would have produced inversion of the womb. By compression and use of hot-water injections contraction was effected, and the hemorrhage ceased. I remained with her all day, and by use of stimulants and nourishment she rallied by night. She recovered in due time.

CASE 4. June 8, 1884, I was called to see Mrs. R. in her second confinement, the first resulting in twins. The labor was entirely normal and of ordinary duration. I had taken the placenta, bandaged her, and was attending to the child, when she commenced complaining of pain. Attributing her pains to contraction, I, as usual in such cases, gave a dose of morphia; but it had no effect, and in half an hour repeated it, which also had no effect. The pains were now as severe as those of labor, and regarding her condition as somewhat unusual I made examination. Found her pulse quick and feeble, with pallor of countenance. I was



now confident she had lost a great deal of blood, although there was no external sign. On palpation of abdomen, found it greatly enlarged and firm. Putting her slightly under the influence of chloroform, I introduced my hand into the womb with the intention of turning out the clots, but found hour-glass contraction just above the cervix. This contraction was so complete as to present an unbroken partition between the neck and body of the womb. The opening being found, I insinuated my finger and gradually dilated the contraction until I was enabled to pass my hand up, when I turned out about a half gallon of clots. The womb immediately contracted, and forced my hand out, and that was the last of the pain as well as of the hemorrhage. The patient now soon succumbed to the sedative influence of the morphia previously given, and enjoyed several hours of calm repose.

Hour-glass contraction under the circumstances attending this case must be of very rare occurrence, though it frequently happens previous to the expulsion of the placenta. I think, however, that in the latter cases it is the result of neglect in allowing the secundines to remain too long without extraction. In these cases we can readily see how an hour-glass contraction can supervene; but when the womb is entirely empty, or nothing but lately effused blood to act on, it is not so easily understood how this condition takes place. In cases of nates presentation, where the head is sometimes retained in the lower segment of the womb, holding the circular fibers of the cervix in a state of extension so long as to produce partial paralysis, we can easily account for the earlier contraction of the fibers of the body of the organ; but in the case I met with we had a vertex presentation. It might be accounted for on the hypothesis of blood-clots forming in the fundus and remaining there and none in the cervix; but such a state of things could hardly take place except in an extremely relaxed organ, where the head is lower than the hips. The blood of course is fluid when it first enters the womb, and would gravitate to the most dependent part before it coagulated; then it would seem impossible it should confine itself to the body of the organ.

We could hardly imagine a case of hour-glass contraction in an empty womb; therefore, the supposition is that the blood must have been present when the contraction ensued. The common form of hour-glass contraction is upon an adherent placenta. This may be in the fundus or on the side of the body. The cases which have come under my observation were those where the placenta was attached near the fundus. We might account for a case of contraction where the placenta had been separated and allowed to remain in the cervix an undue time with hemorrhage, the fibers at the junction of the body and neck contracting; but in my case the placenta, as before remarked, had been delivered in due time, and before any contractions supervened sufficient to cause pain, and when the bandage had been applied and the womb apparently contracted down.

CASE 5. This was a case of secondary hemorrhage occurring in a multipara, third labor. She was twenty-eight years old. I was called to see her August 3, 1881. Her labor was natural, secundines removed entire, and she presented no untoward symptoms until the 17th, when I was hurriedly sent for, the messenger stating she was bleeding to death. When I arrived at the house she had fainted from loss of blood, and was nearly pulseless. Her mother was thoughtful enough to lower her head. By the use of hemostatics and stimulants I was enabled to check the blood and bring about reaction in a short time. Her child was two weeks old, and she felt so well that she was up about the house, and on the evening the hemorrhage occurred was out in the yard, which exercise, no doubt, was the immediate cause of the flooding. She fainted and fell in the yard from loss of blood. I saw her every day for one week, and by the use of proper nourishment—the principal part of which was milk—she rallied and felt strong enough to sit up, and expressed a desire to do so, but I cautioned her that it would not be safe to do so for several days. When I left her on this day I told her I would not return unless sent for. But the night following a messenger came in great haste, stating that Mrs. C. was dying from a second hemorrhage. I hastened to her bedside and found her pulse-

less and completely pallid. I now thought she would certainly die before reaction could be established. On examination found blood still oozing from the womb. Used tampons and exhibited ergot, stimulants, and nourishment, as well as warmth, etc., to her extremities. It was nearly twenty-four hours before reaction ensued, so that the pulse could be felt at the wrist. At this critical period I had my friend, Professor Bolling, of Louisville, sent for. In order to arrest oozing we injected tinct. iodine and carbolic acid, diluted with glycerine, into the womb, which had the desired effect. She now gradually improved until Monday night, 29th, when she had a very severe chill, succeeded by high fever. The second hemorrhage occurred on the 23d. She had no excess of temperature from the time of the first flooding, on the 17th, up to the time of the chill on 29th, but after the chill her temperature rose to 104.5°, but by midnight fell to 98.5°. She continued to have diurnal paroxysms of fever, notwithstanding the free use of antiperiodics and antipyretics, etc., until September 8th, when she died at 10 o'clock.

I regarded this case as one of unusual occurrence. She was a woman who had enjoyed very good health—rarely sick except at lying-in times. In searching for a cause for the peculiarities of her case, I found that the house—being constructed of logs and very ancient—had settled down, by decaying of the sills, until the sleepers were buried and the floor resting on the ground. The house was not guttered, which allowed the eave water to settle under the floor, producing dampness and mildew. She had taken the room on this floor, a few weeks before her confinement, for her bed-room, and continued to occupy it during her lying-in period. I have no doubt that the fever was the result of malarial influence acquired during her occupation of that room. Those of the family sleeping in the adjoining room were also affected with intermittent fever. I am also of the opinion that the impress of malaria on her nervous system predisposed to the hemorrhage.

In regard to the case of hour-glass contraction after the delivery of the placenta, I have been unable to find a case similar to it recorded.

In fact, Meigs says this condition never occurs after expulsion of the after-birth.

As it respects the propriety of emptying the womb in cases of retained hemorrhage, I have been unable to find any author who speaks of it at all, but advises it done. I have consulted Barnes, Lusk, Playfair, Cazeaux, Gooch, King, Merriman, Milne, Elliot, and Meigs, all of whom say turn out the clots. Bedford, Landis, Chailly, Smellie, and Tanner do not give any advice on the subject.

WEST POINT, KY.

## REPORT ON SURGERY.\*

BY M. T. SCOTT, M.D.

The advisability of laparotomy for non-traumatic peritonitis has its ardent supporters as well as its pronounced opponents. Tait tells us that for years he has not allowed a patient to die with this disease without extending the chances for recovery offered by abdominal section. Under such circumstances he has opened the sac forty-four times. All but three of his patients have recovered.

That no such statistics are offered by any other treatment, we must all admit. Whether or not a patient is to recover, when operated on under such circumstances, depends, in great measure, on whether or not we can remove the cause for the operation.

Subacute peritonitis has of late been most successfully treated by incision and drainage. Just as we treat subacute pleurisy with distension by the partial removal of the fluid, thus removing pressure and favoring absorption, so we are taught to apply the same principle to the abdominal sac.

Caillè, of New York, has resorted to the same means to draw off the constantly accumulating ascites dependent on hepatic cirrhosis. It is by no means unlikely that this will soon be the accepted treatment for this most distressing symptom.

The valuable contributions of Dennis and Bryant to the literature of penetrating abdominal wounds, have recently drawn renewed attention to this most important topic. Until we can more accurately differentiate

\*Read before the Kentucky State Medical Society, June, 1886.



simple penetrating wounds from those that are complicated by visceral lesion, professional opinion will be divided as to the propriety of using the knife.

The modern improvements in fire-arms render visceral lesion so vastly probable, that at no distant day the rule will be to do laparotomy for all penetrating gunshot wounds. A round ball discharged from the old smooth-bored weapon was far less calculated to do visceral mischief than a conoidal ball hurled from a rifled arm. The former might evade a viscus; the latter scarcely can. Statistics bearing on gunshot wounds should always state the character of weapon and ball.

Otis, in that valuable compilation of statistics, the *Medical and Surgical History of the War of the Rebellion*, tells us that gunshot wounds of the small intestine are always fatal. Let us not, then, be hindered by medico-legal complications and quibbles in offering to a man shot in the intestines the only chance for recovery.

Abdominal stab-wounds admit of much more conservatism than the latter class of injuries. Recoveries are so frequent under medical treatment, that we are not justified in resorting to so serious an operation unless marked symptoms of complication exist.

Lawson Tait's quaint remark, when asked for an opinion on some obscure pelvic growth, "Cut her open and find out," will scarcely prove the rule for action in all penetrating abdominal stab-wounds.

Laparotomy done for perforating wounds has a four-fold object, to wit: (1) Establishing diagnosis. (2) Repairing breaks in continuity of organs. (3) Arresting hemorrhage; and (4) Removal of extravasated and extraneous matter.

How many deaths from traumatic peritonitis, attributed to shock, are really due to concealed hemorrhage will never be known. Let us trust that the time will soon come when the conscientious surgeon can complacently fold his arms and say, "There is no hope—internal bleeding has occurred." Statistics, science, and humanity will demand surgical interference to rescue the sufferer from this by no means necessarily fatal condition.

Gastrostomy for the removal of foreign bodies, and as a means for locally treating esophageal strictures near the stomach, is now recognized as a justifiable procedure.

Billroth's operation for the removal of carcinomatous pylorus will scarcely commend itself to the prudent operator until we can by improved diagnostic powers more accurately determine the relation and attachment of the neoplasm and the non-existence of secondary deposits in other viscera. Gastrostomy, too, for structural change, non-malignant in character, has received recognition; done merely to prolong, for a short time, the life of one suffering from non-removable carcinoma, it can never receive the sanction of conservative surgery. America may well congratulate herself that such operations, entailing immense risks without hope of permanent benefit, have all been done by European surgeons. We may well ask ourselves if notoriety and curiosity were not more potent incentives than any possible good that might accrue to the victim. Under such circumstances discretion would surely prove the better part of valor. Ingenuity has devised every form of operation on the abdomen and its contents.

Pyloric obstruction has been circumvented by attaching the stomach to the duodenum (gastro-duodenostomy).

Duodenostomy, or the making of a fistulous opening into the duodenum, excludes the stomach from the economy, while it retains the biliary and pancreatic secretions for the purposes of digestion. The universal failure of this operation will, let us trust, preclude its further performance. Theoretically, as well as practically, the operation seems contra-indicated. Organic changes of a sufficiently grave character to suggest the operation would most likely be malignant, and would have caused such serious structural changes as to render the secretions of these organs either nothing or so perverted as to be valueless in the economy.

Similar attempts on the jejunum and ileum have been so uniformly fatal as to be incompatible with the aims of a true surgeon, whose province and high privilege it is to alleviate suffering, and not do hopeless vivisections.

The surgery of the spleen has of late thrown much light on the function of this singular ductless viscus. Splenectomy, done for the relief of leukemia, has been, with one exception, fatal. Unquestionably the peculiar blood state has much to do with the fatality of this operation, for we find that the same procedure, resorted to for local injury or lesion, is about as successful as the same operation for systemic disease is fatal. Splenectomy has shown that the organ is not essential to life; that its removal is followed by a temporary leucocythemia, until by compensatory growth the thyroid gland, together with the medullary structure of bone, has assumed the task of converting white into red blood corpuscles.

Hepatic and other abdominal abscesses have been successfully treated by laparotomy. It is to-day the recognized procedure for the relief of pyosalpinx. Mesenteric tumors, as well as retro-peritoneal, and growths in the greater omentum, have been successfully attacked.

Nephrectomies and nephrotomies are done by abdominal section when the growth is too large to be amenable to the usual lumbar operation.

Laparo-colotomy has been ingeniously modified by Madelun. This operator advises that the colon be cut entirely across. The upper section is drawn out and attached to the skin; the lower segment is invaginated and completely closed, so that the irritating intestinal contents can not reach the carcinomatous condition, which nearly always calls for the operation.

Subcutaneous lacerations of the intestine, either as the immediate or secondary result of traumatism, have recently been raised from undeserved obscurity. This condition forms a dark chapter in the history of our art.

Chavassè has tabulated one hundred and forty-nine cases of intestinal rupture due to abdominal injury. All but six have proved fatal in a short time, death being due to perforative peritonitis. The above statistician advises the performance of laparotomy, done for the same four-fold purpose as that mentioned under perforating wounds, namely, the reparation of breaks, cleansing sac, arresting hemorrhage, and establishing diagnosis, the obscurity of which constitutes the great obstacle to the surgeon contemplating this operation. We

are told that the most prominent symptoms of perforation are collapse, vomiting, rapid and wiry pulse, thoracic breathing, and absence of liver dullness. These symptoms are common to so many conditions involving shock and abdominal injury, that they are in nowise pathognomonic. Absence of liver dullness will not exist if the organ has been bound to the abdominal parietes by previous perihepatitis. It is a self-evident fact that if a rupture into the sac exists, no hope other than laparotomy exists. Intestinal obstructions dependent on foreign bodies within the gut, interstitial intestinal tumors, internal hernia, invagination, intussusception, volvulus, and extrinsic pressure often call for laparotomy.

Statistics of operations done for any of these conditions will improve when the medical man learns sooner to turn the case over to the operator, and not wait until the last ray of hope has been extinguished. Laparotomy is indicated when the acute diagnostician can determine the existence of a diaphragmatic hernia.

Operations done for the removal of gall-stones have in some hands proved eminently successful. Lawson Tait has done cholecystotomy twenty-one times without a death. Time will not permit even a brief review of the operations on the various other abdominal organs, such as liver, kidney, pancreas, uterus, ovaries, fallopian tubes, and urinary bladder.

Tait is a pronounced disbeliever in antiseptics; his toilet of the peritoneum is done with pure, preferably distilled, water. He uses no Listerism, but enjoins the most scrupulous cleanliness. The abdominal wound is dressed with dry absorbent cotton, neither carbolated, sublimated, borated, or otherwise antiseptic. He says, "My fear of germs has steadily diminished, so that if I could find them in sufficiently large quantities, and found them dry, elastic, and absorbent, I would willingly stuff my pads with them instead of wool."

Practical and experimental surgeons have not been slow to extend the limits of cocaine anesthesia.

No new remedy that has ever been discovered has met with such immediate and universal favor.

In cocaine we have a remedy which, when



applied to a mucous membrane, always penetrates its epithelial structure and, reaching the coats of the blood-vessels, produces rigid contraction of their muscular fiber, and thereby causes a marked diminution of their caliber. Theory would therefore indicate its use in the first stage of inflammation. Bosworth has shown its great utility in the treatment of acute coryza. Applications to the Schneiderian membrane are accompanied by marked blanching and its characteristic anesthesia.

Rhinologists are loud in their praises of its wonderful virtues.

Bosworth tells us that if called upon to give up either cocaine or the remainder of the pharmacopeia, he would unhesitatingly retain the cocaine.

Otis has ingeniously contrived a plan by which painless circumcision can be performed; he injects under the preputial fold three or four drops of a six-per-cent solution. This little operation is repeated until a circle of blebs is formed around the cervix. He then draws the prepuce forward, and makes a similar subcutaneous ring of injections. The redundancy of tissue can then be painlessly removed anterior to the zone of cocaine injection.

Cocaine is used to benumb the urethra for various operations, such as the introduction of sounds, bougies, and catheters, internal urethrotomy, etc. A personal observation of its use for such purposes has convinced me of its utility. I have repeatedly noted a marked coolness and diminution in size of the dependent portion following the injection.

On one occasion a urethrotomy caused very slight bleeding at the time, but was followed, in the course of an hour, by quite a troublesome hemorrhage.

It seems reasonable to attribute this to the primary astringent action of the drug. Cocaine diminishes the caliber of the urethra. I have not succeeded in passing so large a sound after the use of cocaine as without it.

The profession is indebted to Corning for methods of restricting cocaine anesthesia to the immediate field of operation; by this means many of the larger operations have been successfully done.

By tourniquets, bandages, and compressing

rings, we are able to prolong complete insensibility almost indefinitely with much lower per cents than heretofore used. The thigh has been amputated, supra-condyloid osteotomy and resection of the head of the femur have been painlessly done.

Tumors, abscesses, felons, and ingrown toenails are, in many instances, amenable to the benign influence of this new discovery.

The thorough examination of the more painful fractures and dislocations has been much facilitated by cocaine anesthesia in injured regions. Pharyngeal cocaine atomization has, in one instance at least, mitigated the horrible dysphagia of hydrophobia.

Alexander's operation for extra-peritoneal withdrawal and shortening of uterine ligaments through the inguinal canal, as a mechanical means of relieving procidentia uteri, is at present most warmly discussed, both favorably and adversely. Careful gynecologists will rather side with Emmet, who believes that practically as good results can be accomplished without subjecting the patient to such questionable risks. Polk views the operation with much favor.

LEXINGTON, KY.

## REPORT ON OTOLOGY.\*

BY J. MORRISON RAY,

*Demonstrator of Ophthalmoscopy, Laryngoscopy, and Otoscopy, in the University of Louisville.*

During the past year otology has kept abreast with advances made in other departments of our art. No great things, it is true, have been accomplished, but valuable additions to our therapeutic and clinical resources have certainly been made. Some new ideas have been advanced, but have not yet had sufficient time for their proper estimation; some old methods have been revived, and may again become the fashion. Notably among these is the operation of incision of the drumhead in the treatment of certain cases of persistent catarrhal deafness. Sir Astley Cooper has been credited with having introduced this operation, but Riolanus had performed it nearly one hundred and fifty years before the time of Cooper. Its application as a thera-

\*Read before the Kentucky State Medical Society, June, 1886.

peutic measure in the treatment of cases of deafness was first made by Eli, in 1760. Its indiscriminate use, however, naturally soon brought it into disrepute, and for years it was seldom used. Gruber has in recent times advocated multiple incisions in the treatment of progressive catarrhal deafness. In the Medical Record of January 23, 1886, Dr. W. H. Bates revives this method, and reports four cases in which he practiced it with good results. His description of the method is as follows: "The operation consisted in puncturing or incising the drum membrane in from five to ten different places. Simple punctures were made, or the drum was slit in various directions. The operation was repeated as soon as the opening in the drum membrane had healed. The size and freedom of the incision must be determined after the first operation for each case." As to the results of this treatment, he says this "innovation," which has given results as unexpected and satisfactory to me as to the patient, may be fairly presented for future indorsement. At the last meeting of the American Medical Association, Dr. Bishop, of Chicago, reported twelve cases in which he had incised the membrane for the cure of deafness. The cases, however, did not appear to have been well selected, as several, from the symptoms and tuning-fork test, seemed to be cases with at least labyrinthine complications.

After a thorough review of this subject, I must repeat what I said in the discussion of the paper of Dr. Bishop, at St. Louis. My personal experience, which has been that of Schwartze and Von Troltsch, of twenty years back, leads me to say, "that, among the many reports of favorable results from this operation, none of them can be said to give sufficient evidence of its real value unless the patients have remained for a long time under observation after the operation."

Another operative procedure on the drum membrane, that has been advocated during the past year, is the division of cicatrices in the structure in cases of chronic otorrhea, where the membrane has healed and the perforation closed. Prof. Politzer speaks favorably of this procedure. Mr. Bendelack Hewetson reported two cases in which the results were most encour-

aging. He says: "I feel quite sure that although this treatment is really only in embryo, the records of two cases are of interest. . . . My fear, however, is that there will be a tendency to after-contraction and return of the deafness."

The mechanism of these operations is quite apparent and rational. In old cases of catarrhal deafness, the drumhead becomes relaxed. The proper tension necessary to keep the chain of ossicles in their normal relationship is lost. The cicatrization following the multiple incisions relieves this relaxation, and the proper tension is again established. In those cases where there has been suppuration, and in the healing process, the drum-head has adhered to the inner wall of the cavity, the excursions of the long arm of the lever of the bony chain becomes limited, and the incisions are made to free this and allow the proper motion.

The varied aspects in which syphilis affects the ear is a question of much interest. Mr. Edward Woakes considers its influence as a factor in the maintenance of persistent otorrhea. He states the principal diagnostic features "to be corresponding lesions in both ears, with limited caries of the fundus, which does not yield to the dilute sulphurous-acid treatment. The diagnosis of these cases is of importance, for without specific treatment they will not recover. It has been suggested that in cases of persistent chronic suppuration of the middle ear in children, inherited syphilis is often the cause of its chronicity, and that the intelligent use of mercury alone, or combined with potassium iodide, will bring about a speedy cure. A case kindly sent me by Professor Cottell bears on the question. Mrs. X. had chronic ear trouble for several years, the hearing distance being reduced to  $\frac{6}{48}$ . At times tinnitus was very annoying. The ears have been treated by several otologists without availing much. Two months ago she became infected with syphilis, and when I saw her, April 2, 1886, she had a well-marked secondary eruption. Since its appearance the ear trouble has been much worse, and there is pharyngitis, with mucus patches in the mouth. A diagnosis of catarrhal inflammation of the middle ear was made out. The prognosis was



guarded, but treatment advised. Dr. C. had placed her under the proper treatment for her constitutional disease. In two weeks the ears had greatly improved, and at the last examination all noises had disappeared and the hearing was perfect. The constitutional treatment must have been an important factor in bringing about so favorable a result in this case.

The influences of malaria on ear diseases have been studied by Dr. O. D. Pomeroy, who, having secured the opinions of prominent men in different parts of the country, and made a thorough analysis of them, concludes that, while malarial ear diseases do not exist, the malarial poison exerts a modifying influence on the cause of pre-existing ear disease.

Dr. Burnett reports several cases of hernial protrusion of the mucous membrane of the middle ear through a perforation in the membrana tympani. A case much resembling those reported came under my care. The patient, a male, aged fifty-six, had an attack of earache after an exposure during the early winter. The membrana tympani ruptured, and suppuration has been going on since, notwithstanding it has been vigorously treated. The hearing distance was reduced to  $\frac{3}{4}$  ft. On inspection I found a round perforation situated below and behind the tip of the handle of the hammer. Through this projected a reddish mass. On inflation, air and pus bubbled through the opening around it. It was not large enough to grasp with the snare. I informed the patient that there was a polypus in the ear, and that its removal was necessary before the ear could be restored to a healthy condition, and ordered a solution of boric acid, alcohol, and water. In two days the patient returned, when I found the mass had disappeared, and by inflation nothing could be made to protrude through the perforation. I ordered boracic acid, in fine powder, to be insufflated daily; and in a month the discharge had ceased, leaving a small circular perforation in the membrane. The prompt disappearance of this mass surprised me. I had seen small granulations disappear under the application of alcohol, but never one so large as in this case, and my only explanation was, that the supposed polypus was a prolapse of the mucous-membrane covering of the promontory.

Dr. Burnett read a paper, before the American Otological Society, on the relation between chronic otitis, media-catarrhalis, and chronic rhinitis. In a country where the latter disease is so prevalent as in the Mississippi Valley, the frequency with which incurable cases of deafness are met with can be easily understood. Cases of obstruction to free nasal respiration, or the so-called mouth-breathers, almost invariably suffer from dulness of hearing. This is due to the fact that the normal balance of air-pressure on the two sides of the membrana tympani is destroyed and its free vibrations interfered with, or the disease extends to the delicate contents of the drum cavity, there often giving rise to permanent pathological changes. My own observations allow me to state that excellent results are obtained from prompt surgical treatment of the nasal stenosis by means of the galvano-cautery.

Dr. Roosa, in 1885, proposed the term, *presbykousis*, to designate the hearing of old persons. He says "it is produced by a physiological or senile rather than a pathological change in the ear, and for this reason is fairly analogous to *presbyopia*." It is distinguished from catarrhal deafness by means of the tuning-fork. The latter cases hear a vibrating fork relatively better by bone conduction, while the *presbykoustic* hears its vibrations better through the air, thus showing that the condition is due to changes in the acoustic nerves.

A continued report on the examination of the auditory organ of school-children has been furnished the Archives of Otology by Bezold. It will be of great value to statisticians. Children furnish a large percentage of our ear patients, and among the incurable affections of adult life the seeds are often laid in the exanthematous fever of childhood. In closing his report, Bezold makes the following significant remark: "My statistics show that the mental development of the individual suffers a limitation corresponding to the degree that his hearing power is diminished."

New remedies are constantly finding their way into otological practice. When cocaine was first introduced much was expected from it in alleviating the pain of acute ear troubles,

and in operations on the drum-head. It has not, however, been as great a boon to the sufferers from aural diseases as it has been to those with eye troubles. In operations on the auricle and auditory canal, it is valuable as a hypodermic injection. Locally; it is said to allay the pain in operations on the drum. My experience, so far, does not verify the statement. Dr. Baldwin, of Montgomery, reported two cases of myringitis in which it promptly allayed the pain. It is said to act more quickly and surely when injected into the middle ear through the eustachian catheter. Holt claims, however, that the after-effects of its application are prolonged congestion. Burnett and Zeiss recommend a solution of brucine, five per cent, as a local anesthetic. They claim that while it is longer in producing anesthesia, the effects are more lasting than those of cocaine. Peroxide of hydrogen was first recommended and is now extensively used by Landolt, Paris, in the treatment of purulent inflammations about the eye and its appendages. Dr. W. A. Dayton recommends its use most favorably in the treatment of suppuration of the middle ear. He says "it will be found to be a most marvelous cleanser; and if cleanliness is the *desideratum* in middle-ear suppuration, we have a servant *par excellence* in the peroxide." Since this report others of a similar character have appeared, which entitle it to most favorable consideration. I have used it in a number of cases with good results. The active effervescence destroys every particle of pus that may lie beyond the reach of the syringe, and by repeating the application of three or four drops, the fundus of the ear becomes perfectly free from pus accumulations, thus putting it in the best condition for the healing forces to go on.

The glycerite of carbolic acid has been extolled by Mr. Hewetson in acute aural catarrh, especially in that accompanying scarlet fever. I have used it in two cases of acute inflammation with marked relief to pain, and in a case of furunculosis of the canal, following the too free use of hot-water injections, it acted promptly. Boro-glyceride I have tried in chronic suppuration, with negative results. Iodol, the new substitute for iodoform, I have found

to promptly stop acute suppuration, and, being a slight local anesthetic, will supersede to a great extent boric acid in the dry treatment of purulent middle ear disease.

LOUISVILLE,

## ON ORTHOPEDIC SURGERY OF TO-DAY.\*

BY AP MORGAN VANCE, M. D.

What is orthopedic surgery? The general surgeon would answer: The treatment of human deformities by the use of mechanical apparatus. And when an orthopedist excises hip-joints, knees, or ankles, he feels that the orthopedist is infringing on his field.

The orthopedist will answer very differently. He would say it was that branch of surgery which takes into consideration all diseases which tend to produce deformity or crippling; the prevention of deformity as far as possible, from whatever cause; the cure or palliation of the same whenever possible.

Thus you will easily see the magnitude of this department of the surgeon's art. It is really very often difficult to define a line between it and the work of the neurologist, general surgeon, or the practitioner of medicine; as nearly all diseases of bones, particularly about joints, congenital deformities, and those from nervous causes, as well as deformities caused by burns, together with the various troubles of rheumatic origin, may all present conditions requiring his special skill.

To refer to some of the practical points of the subject, I will take up the matter under three heads: Diseases of the bones and joints, congenital deformities and cases of nervous and rheumatic origin, and cicatrization from burns.

First, in the point of frequency, come the diseases of joints, or rather of bones in near proximity to the joints, viz., spinal caries, diseases of the hip- and knee-joints, caries of ankle, elbow, etc. The fundamental indications in the treatment of all cases coming under this head can be easily expressed, viz., mechanical rest to the part, as far as possible absolute and unintermittent, with constant efforts at improvement in general condition, that repair

\*Read before the Kentucky State Medical Society, June, 1886.



rather than disintegration may be established; the special diathesis indicating the medication, struma and syphilis reigning supreme as the causes of chronic traumatism, and cold of acute bone and joint lesions. The differential diagnosis of joint diseases is often very difficult. It is only by a large clinical experience that a man becomes an expert. The mechanical treatment is as varied as there are surgeons. All, however, should aim at the same result—rest, rest, rest. Particularly would I emphasize this in regard to spinal caries. What absurd barbarity is the practice of intermittent suspension in this disease!

Lateral curvature of the spine will properly come under this division, which, though not a bone or joint disease, is a joint deformity. This is decidedly the most unsatisfactory of all deformities to treat—that is, the true or rotary curvature of the spine; the other forms are often remediable when the cause can be removed. I am prepared to state that any treatment, other than gymnastic, applied to these cases, is not only unsurgical, but cruel.

Dr. Sayre, in a recent letter to the New York Medical Journal, in answer to a review of an English work, where the absurdity of the use of the plaster jacket in these cases was referred to, defends his treatment in a very weak way, by reporting a typical case where he knows good was done. The case was one of lateral curvature in a patient some thirty years of age, where a plaster jacket was applied, giving comfort; and soon the patient was unable to go without her jacket. Nothing was said about the cure of the deformity, or its partial correction; simply that the patient had comfort, and liked the jacket very much, and in fact could not stand up without it. If we wish to wed our patients with lateral curvatures to the life-long companionship of a plaster jacket, follow Dr. Sayre's advice and plaster them all. But to divorce them is a different matter, requiring twice the time to get rid of the primarily useless support as they have been wearing it, the most active treatment by electricity and massage being necessary during this whole period. Hence the bold statement, that to treat by apparatus true lateral curvature is cruel and unsurgical, as there is no force

applicable other than suspension by the head that can possibly exert any influence upon the rotated vertebræ.

*Hip Disease.* We understand by this term osteitis of one or more of the bones entering into the make-up of the hip-joint. The same treatment of rest and improvement of the general condition is indicated—the rest to be absolute in the best position for future usefulness. This can be brought about by whatever method the surgeon pleases, either by one or the other of the so-called extension splints, or by some fixed dressing, with high shoe and crutches. Operative treatment, according to the latest statistics, should be avoided, except as a life-saving procedure; but I think, if it is to be resorted to at all, the earlier the better, as will be shown by the following case:

In September, 1884, W. M., aged fourteen and a half years, referred to me by Dr. Bodine, came under my care for hip disease. A diagnosis of central osteitis of the femoral head was made at the first examination. The high shoe on the opposite foot and crutches were ordered, with tonic and supportive treatment. At this time the history of favoring this limb for six months previously was obtained. There was  $\frac{3}{4}$  inch atrophy of thigh,  $\frac{1}{2}$  inch of calf. All the motions were limited, flexion to  $90^\circ$  only being allowed; no glandular infiltration; no sign of abscess or tumefaction about the joint. The crutches and high shoe were used in an imperfect way till January 20, 1886, without pain or any exaggeration of symptoms about the joint, except that the motion became a little less free, and the atrophy increased. On this date acute symptoms appeared in the joint and the limb became fixed in the straight position. The patient was placed in bed, with weight and pulley attached, nine to twelve pounds being used, and a blister was applied over the joint. This treatment soon quieted the pain, and he remained in bed till April 8th,  $1\frac{1}{2}$  inches actual shortening occurring during this period. After a consultation with Dr. J. M. Bodine and W. O. Roberts, it was decided to excise the diseased head of the bone as giving the best chance of relief. The boy was now sixteen,

and in better general condition than at any time since coming under my observation, never having had any pain since the blister was applied. The exploring needle found soft bone at the head of the femur. The operation was done on the above date at the Norton Infirmary.

A crescent-shaped incision, four inches long, was made down to the bone, just back of the trochanter. (At this point I wish to state that there was so little external evidence of disease, that some of those present expressed an uneasiness that I might be cutting into a sound limb.) By rapid dissection the head of the bone was extruded through the external wound, and gave every evidence of extensive disease, which was anticipated by the use of the exploring needle prior to making the incision; the bone from just below the lesser trochanter was removed, disease below was evident, and two more pieces, an inch or more in length, were sawed off, when extensive osteo-myelitis of the femoral shaft as far down as could be reached with the bone spoon, was discovered, the disease being confined to the femur. As there were no preparations made for an amputation the patient was allowed to rally. Forty-eight hours subsequently the whole limb was removed by the following modification of the other methods in vogue: The bone having already been removed subperiosteally sufficiently far down to allow the application of the Esmarch bandage, so that the tourniquet would come above the bone, the amputation was proceeded with by the mixed method; skin flaps, antero-posteriorly, and circular incision of the muscles were made—no bone-sawing of course being required, as the circular division of the muscles corresponded with the upper end of the bone so nearly that the limb slipped away without difficulty.

The boy gradually recovered, having been since four weeks after the operation, under the care of Drs. Buckner and Bryan, of Lexington, Ky. I here show you the bone, which, you will see, is diseased from end to end. The very remarkable feature in the case was the mildness of the symptoms presented in connection with the extensive character of the lesion. Bone-reproduction is taking place

in the stump, the whole of the periosteum having been left in very fair condition. These operations were done under antiseptic precautions.

This amputation, necessitated by the force of circumstances, suggests this method as a safe and practical one in all cases requiring disarticulation at the hip, as it permits the application of Esmarch's bandage, and is a bloodless operation.

The microscopic examination of the medullary matter, by Dr. J. B. Marvin, showed the tubercle bacillus in small numbers.

The operations for the relief of deformities resulting from ankylosis in bad positions at the hip or knee are very satisfactory in their results, complete crippling being very often relieved by a bone section, which is always a procedure of comparatively little danger. In the past year I have done four femoral osteotomies, not a bad symptom occurring in a single case—all healing as simple fractures.

The following is a case which I will designate

*Subtrochanteric Osteotomy (?)*. A young girl came under my observation first in the spring of 1883, giving this history: Two years before she had been attacked with acute pain and evidences of inflammation about the left hip. She was under the care of skillful surgeons in the town where she lived, in a northwestern territory, who repeatedly aspirated a large abscess which formed, the sac being located on the outer side of the thigh. The abscess finally healed, and under tonic and constructive treatment the child gradually recovered, being confined in bed for nearly a year, with weight and pulley attached to the limb, and sand-bags also used to keep the limb in the best position and the joint at rest. Notwithstanding their extreme care, the hip became stiff, as is often the case in extreme adduction; so when she began walking there was a practical shortening of four and a half or five inches, and of course a very marked lateral curvature of spine and obliquity of pelvis.

For the relief of this deformity the parents brought their daughter East, and, after a thorough examination, I advised non-interference, but told them, as they were going further east



to New York and Boston, to see surgeons at each place. They did see Dr. Sayre and some Boston surgeon, who agreed with me that there was bony ankylosis at the hip, and the result was too good to be interfered with. But after three years had passed, and the girl had reached womanhood, the deformities grieved the parents very much, and after communicating with me, who had hinted at bone-breaking as the only chance of correction, they came east again, and on April 16, 1886, the bone section (?) below the trochanter was done as follows: A firm, well-padded block of marble was pressed against the inner side of the thigh as high up as the perineum would allow. A very sharp chisel was pushed through the soft parts, the blade in the axis of the limb, the skin at the same time being drawn forward. When the bone was reached the chisel being turned, was driven through until the hard substance on the opposite side was reached, this was partially divided, the chisel was then slightly withdrawn and directed posteriorly and then anteriorly. Without withdrawing the instrument, an effort was made to complete the fracture by using the block for a fulcrum and the femur as a lever, an assistant fixing the pelvis firmly to the table, the patient being on the right side. This failed, even after great force had been applied, for the reason that the adduction was so great the fulcrum could not be placed opposite the weakened point, but below. Further work by the chisel was then done. The instrument became very firmly fixed, a loud snap being produced when it was moved. All present believed it had been broken, but, on withdrawing it, to our relief all of it appeared. The effort to fracture was repeated, and the bone gave toward further adduction, then very easily, when force was applied, toward abduction. The deformity was completely overcome and the limb was incased in plaster of paris. Not a bad symptom arose during the after-treatment. She was able to be up in a rolling-chair by the fourteenth day, and walked on crutches by the eighteenth, when a lighter tar-board-splint, reaching only to the knee, was substituted for the heavy plaster of paris. At the end of the sixth week she was allowed to

walk without crutches, the limb being restored to a position which let the foot reach the floor; at the same time the pelvis was horizontal. After walking very nicely for a week, using a cane when on the street, the mother noticed a tendency toward the old position when she was tired. Upon examination, to our utter astonishment, we found considerable motion at the hip-joint on this side, which allowed the limb from prolonged habit to drop into adduction. The question arises, were we deceived in thinking the bone was broken, or was the marked deformity corrected entirely by the renewal of motion of what was undoubtedly a fibrous ankylosis, or did I break both the bone and the ankylosis? I lean to the latter opinion, not believing that the deformity could be so easily overcome without a fracture. The fact that the chisel was withdrawn destroyed my guide to what took place at the site of its introduction. As the result is, the patient is much better off, being relieved of the short limb, lateral curvature, with a movable instead of a stiff hip.

Under this head may also be classed the rachitic bone deformities. These cases are rarely met with in this section of country outside of large cities. The treatment by apparatus is very unsatisfactory outside of a hospital, and I advise that cases of bow-legs and knock-knees be let alone until they reach three and a half to five years of age, when in a few weeks, by osteotomies or osteoclases, these deformities can be corrected. A certain number will be cured spontaneously. A common class of cases, often of rachitic origin, but more commonly caused by bad shoeing just before and after the child begins walking, is weak ankles. With proper support to the tarsal arch these cases get well. I have found that by having shoes made to order, with good, firm, wide bottoms, and a specially constructed arch of leather built in them, the result can be comfortably and rapidly attained. In older patients with flat foot, I often divide the peronei muscles, and relieve the case by shoes alone.

Under the head of congenital deformities we have only to consider club-foot, as the so-called congenital dislocation of the hip occurs after birth. The treatment of talipes equino-

varus is very satisfactory; indeed we have no disease to deal with, and the treatment is simply mechanical. The difficulties of treatment lie not in the deformity itself, but in the parents, as a rule, who think it will kill the child to treat its feet. The advocates of traction are very enthusiastic about the results to be obtained by this means alone, while those who favor the addition of tenotomy are just as much so. Some cases can be easily cured by traction alone, but the majority will be more readily relieved by the aid of the knife. A proper tenotomy can do no harm but much good, especially since the advent of cocaine, which enables us to divide a dozen tendons at a sitting without the least pain. The earlier the treatment of these children is commenced the better in every way is the result. Tendon cutting, however, should never be done before the second month; the time before this should be devoted to the varus. After the deformity is completely overcome, the retentive apparatus should be continued indefinitely to insure the shortening by adaptation of the lengthened muscles, or relapses will occur which are more difficult to overcome.

The deformities which have their cause in the nervous system are very numerous, that dread disease, infantile paralysis, being accountable for the vast majority of these cases, while the brain lesions cause many. What relief nature fails to furnish is left for the surgeon, and is entirely palliative, and can be expressed in very few words. Where deformity already exists, overcome it and keep it overcome, whether by bone union, tendon shortening, or steel apparel. The result aimed at is the same—palliation, not cure. Dr. V. P. Gibney truly declared, in a recent paper, that to surgery these unfortunates must look for relief.

Rheumatism, as a cause of deformity, is not infrequently met with by the orthopedist. It is usually in its chronic form when it comes under his observation. The indications in treatment are very plain. Correct the existing deformity by traction, aided by tenotomy if necessary; fix the joint, and give internally potassium iodide in rapidly increasing doses until tenderness is diminished, then use passive motion

persistently, continuing for a long time the potassium iodide.

The success in the treatment of burn cicatrices depends upon several conditions: first, upon the depth of the burn; secondly, upon the intelligence, courage, and co-operation of the patient—the younger the patient the more favorable the prognosis. The treatment, of course, is entirely surgical, and consists in two methods: first, the complete removal of the scar tissue and the covering of the denuded surface immediately by plastic shifting, or by allowing the surface to granulate, extensive skin-grafting being done as patches of surface become ripe, the mechanical treatment by adjustable splints being kept up indefinitely. The second method is, in those cases where the scar tissue lies in bands—as is often seen about the neck and flexures of elbow and knee—to divide the band obliquely at short intervals, continuing the incision well into the good skin; then correcting the deformity, gaining length by the oblique shifting, endeavoring to get immediate healing. V-shaped incision can often be substituted with advantage, the apex of the V being in the center of the band. Afterward prolonged mechanical treatment is required to make success sure.

LOUISVILLE.

### THE INFLUENCE OF SYPHILIS UPON NON-SYPHILITIC ERUPTIONS OF THE SKIN.\*

BY J. CLARK M'GUIRE, M. D.

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The prevalence of syphilis is no doubt exaggerated; but, as it is met with in all ranks of society, at every age, among the innocent as well as the vicious, it comes in some form before the notice of every physician, and, as has been truly said, its recognition is the most important feature of dermatological diagnosis. In most statistics of diseases of the skin, the cutaneous lesions produced by syphilis stand third on the list; in fourteen thousand cases reported by the American Dermatological Association, 1885, it occurred in 11.5 per cent of all cases.

\*Read before the Kentucky State Medical Society, June, 1886.



Though such an excellent authority as Tilbury Fox\* has declared the modification of skin disease by the syphilitic poison is a most important fact, the majority of dermatologists whose writings I have consulted have entirely ignored or positively denied the possibility of such an influence. A. R. Robinson,\* of New York, does not believe at any time it alters or modifies eczema, but he has seen cases of eczema modified by the "rheumatic diathesis." Piffard† says he has seen cases of psoriasis, eczema, lupus, in persons affected with syphilis, but has never seen this disease modify these or any other skin eruption. Bronson‡ believes pre-existing lesions of the skin are rarely affected by syphilis. It is acknowledged that certain constitutional conditions may predispose the development of certain cutaneous diseases: Gout and rheumatism dispose to attacks of eczema; gastric and intestinal disorders to urticaria; acne and affections of the liver, etc., to pruritus.

If these conditions can so act upon the skin as to give rise to disease, I take it we are justified in believing they may modify pre-existing disease. Especially is this true of syphilis, for here we find the most marked alteration in tissues from their normal condition; the red globules of the blood are diminished in number, the white increased, in consequence the tissues are poorly nourished; the blood conveys the virus and new cells through the body, especially to the periphery, where they are deposited, causing irritation of the skin and changes in its sensibility. A splinter of wood imbedded in the skin has been known to give rise to a tubercle having all the characters of a specific lesion; a pin may be inserted in it, in some cases, without giving rise to pain.

In what way are skin eruptions modified? The disease causes an alteration in the nutrition of the tissues; the normal resisting power is weakened, so that the change in the tissues usually produced by syphilis is impressed upon it, it is altered by being made more chronic, there is greater pigmentary deposit, less scaling, more crusting, and more infiltration, especially at the margin of the lesion.

First, as a cause of chronicity, Keys says many chronic maladies of the skin, as well as of internal organs and tissues, when occurring upon syphilitic patients, do better, if to the treatment suitable to this disease is added a certain amount of anti-syphilitic medication. According to Tilbury Fox\* an old syphilitic taint is to be carefully dealt with in reference to skin diseases.

This should be recognized as a distinct and special cause of chronicity in certain non-syphilitic eruptions.

Bulkley says,† in rare cases we have both a true eczema and a syphilitic eruption combined with it. These cases are very difficult of accurate diagnosis, and yet more difficult to treat, while the simple, uncomplicated cases of syphilis yield with marvelous rapidity, and most of the eczematous lesions can be managed satisfactorily. These complex cases resist remedial measures most annoyingly. Several such cases have occurred in my own practice: a woman presented herself at the dispensary with an eruption on the palms of the hands and fingers. It had made its appearance eight years previously, being better and worse at times, but never entirely disappearing. Several competent observers pronounced the disease eczema, but the skin was observed to be darkly pigmented in places, the lesions marginate in outline, not fading into the surrounding skin as is usual with eczema; this, together with the fact that appropriate treatment for this disease failed to give relief, induced the observer to institute a thorough anti-syphilitic treatment, with the result of a complete disappearance of the eruption within three weeks. Another case, that of a boy nineteen years of age—patches of eczema on the flexor surface of the elbow and on the leg below the knee; no eruption elsewhere; each plaque about the size of a fifty-cent piece, circular in shape, slightly raised borders covered with small, white furfuraceous scales. The eruption made its appearance two years previously. The patient was much troubled with a severe pruritus, which was not confined to the site of the eruption. Appropriate treatment failed to give relief, as he had

\*Skin Disease, Tilbury Fox. Wood & Co. 1884.

†Journal Cutaneous and Venereal Diseases, March, 1885.

‡Journal Cutaneous and Venereal Diseases, November, 1884.

\*Tilbury Fox, Skin Diseases. Wood & Co. 1884.

†Eczema and its Management, Bulkley. Second edition. Putnam & Sons.

marked symptoms of inherited syphilis; mercurial inunctions over the patches of disease and iodide of potash were substituted; in a very short time the eruption began to fade and the itching entirely disappeared.

It is a fact that some eczematous eruptions may be so changed in appearance it is difficult, if not impossible, to recognize the nature of the disease unless, at least, the possibility of its being altered by syphilis is accepted. To this truth many competent observers bear witness. Dr. G. H. Fox has presented before the New York Dermatological Society three cases of syphilis modified by eczema. They were modified in that some of the patches presented an orbicular, scalloped, raised margin, with a tendency to heal in the center. Besides this there was something in the appearance of the skin, which he could not describe, that led him to form the above conclusion. Dr. Fox further said he had for some years taught and argued that syphilis never modified any disease of the skin, but within the last few years he had met with and studied a series of cases that had caused him to change his mind. In my own practice I have seen not a few cases so altered as to their general appearance; on careful inquiry into the history of these cases it was invariably found there had previously existed unmistakable signs of syphilis.

Examples of other skin eruptions, altered in many of their characters by constitutional syphilis, are referred to by a number of observers.

Fernmuller\* speaks of the transformation of variola pustules into syphilitic ulcers and tubercles in infected subjects. It has been stated that so-called herpetiform chancre is simply herpes modified by syphilis, the vesicles running together and forming an ulcer.

The modification of cancer in syphilitic subjects has been fully described by Dr. Ouzenne.† He speaks of it as a hybrid disorder arising from the combined action of the two diseases. He describes these varieties, which he calls *cancero-sclerous*, *cancero-gummatus*, and *cancero-sclero-gummatus*. In the second form there is an excavated ulcer with an indurated

base like that of cancer, but without the bleeding surface and perpendicular walls; the other two varieties exhibit very diversified appearances. He further says, hemorrhage is uncommon and pain is usually absent.

There are recorded innumerable examples of the changes produced in psoriasis in infected subjects. Hebra believes this disease is at times modified by syphilis. Bulkley refers to a case of psoriasis\* that had existed for eighteen years. Four years ago the patient said he had a chancre. Since that time a difference in the appearance of the eruption had been observed. Since the chancre appeared he has had an eruption on the palms and soles that had not existed before; the psoriatic patches are of a deeper red than is usually the case in this disease, and the skin is thickened. Dr. Bulkley has seen a number of cases in which the two diseases were combined, the psoriatic patches undergoing infiltration, becoming more crusted, thicker, duskier, and more sharply defined.

A case came under my observation some months since: a man, forty-five years of age, with an eruption over the shoulders, arms, and hands; the plaques were circular in form, covered with a few small, white, adherent scales, varying in size from a fifty-cent piece to a split pea, the latter situated on the palms. Appropriate treatment for psoriasis was without benefit, as there was a greater amount of infiltration than usual; scales not as thick or numerous; and, as it was now ascertained he had had syphilis some years previously, he was put upon specific treatment, from which he received great benefit. It has been stated,† there is great plausibility in the hypothesis that lupus may occur in a syphilized subject, and be in consequence modified. The tubercles are said to be smaller and less vascular than usual. As examples of other diseases that have been altered in some of their usual characters by the syphilitic virus, Taylor‡ says pneumonia and bronchitis, occurring during the course of the disease, are liable to be more or less modified; acute rheumatism

\* Journal of Cutaneous and Venereal Diseases. Nov., 1884.

† Diagnosis of Skin Diseases, Living. Wood & Co. 1879.

‡ Venereal Diseases, Bumstead & Taylor. Henry C. Lee. 1883.

\* Venereal Diseases, Bumstead & Taylor. Henry C. Lee. 1883.

† Journal de Med. et de Chirurg., Sept., 1884.



has been observed to run an exceptionally severe course and be prone to relapse. Verneuil observes, when syphilis exists at the time of the infliction of a wound, it may assume an appearance similar to that of syphilitic ulcers in process of evolution.

According to Diday,\* inherited syphilis imparts to the constitution a debility which predisposes to all kinds of organic and functional affections. Acute diseases occur more readily or are more severe, catarrhal thesis is more persistent, and diathesis more deeply rooted.

Innumerable examples of skin eruptions, altered more or less in their general characters by syphilis, could be given, but these are sufficient to convince me, at least, of the possibility of such an occurrence. Frequently we may be able to diagnose a case by the appearance of the eruption alone; the positive history should always be ascertained when possible, but the negative history amounts to little in such cases, as the patient may be entirely unaware he ever had the disease, the initial lesion may have been so slight as to have escaped notice, or he may have been treated for the disease without being aware of it. I have treated a man for syphilis in whom the symptoms did not manifest themselves for an interval of fifteen years; he had completely forgotten he ever had an eruption till reminded of the fact by his wife.

In the diagnosis of simple skin diseases, as well as the syphilides, it is advisable to depend entirely upon the objective symptoms, considering the subjective symptoms only to verify the diagnosis, as is well illustrated in the account of the following case I saw at the New York Polyclinic: a patient appeared before the clinic with a copious papular eruption over the thighs, legs, and arms; the papules were large, flat, circular, and brownish in color, with a tendency to form patches. A mucous patch existed on the lip: diagnosis, late papular syphiloderm. On questioning the patient, she said the skin *itched very much*, and that she suffered from rheumatic pains, but only during the *day*, never at night; did not

remember having had sore throat; had been a widow for six years. It was subsequently ascertained that she had been treated for syphilitic retinitis. The eruption soon after disappeared under mercurial treatment. If the subjective symptoms had been first considered in this case, they would have tended to exclude syphilis in the mind of the examiner. It is out of the question to make direct inquiries of women in some cases. Keys says, when least expected, syphilis crops out as a cause of symptoms which may have baffled explanation in persons whose character and surroundings placed them above reproach.

A well-known dermatologist told me he pronounced a skin eruption lupus, and treated it as such without success. The patient was a lady whose social position placed her entirely above reproach. On further inquiry into the history of the case, he found she had had well-marked symptoms of syphilis years previously without being aware of their nature. He then treated her for this disease, with the result of a disappearance of the lesion.

In the foregoing remarks I have endeavored to show the importance of recognizing the *possibility* of constitutional syphilis modifying certain non-syphilitic eruptions. I would not be understood as declaring that all eruptions of the skin occurring in syphilitic subjects were of necessity altered in their appearance and usual characters, but simply that such changes are *possible* and do occur in a certain number of cases. I am of the opinion that, unless such an influence is considered, we will many times fail in our diagnosis; in consequence our prognosis will be at fault, and the treatment instituted will avail nothing in a disease so modified unless the syphilis is treated in conjunction with it.

LOUISVILLE.

AN ANTISEPTIC POWDER.—Lucas-Championnière (*Bull. de la soc. de chir. ; Revue des sci. Méd.*, April, 1886) recommends a mixture of equal parts of iodoform, powdered chinchona, powdered benzoin, and powdered carbonate of magnesium saturated with oil of eucalyptus; to be applied directly to wounds. — *New York Medical Journal*.

\* On Syphilis in New-born Children, by P. Diday. New Syd. Soc. 1859.

## PUERPERAL FEVER.\*

BY JOHN G. CECIL, B. S., M. D.

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About two years ago Schroeder penned these words, "Whenever we speak of the benefactors of humanity, we must mention among the foremost the name of Ignaz Philip Semmelweiss." That meed of praise we ascribe to Jenner, to McDowell, to Lister, must likewise be accorded to Semmelweiss. That halo of glory encircling the former names, for their historic benefactions to the human race, should also adorn the name of the latter for priority in discoveries relating to the nature and prophylaxis of puerperal fever. Born in 1818, at Ofen, the capital of Hungary, he studied medicine in Vienna, and in 1847 promulgated and practiced with signal success the doctrine of antiseptic obstetrics as, with few modifications, it is accepted to-day. At that time the great lying-in hospitals of Europe were exhibiting a mortality of fifteen to twenty per cent of all women confined within their walls, and so odious had these institutions grown that their closure was seriously contemplated. In the best of them there had been times in which, to use the expression of Fritch, "To be laid on the confinement-bed was the same as to be delivered to the hangman." The impression made upon the mind of our hero by these awful results was profound. Pending his investigations, the death of a *confère* in Vienna from pyemia, caused by a *post-mortem* wound, was a revelation, and suggested to him the application of antiseptics to obstetric practice. His reasoning proved correct, and success immediate and complete followed, but to convince the great majority of his contemporaries proved a more difficult undertaking. In the face of the insult, ridicule, and contumely of the leading obstetricians of the world, he clung to his belief with a pertinacity almost fanatical. As late as 1864, Virchow, the great apostle of pathology, "before the Berlin Obstetrical Society, declared himself positively against Semmelweiss's theory of infection from the outside as regarding the epidemic propagation of puerperal fever." Unshaken in his faith, Semmel-

weiss died at Pesth, in 1865, of pyemia, at the age of forty-seven, without living to witness the almost universal adoption of his theories and practice which occurred a few years after his untimely end.

Regretting neither time nor space will permit more extended notice of this exceedingly interesting character, this brief and imperfect sketch will be closed with a quotation from Lusk, from whom, and from an article by Dr. Herdegen in American Journal of Obstetrics, March, 1885, the facts above given are taken. "I have," says Lusk, "been thus particular in giving prominence to the labors of Semmelweiss, partly from justice to a man who was hated and despised in his life-time, and partly because I believe that few outside of Germany are really cognizant of the immense service he rendered to humanity, or that to him is really due a large part of what is now current doctrine concerning the nature and prophylaxis of puerperal fever."

The magnitude of this subject forbids consideration at this time of a great deal that is both interesting and important. In order, therefore, to make practical use of the time allotted, the principal suggestions will be upon the prevention and management of this malady. A definition of the subject before us is necessary to proper understanding of the suggestions that will follow. To define puerperal fever is to plunge at once *in medias res*. During the past twenty years the immense amount of evidence accumulated by the leading investigators of the world compels us to accept the definition generally agreed upon, which is concisely stated by Professor Lusk in these words: "Puerperal fever is puerperal septicemia, or septicemia analogous to surgical septicemia modified by the physiological conditions which belong to the puerperal state." That puerperal septicemia is something more than the mere absorption of decomposing animal matter, or sapremic intoxication, is now also no longer doubted by the majority of leading authorities. Something must be added to meet all the requirements of the case, and that something is a micro-organism, described by nearly all observers to be the monococcus, diplococcus, or the chain-like micrococci, which are differ-

\* Read before Kentucky State Medical Society, June 24, 1886.



ent forms of the same germ. Associated with this is a rod-like bacterium observed by many. There are many things still unknown concerning these germs, and some features of this protean disease not explained by their presence; but the regularity of their occurrence in the discharges and tissues of puerperal-fever patients, the identity of features characteristic as demonstrated by a long line of eminent and conscientious observers, places their existence beyond reasonable question.

The testimony of such men as Mayerhofer, Waldeyer, Orth, Rindfleisch, Von Recklinghausen, Klebs, Wolff, Pasteur, Koch, Doleris, Bar, Ehrlich, Steurer, Thomas, Lusk, and a host of others, must convince the most skeptical of the existence and baneful influence of these micro-organisms. We are often obliged to accept many things as reasonably true, that are not capable of complete demonstration; in this instance, admitting the demonstration incomplete, we are safe in saying no more satisfactory explanation of the pathological phenomena of this disease has been offered, and until one is, we may with safety pin our faith to the micrococci as being the most indubitable hypothesis.

*Prevention.* The rules so admirably formulated by Prof. Thomas relating to the prevention of puerperal fever, in his notable paper read before the New York Academy of Medicine in December, 1883, are rather too elaborate to meet with general acceptance, especially in private practice; however, if his premises are admitted, his conclusions are inevitable. Recognizing the fact that puerperal fever may develop in any case of labor, regardless of favorable course and surroundings, the question of prevention becomes one of paramount importance. Without entering upon the discussion of this phase of the subject as exhaustively or specifically as its merit demands, attention may be called to some points of a general nature. The first law relating to the lying-in chamber, the patient, the nurse, and the physician, is absolute cleanliness in minute detail.

To the neglect of this simple precept the untimely end of countless thousands may be attributed, and their number will never be re-

vealed even by the most searching and comprehensive statistics. Attention to ventilation of the chamber, with especial reference to sewage, should not be overlooked. The proximity of water-closets is particularly prejudicial. In normal labors digital examinations should be as infrequent as proper conduct of the case will permit, and when such are necessary, introduce always an aseptic hand. It is good practice to bathe the external genital organs before and during labor with a weak solution of bichloride of mercury. Clots, shreds of membrane, and placental debris must be carefully removed; if this can not be accomplished in any other way, the hand or blunt curette may be used, for much less harm will follow the introduction of a purified hand or instrument than by allowing these foreign bodies to remain in the parturient canal. In the removal of these offending materials the vaginal douche is probably the safest and most efficient method. If used, it should be an antiseptic solution. Right here is entered an earnest protest against the invariable and indiscriminate use of vaginal injections, especially in private practice, and my opposition to like use of intra-uterine injections is still more pronounced. The necessity for such stringent prophylactic measures has never become apparent either by theory or actual demonstration. The proper treatment for a normal case of labor, in a well-appointed private home, is to let it religiously alone, being ready at all times to meet the complications as they may arise. I am sure this assertion will be substantiated by the successful and happy termination of thousands of labors that have occurred in the practice of my hearers. Such a case of labor has not a parallel, as has been stated, in the performance of a capital surgical operation; it is a physiological process, and physiology and surgery do not occupy the same plane. Microbes, even though we admit them to be legion in size, shape, and sobriquet, are not more vicious and belligerent than in ages past. The indication for vaginal injection should be unmistakable before this possibly danger-dealing measure is adopted. In perfectly normal cases, the parturient womb is somewhat analogous to a simple fracture, both

are sealed to poisons of extraneous origin, and the less they are disturbed the better. In my own hands, and in that of many others, the invariable use of antiseptic vaginal irrigation in hospital practice, has been followed by most excellent results. The custom of late in the lying-in wards of the Louisville City Hospital has been to give a vaginal injection twice or three times daily until the fifth day is passed. A statistical comparison of the prevalence and mortality of puerperal diseases before and since its adoption is very gratifying.

In abnormal cases, such as versions, instrumental deliveries, delivery of a putrid fetus, *post-partum* hemorrhage, requiring application of hemostatic agents other than hot water, rupture and retention of parts of the placenta or membranes, adherent placenta, necessitating introduction of the hand for its removal, hot vaginal injections of the bichloride solution should be administered. In proportion as the case has been difficult or protracted, and the chances of infection thereby increased, in that proportion becomes the necessity of intra-uterine injections urgent. This applies to both hospital and private patients. So good an authority as Dr. Albert H. Smith, of Philadelphia, in his address before the American Gynecological Society in 1884, stated that he was unable to understand why there was such opposition to intra-uterine injections immediately after labor; it had been his custom to use them as a matter of routine, with water at 115° F. and bichloride solution 1-1000, and had seen only the most pleasant results follow. In closing the remarks on prevention, it has not been intended to convey the idea that antiseptic vaginal and intra-uterine irrigation will prevent the development of subsequent puerperal septicemia in all cases. Washing the arm the day after vaccination does not prevent the development of vaccinia; so, as Lusk states it, "In cases where round bacteria have been inoculated into a wound, the disease may have rapidly progressed into the tissues beyond the original lesion, so that they are often advancing, a victorious army, far beyond the reach of the stream which is thrown into the uterus." His advice in such cases is, not to continue the uterine douches where the results of the first

injections furnish the evidence of their impotence.

*Management.* In the management of puerperal fever progress has been truly wonderful. The hospitals that twenty years ago showed a death-rate of fifteen or twenty per cent, now report a mortality of less than one per cent. In these later years we do not hear of epidemics of this disease so frequently; we do not hear of it following the footsteps of certain practitioners with such dread fatality and distressing partiality quite so often. This gratifying change has come about through improved methods of treatment, and the key-note of this improvement is antiseptic irrigation. To give the indications for and the *rationale* of the intra-uterine douche is in the main to give the treatment of puerperal fever. The temperature, pulse, and odor of lochia are the guides. Any one of these deviating to any great extent from the normal makes the indication for the douche reasonably safe; the combination of all three makes it imperative. Fever may remit, or even be of a distinctly remittent character, suggesting in this latitude malaria. The differential diagnosis then between puerperal septicemia and malarial poisoning becomes of great moment. In the high fever of puerperal septicemia the uterus is found large, soft, and flabby, with cervix patulous; while in malarial fever the uterus is firm and hard, with contracted cervix. The tongue peculiar to malaria is usually not seen in septic poisoning. The fever of septic origin is generally, not invariably, associated with foul odor of the lochia; not so with malaria. Milk-fever is a thing of the past. Since the introduction of vaginal and intra-uterine injections, close observers have noticed the absence of that rise of temperature, on or about the third day, that has usually been designated milk-fever. The appearance of milk in cases unassociated with inflammatory action in the mammary gland will not cause an elevation of temperature sufficiently high to be mistaken for septic poisoning. Possible exception to this may be made for women of extremely sensitive nervous systems. When the temperature exceeds 101° or 102° F. it demands attention, and vaginal irrigation should be practiced. If the symptoms do not



yield to this, the stream should be directed into the cavity of the womb. Washing out the uterus is also indicated if there be entire suppression of the lochia in the first few days. Injections into the uterine cavity should always be preceded by a thorough vaginal injection. The solution *par excellence* is that of bichloride of mercury, varying in strength from 1-2000 to 1-10000, always given hot. Others have been recommended and used, but none have met with such universal adoption. The contraindications for the use of bichloride solution are organic disease of the kidneys and patients peculiarly susceptible to poison from this drug. In such cases carbolic acid, permanganate of potash, or iodoform may be substituted. There is probably less danger in using the fountain syringe than those that throw an intermittent stream. The tube should be large, and ample provision made for free and unobstructed return of the injection; this can generally be accomplished by pressing the tube forward against the symphysis.

The glass tube designed by Dr. Chamberlain, of New York, is an exceedingly good one. The ordinary double silver catheter has been used in my service at the Louisville City Hospital with entire satisfaction. The objections to it are danger of admitting air into uterine cavity, and difficulty in cleansing. A new soft-rubber catheter may be substituted for either. The syringe and tube should be completely filled with the fluid before irrigation is commenced. A vaginal speculum is not required unless the operator be inexperienced. Irrigation should be done often enough to control fever and odor of lochia; this is determined by trial. Ordinarily, once in six or eight hours is sufficiently frequent, but if the condition demands it, once every hour is proper. Continual irrigation has been successfully practiced by good authorities. So long as there is a tendency to elevation of temperature injections should be persisted in. In a case recently under my care, I found it necessary to use the douche every four hours, night and day, for a period exceeding two weeks; the reward was the ultimate recovery of a very unpromising patient. The dangers attending the administration of intra-uterine in-

jections deserve little consideration when compared to the incalculable good accomplished. In one case only have I seen evil results follow their use. A temperature of 105° F. was the indication. Fright, which she had previously exhibited at seeing them given to another patient, appeared to be the cause of the great disturbance that followed. She did not complain of pain, but described her sensations as if something were rushing up through her body. The subsequent history of the case excluded the possibility of any of the fluid having entered the peritoneal cavity. In fifteen or twenty minutes after the injection was given, her pulse was too weak and rapid to be counted, temperature ran up to 107° F., and her condition in general was perilous in the extreme. With prompt and proper attention she recovered, though only vaginal injections were afterward given. Of other remedies useful in the management of this disease only passing mention can be made. Pencils of iodoform have been highly recommended by many good authorities. In mild cases, after the womb has been irrigated, the pencil of iodoform is pushed up and allowed to remain in the cavity. Often this is all that is required in this direction. In severe cases the iodoform may be introduced after each injection, and by reason of its use the necessity for them will not be so frequent. In Vienna both Spaeth and Braun, after difficult labors, introduce a suppository of iodoform two to two and a half inches long into the uterine cavity. They recommend the following formula: Iodoform, 20 grams; gummi arabici, glycerinæ, amyli puri, āā, 2 grams. Ft. suppositoris, 3.

Of antipyretic medicines quinine is justly ranked first; sodium salicylate is well thought of, but, on account of its depressing tendencies, should be carefully watched. A new medicine that promises to be of great value is antipyrine. It is now being extensively used, and somewhat conflicting reports as to its efficacy are made by different observers. In my hands its use has been followed by the most satisfactory results. Opium or morphine are to be exhibited without limit as to dose to control pain and mental emotions. In adynamic conditions with great tympanitis, turpen-

tine stupes must be applied to the abdomen. Thomas speaks enthusiastically of the application of cold, especially when the coil is used. When there is high fever sponging with cold water affords great relief and comfort, which of itself is a well recognized antipyretic agent. Hot poultices, when there is localized inflammation, are well borne. Constipated bowels, not attended by much pain, peritonitis, or signs of severe septic poisoning, should be overcome with calomel and soda. Tincture veratrum and tincture aconite, so highly praised by Prof. Barker in sthenic conditions, require very close observation. The patient in all cases must be supported by active stimulation and nutritious food.

LOUISVILLE

## REPORT ON DISEASES OF THE RECTUM.\*

BY J. M. MATHEWS, M. D.

*Professor of Surgical Pathology and Diseases of the Rectum,  
in the Kentucky School of Medicine, Louisville.*

As your Committee on Diseases of the Rectum, I desire to report on four subjects which pertain to that special line of study, viz:

1. Operations for cancer of the rectum.
2. Operations on the rectum under whisky.
3. The sphincter muscles in disease.
4. A new operation for fistula in ano.

Before detailing the two cases of cancer operated on I wish to state, as succinctly as possible, some views and observations which an experience of some years has taught me.

1. I do not believe that cancer is hereditary; hence its appearance in families, as by family history, is, in my opinion, purely by chance.

2. In my experience scirrhus cancer has been the form most often met with in the rectum, and not epithelioma, as taught by the authorities.

3. I do not believe that colotomy is justifiable for cancer of the rectum.

4. In the observation, which covers many cases of cancer of the rectum, the disease has occurred, in the majority of patients, under the age of forty years; in two instances under twenty.

5. In the majority of cases observed by me the symptoms recited by authors as being char-

acteristic, if not pathognomonic of cancer, were absent, viz., excessive pain, hemorrhage, and odor.

6. I do not believe that the "facial expression" of the patient, which is dwelt upon with so much stress by authors, ever exists, save as the result of fear and anxiety about their condition.

7. If the cachexia of cancer exists, I do not believe that life is ever prolonged by any operation, except it be to overcome obstruction in the bowel.

8. In cases of cancer beyond all cure, I believe that we are justified in giving sufficient opium to quiet pain, if pain exists, even at the risk of establishing the opium habit.

With these observations you will permit me to recite the operations upon two cases of cancer by two different methods.

### CANCER OF THE RECTUM.

CASE 1. Mr. B. consulted me, in company with his family physician, and gave the following history: Had complained for six months or more with burning pain at defecation, which radiated up the back and down the thighs. Had for some time a morning diarrhea, accompanied by a muco-purulent discharge. Upon examination a hard growth was detected, situated dorsally, but inclining to the left side, above the internal sphincter muscle about one and a half inches, in size as large as a silver half dollar. No stricture was apparent. The growth was denuded of mucous membrane; was not movable. From it the discharge mentioned came. The rest of the gut was healthy. I suggested to the physician that the growth be removed. He agreed, and the patient was put under chloroform, and we practiced the operation, so well thought of by the Germans, of scraping or scooping out the growth. Having divulsed the sphincter, and the parts being held apart by retractors, I took a lithotomy scoop and persistently scraped away all of the tumor, and only ceased when it was evident that healthy tissue had been reached. Hemorrhage, which was not excessive at any time, was easily controlled by pressure, no vessels being tied. The wound, which was of some depth, was packed with absorbent cotton well

\*Read before the Kentucky State Medical Society, June, 1886.



powdered with persulphate of iron. The retractors were removed and the patient given an opiate. At no time, however, was the pain very great. The bowels were confined for five days; a purgative was then given, and the dressing came away with the action. The rectum was syringed daily, with equal parts of water and listerine, until the wound was entirely healed, all discharge ceasing. Up to this date, four years after the operation, no disposition to return has been noticed. A section of the tumor was examined under the microscope and pronounced epithelioma.

CASE 2. I was sent for to go to an interior town to remove a pronounced cancer of the rectum from a man sixty-two years of age. I found, upon examination, that the growth began just above the sphincter muscle, but did not involve it. It extended at least two inches up the gut, involving at least two thirds of its circumference. The prostate gland was not affected. The cachexia was plainly discernable and the neighboring glands enlarged. Although I told him that I could not promise any thing, he insisted upon the removal of the growth, which was now blocking the bowel to an appreciable degree. He was prepared for the operation, and, with the assistance of four physicians, it was done after the following manner: The patient was anesthetized; a free dorsal incision was made down to the sacrum, coming out at and over the coccyx, keeping as near the median line as possible. A slip of the knife cut the middle hemorrhoidal artery; considerable difficulty was experienced in securing it. The levator ani muscles were then carefully dissected up. It was found that the attachments and infiltration of tissue was very great, and the operation was necessarily done very slowly. The vessels were secured as the operation proceeded, and the entire growth was removed. It was impossible to bring the the gut down and attach below, as advised by so many—which procedure, however, I could never get my consent to advocate. The sutures in these cases do much damage, and the accumulation of pus is, of course, to be expected. The stitches give way, and the result is not as favorable as when the wound is left open and so dressed. The whole space of ex-

cision was packed with carbolized cotton, a T bandage applied, and the patient given opiates sufficient to quiet pain. He was cared for by the local physicians, who, at the end of two months, reported the whole surface healed and the patient in a much more comfortable condition. Bowels moved freely and with but little pain. Up to this writing no return is noticed. A section of the tumor was submitted to Professor Dudley S. Reynolds, who examined it under microscope and pronounced it epithelioma.

#### OPERATIONS UPON THE RECTUM UNDER WHISKY.

Perhaps the most painful of all surgical diseases is fissure of the anus, or irritable ulcer of the rectum. For its cure two operations are recommended, viz., divulsion of the sphincters, and division with the knife. Either of these is a most painful operation, and can not be done without chloroform. There are many patients averse to taking an anesthetic, and in many cases the surgeon is averse to giving it. Meeting in my practice such cases, and recognizing that an operation was imperative, I have operated a number of times by administering whisky in lieu of chloroform. Such procedure has been limited to fissure and irritable ulcers of the rectum; but, of course, it could be practiced in any affection calling for surgical treatment where an anesthetic was necessary. It is not the purpose of this paper to discuss the moral involved, if there be any, but suffice to say that I believe that no love for liquor or its effects would be induced, but the contrary might obtain.

The manner of administration that I have practiced is, viz: Get the very best article of whisky possible. Begin by giving on an empty stomach one or two ounces, and repeat every twenty minutes until the full effect is obtained, as is evidenced in the drowsy, sleepy condition of the patient. My experience is that it takes from eight to twelve ounces to get this effect in the adult male. Of course habit in taking engenders a capacity for large amounts, and with this agent, as with many drugs, an idiosyncrasy may exist, which must be ascertained. Women are affected much more quickly and with less quantity than men, and

children require but little whisky to get full effect. The same can be said of the aged.

CASE 1. Judge X, of Indiana, came to me for the treatment of a very irritable ulcer of the rectum, which was encroaching on the external sphincter muscle. For months, as he expressed it, his life had been a torture. He had cultivated a constipated habit, preferring this to the suffering that he experienced at each movement of the bowels. He objected to taking chloroform for the reason that he had been told that he had heart trouble. Although assured, after a careful examination of his heart, that he had no such trouble, he was persistent in his refusal to take an anesthetic. He was in splendid health, excepting this local trouble. I suggested to him the whisky plan, to which he assented. He went to his hotel and took the whisky according to directions until he had taken one pint in one hour. I visited him and did the operation by divulsion of the sphincters, and dividing the same with the knife in addition. Being called away that night, I did not see him again for three days, at the expiration of which time I saw him in the rotunda of his hotel, and he told me that he did not remember a thing of the operation, and really did not know that I had been there until informed of the fact.

CASE 2. Dr. H. had suffered from an irritable ulceration of the rectum for a year or more. In consequence he had abandoned his practice. Had feared the operation for the cure of his condition, because he was sure of some heart affection. He consulted me, and an examination revealed the condition that he suspected. I advised him to substitute whisky for chloroform and have the operation done. He consented, and I went to his home, sixty miles away, and did the operation. When I reached him he was "dead drunk," according to directions, and divulsion was freely made, with the patient not evincing by the least sign that he suffered any pain. He afterward told me that he remembered absolutely nothing of the operation.

In this connection I desire to state that the anesthesia necessary to divulse the sphincters in an irritable condition must be more profound than that which would be neces-

sary to extract a cataract. This has been the observation of both Dr. Reynolds and Dr. Coomes, both of whom have given chloroform for me in these operations. Hence it is that I regard this, one of the most painful of all surgical operations; and if whisky would answer in these, it would in major operations of surgery, especially those requiring a long time for their performance, as the effect of the agent does not soon wear off. I cite only two cases, but I have used the method in a number, and always with good result. I do not believe it advisable to use it save in those cases where for sufficient reasons the surgeon declines to use the usual anesthetics, but I do believe that in these excepted cases it will be found an excellent *substitute*.

#### THE SPHINCTER MUSCLES IN DISEASE.

After an experience of a score of years in rectal surgery I am more and more impressed with the importance of the part played by the sphincter muscles in disease, not only in local manifestations, but in producing obscure symptoms which oftentimes lead the physician into a false diagnosis. I desire to recite a few cases that go to prove this assertion, and add that they are but a sample of many that have fallen under my observation.

CASE 1. Mr. H. G. came to me, accompanied by his physician, from a distant town in the South. The following history was elicited: About four years before he began to suffer with "cramps" in the abdomen. No special attention was paid to this, nor were they at that time associated with any rectal affection. Later on the patient complained of decided dyspeptic symptoms and an aching sensation around the anus. This sensation was not particularly referable to his stools, but was more or less vacillating as to time. Eventually pain was complained of as radiating over the sacrum and lumbar region and down the thighs. Whether imaginative or not, it was thought by the patient that his trouble was aggravated by eating, even of the most digestible diet. In consequence of this his physician enjoined an abstemious diet, and upon this he was kept for several years. Notwithstanding all treatment he grew gradually worse until his physi-



cian suspected malignant growth. During the interim he was sent to different watering-places, and to the sea-coast, but to no avail. He began to lose flesh rapidly, and at the time that I first saw him had lost about forty pounds. I examined him carefully for rectal trouble, but could not find a trace, except that the sphincter grasped my finger tightly upon its insertion, but the patient complained of no pain. I advised that a second examination be made, under chloroform, adding that I would attend to any trouble that might exist while he was under the anesthetic. Having the assistance of two physicians, he was chloroformed, and with different speculums I examined the rectum, but no disease was found. Acting upon the idea that his complaint was a nervous one, I divulsed the sphincters forcibly, nothing more. The result was that ever after he ate what he pleased and complained of no more pain. He has gained flesh ever since, and to-day weighs two hundred pounds, a gain of forty.

CASE 2. Miss B. was sent to me for treatment by her physician. She was accompanied by her mother, who gave a detailed statement of her daughter's condition. From the fact that she gave such an accurate description of a painful dysmenorrhea, and believing that the uneasy sensation about the anus was reflex, I suggested that she consult a gynecologist. This she did; and he informed me that, in his opinion, the trouble originated and was kept up by a displaced womb. For this he had her wear a supporter and take medicines prescribed. This treatment was followed with great care for many months, but without the least benefit. She believed that her trouble was in the rectum. Seeing that she placed great stress upon this, I got her to consent to take chloroform, and allow me to do whatever was necessary. To this she readily consented. Chloroform was given; no rectal disease was found, but the sphincters were forcibly dilated. She left the infirmary in one week. After three weeks her physician wrote me, saying: "Miss B. is a changed girl; she no longer complains of any thing, and is now continually on the go, where, before this, she would not venture out of the house. What did you do?"

The recitation of these two cases I think quite sufficient to explain that in these obscure rectal cases, with symptoms that are vague and point to other trouble, an investigation of the sphincter should be made. That which evidences that it is the source of trouble is its irritability, with or without pain, upon examination.

As a factor in producing and keeping up a constipated habit, I am sure that this state of the sphincter muscles is the greatest of all causes. The late Dr. Cowling recognized this fact, and said to me, before his death, that he believed that stretching the muscles would do much in overcoming constipation. In all cases where it has been necessary to divulse in rectal diseases, when constipation was co-existent, it has been my observation that said habit was overcome. Acting upon Dr. Cowling's suggestion, and the result as stated in these cases, I have quite often divulsed the sphincter and muscles for long-continued constipation, always with most excellent results. Recognizing the vast amount of trouble that constipation breeds, and knowing the difficulty that is generally met in overcoming the habit, I would respectfully advise the divulsion of the sphincters as a most excellent method of cure.

#### A NEW OPERATION FOR FISTULA IN ANO.

Many operations have been devised for the cure of fistula in ano, all of which have had as their chief aim the substitution of some remedy more pleasant than the knife; hence, we have the elastic ligature, the inelastic ligature, injections, etc., all of which have served some good purpose, but none of which have succeeded in supplanting the knife in all cases. Very much can be said in favor of each method, but certain it is that their employment is restricted to exceptional cases. Injections are of but little avail in old standing cases, for the reason that the membrane lining the sinus is of such thickness and composition that it resists medication. If the healing process is established at all it is at the external orifice only, and this is not desirable.

When the ligature is used, either the elastic or non-elastic, the top portion only of the fistula is divided, leaving the bottom untouched,

hence deviating from a rule in surgery which is imperative, viz., "Fistulous sinuses must heal from the bottom." It was to obviate this difficulty that I devised the method which I shall describe briefly, the plan is this: Taking the ordinary exploring probe, it is inserted into the external orifice of the fistula to determine, if possible, that only one sinus exists. Fortunately the majority of fistulae are of this kind. Being satisfied of this fact, I then take a long, slender laminaria tent and push it gently into the fistulous sinus to the fullest extent that it will go. This is allowed to remain for several hours, keeping the patient under observation during the interim, at the end of which time it is withdrawn. The procedure causes but little if any pain. The laminaria tent is preferable to sponge, for the reason that it furnishes its own moisture, which assists in its withdrawal. After this dilatation, I take Otis's improved *urethrotome*, with small point; closing the instrument tightly, it is pushed gently as far into the sinus as it will go, and then, by the aid of the screw attachment, dilate the sinus. When this is done, the turning of the screw at the side of the instrument will cause the concealed knife to protrude at the distal end according to the measurement desired. The instrument is then carefully withdrawn, cutting through the *wall* of the sinus throughout its whole length. The cut, as will be perceived, has been made subcutaneously, and the pain is insignificant. What hemorrhage takes place is easily controlled by pressure. In several instances I have turned the instrument and reinserted, practicing the same procedure upon the opposite side, at one sitting. If this is not thought advisable, the patient is allowed to go for several days before repeating the operation, which is to include the other side. The advantages that I claim for the operation are, viz., over the injection plan it must take precedence for the reason, as above stated, that the injection of any agent that is commonly used for such purpose does not accomplish what is desired. The sinus is lined by a thick pyogenic membrane which will, in many cases, resist the action of said agents; hence it is impossible to get healthy granulations. With this instrument both the top and

the bottom, or each side, if necessary, can be *cut through*, thereby insuring a good granulating surface, and this too without pain.



Over the ligature, either elastic or non-elastic, it possesses the advantage of cutting through both top and bottom, or each side of this thick membranous sinus, while the ligature can not possibly go through any portion but the top of the sinus, as it cuts its way out, leaving, of course, the callous bottom, which in many cases would refuse to heal, it being a positive rule in surgery in the operation for fistula, established by Mr. Salmon, that the *bottom* of all these tracts must be divided to insure a cure. Again, in using the ligature, the sphincter muscle or muscles must of necessity be cut through by the ligature, if the internal opening be above them. In the operation with the instrument, the muscle is not divided or interfered with. Over the knife it can be

claimed, (1) that this operation dissipates all horror in those patients that dread the knife; (2) that excessive hemorrhage is avoided; (3) the sphincter muscles are not cut; (4) the patient is not confined to bed or taken from business.

In the majority of cases which I have treated by this method, I have done so without them knowing that any thing in the nature of an operation had been done. Exhibiting the instrument to them, the knife being concealed in its case, they have never known other than that it was a probe. If I find, after waiting a few days, that a sufficient depth was not reached, the instrument is again inserted and the same procedure practiced. The patient is kept under observation a sufficient length of time to be assured of a perfect cure. Where pus cavities are found, or many sinuses exist, of course this operation is not advised, but in



the selected cases mentioned I am sure that the advantages claimed for it will be realized. A score of cases in my practice attests its value.

LOUISVILLE.

## PROGRESSIVE MUSCULAR ATROPHY BEGINNING IN THE LEGS.\*

BY J. B. MARVIN, M. D.

*Professor Principles and Practice of Medicine and Clinical Medicine in the Kentucky School of Medicine.*

Progressive muscular atrophy is one of the most chronic and incurable of all spinal affections. Typical forms of the disease commencing in the upper extremities, causing gradual wasting, usually of the small muscles of the hand, independent of local lesion or primary functional inactivity, are comparatively common, and are readily recognized by any one making any pretense to skill in diagnosis. The clinical picture of the disease being well-known, there is no crying necessity for cumbering the literature of the subject with the details of a case of the usual, typical variety, and I would not presume to tax your patience with such a recital. The case I wish to report belongs to the irregular and rare form of the disease, and presents some features of interest. March 25, 1886, Mr. W. M., of Young's Creek, Ind., was referred to me by my friend, Dr. John Sloan, of New Albany, Ind.

Mr. M. is twenty-eight years old, white, a native of Indiana, strongly-built, florid complexion, six feet high, weight one hundred and sixty-nine pounds. He was born and reared on a farm; was healthy as a child and youth; is free from inherited diseases, is temperate, and has not "wasted his substance in eating, drinking, and riotous living." Both parents are living, and healthy; has a number of healthy brothers and sisters. No member of his family has any nervous disease or is affected as himself, as far as he knows. He has no recollection of ever being sick until he was about twenty years old, when he had flux, which was prevailing in the community; during the summer of the same year, after a hard day's work, plowing, in the hot sun, he was overcome by the heat, was confined to his bed for several days, suffered with nausea, vomit-

ing, and fever. Loss of appetite, a feeling of exhaustion, and general weakness prevented him from doing his accustomed farm-work for two or three weeks. There were no special head symptoms or loss of power in the extremities. There was no time during this attack when he could not stand or walk. Some time after this, he can not fix date, he noticed awkwardness in his legs, especially when he tried to run or jump. This gradually increased, and he lost the "spring of his feet," and found it difficult to raise his heels and stand on his toes. He never experienced any pain or abnormal sensation in his back or legs. He noticed the calves of his legs were very small; he can not tell when the wasting of these muscles began, nor in which leg the wasting started, or whether it appeared simultaneously in both legs. He continued his farm-work until about two years ago, when he noticed he was more easily fatigued, and work caused a weak, tired sensation in the lumbar region and in his legs. He consulted a physician, and quit work for four months, when, not experiencing any benefit, he ceased treatment and returned to his work.

Last summer he worked in the harvest field. He says it aggravated all his symptoms. His hands are tremulous when tired, excited, or embarrassed, and at these times he can not write easily or smoothly. More recently he has noticed quiverings in the muscles of the thighs and hands, and occasionally has cramps in his fingers. He easily loses his balance, and stands with his feet apart, or one foot in advance of the other. He never has headache or vertigo. He can preserve his balance best when barefooted, or standing on a soft or yielding surface. On examination, I find no head symptoms whatever. Pupils are normal; he has a habit of squinting the right eye, and there is a slight occasional contraction of the orbicularis. His hands and arms are well developed; he is not conscious of the slightest loss of power or atrophy in them. When his arms are extended the hands become slightly tremulous, and slight fibrillary twitchings are seen in the muscles between the thumb and first finger of the right hand; also marked fibrillary contractions about the shoulders,

\*Read before the Kentucky State Medical Society, June, 1886.

especially in the left deltoid. His shoulders are slightly rounded. All the muscles of the upper extremities respond to the faradic current, and there is no apparent atrophy or loss of power. The interossei act well. The legs are very small, measuring, just above the ankles, 8 inches, at largest part of leg,  $10\frac{3}{4}$  inches, just above the knee,  $13\frac{1}{2}$  inches. The legs have lost their proper contour, are flattened posteriorly; the calf muscles of each leg are symmetrically atrophied *en masse*, the skin closely applied to the muscles. There are no fibrillary contractions below the knees. There are no sensory or trophic disturbances; no bladder, bowel, or sexual symptoms. The temperature of the legs is slightly lowered; and the patient has noticed increased sensitiveness to cold. The legs and feet perspire freely; the feet are held at right angles to the legs; the patient can not raise his heels and depress his toes. The plantar reflex is diminished. The patellar reflex is well marked, stronger on the right than on the left leg. The gastrocnemii and solei give but the faintest suspicion of a response to the faradic current; there is no "reaction of degeneration," the anterior leg muscles and the intrinsic muscles of the feet respond to the faradic current more feebly than normal. Fibrillary contractions are marked in the thigh muscles and gluteal region, muscular contractility is exaggerated, tapping the tendon of the quadriceps causes widely diffused contractions of the thigh muscles, the thigh muscles respond normally to electricity. When the patient stands with his heels together, the thigh muscles become rigid, and there is a marked depression on each side anteriorly over the insertion of the gluteus maximus. The patient is sway-backed; fibrillary twitching and slight atrophy are detected in the lumbar muscles. The patient has some difficulty in walking up steps. His gait is peculiar—the so-called loosely strung gait; ankle motion more defective than knee or hip action; the joints have never been painful, nor are they enlarged.

Progressive muscular atrophy, beginning in the lower extremities, is very rare. Duchenne saw it only twice in 159 cases; Roberts, five

times in 62 cases; Friedreich, twenty-seven times in 146 cases.

When this rare form of the disease does occur, it differs from the typical form in that whole muscles or groups of muscles, rather than individual fibers and parts of muscles, undergo atrophy. While the possible occurrence of this irregular form is generally admitted, recent authorities claim that most of these cases are not examples of true progressive atrophy. Eulenberg thinks this form occurs only in children, in a form allied to pseudo-hypertrophic paralysis.

Erb separates the juvenile hereditary forms from true progressive muscular atrophy, "they differ from it in localization and course, anatomical changes and clinical phenomena in the muscles, and alterations in the spinal cord." Bramwell and others claim that many of these cases are identical with chronic anterior poliomyelitis. From the history of this case, as detailed above, I do not think any one could claim it as an instance of pseudo-hypertrophic paralysis. Chronic anterior poliomyelitis, with which progressive muscular atrophy is most frequently confounded, is characterized by gradual motor paralysis, with subsequent rapid atrophy, abolished reflexes, reaction of degeneration: the muscles of the legs are first paralyzed, then those of the thigh and hip, and then in turn the upper extremities are involved, the extensor muscles of the fingers being first affected. The disease runs a comparatively rapid course, and generally terminates favorably. In the majority of cases improvement occurs after a stationary period, the paralysis and atrophy disappearing more or less completely, the muscles last affected being the first to recover. Though my case has many features in common with this description, I can not persuade myself that it belongs under this head. The absence of distinct paralysis, the loss of motor power following atrophy and directly in proportion to the muscular wasting, the reflexes being retained, no reaction of degeneration, persistent fibrillary contractions, and the extremely slow yet onward progress of the disease seem fatal to a diagnosis of chronic anterior poliomyelitis. It only remains to say a few words concerning the so-called juvenile



progressive muscular atrophy of Erb. As described by this author, "There is slow, symmetrical but intermittent, and often stationary wasting and weakness of certain groups of muscles, preferably those encircling the shoulder and upper arm, the pelvis and upper thigh and back, an atrophy which is very frequently combined with true or false muscular hypertrophy, with a peculiar toughness of the atrophying muscles, but without fibrillary contractions or any trace of the reaction of degeneration or other lesion in the body, be it of the nervous system, organs of sense, vegetative organs, or external integuments." The disease begins in youth or childhood, and agrees in its symptomatology and in the anatomico-histological alterations of the muscles with pseudo-hypertrophic paralysis. The disease is eminently hereditary, not "infrequently it occurs in entire groups in one family, producing the so-called hereditary—better named, family—muscular atrophy." "If this form occurs after puberty it affects most frequently, although not exclusively, the upper half of the body."

The absence of heredity, the late development, and its long confinement to the legs, with eventual involvement of certain muscles of the thighs, lumbar region, and upper extremities with marked fibrillary contractions, seems to exclude my case from this category and justify the diagnosis of progressive muscular atrophy.

LOUISVILLE.

**MEDICAL CURE OF GLAUCOMA.**—M. Panas recently submitted to the Paris Academy of Medicine a communication on the treatment of certain forms of glaucoma without operation. In the view of M. Panas, the myotics hitherto employed as palliatives may also play the roll of curative agents; but to obtain favorable results their use ought to be prolonged. They should, in preference, be employed in the form of collyria. The two formulas usually employed by M. Panas are a solution of one twenty-sixth of a grain of sulphate of eserine to the dram of water, or one twelfth of a grain of nitrate of pilocarpine.

The collyrium of eserine is always to be placed in the first rank.—*From Le Progrès Medical.*

## Societies.

### KENTUCKY STATE MEDICAL SOCIETY.

Thirty-first Annual Session, held at Winchester, Ky., June 23, 24, and 25, 1886.

The meeting was called to order by the President, J. P. Thomas, M. D., of Pembroke. The minutes were read, and also the reports of the Committee on Credentials, the Committee of Arrangements, the Librarian, Secretary, and Treasurer. The Secretary reported \$241, less expenses, leaving a remainder of \$183.60. The report on Necrology included the names of Drs. R. W. Dunlap and A. R. McKee, both of Danville.

The President then made the annual address, taking for his theme, "The best Doctor for the Commonwealth, or the Doctor as an Officer of the State." The scope of his theme would necessitate extensive allusion to "a higher medical education," the discussion of which had hitherto produced but poor results in this State, though others have in this respect been more successful.

"It had been said that 'to be great in medicine one must be familiar with all its collateral branches;' but the field is now too broad, embracing as it does the vast range of science, together with philosophy as exhibited in various systems of evolution. Yet a certain acquaintance with these matters is requisite to a right understanding of the nature of disease processes."

Nor would the speaker have the embryo doctor waste his time in the study of the classics. A good English education, however, should be rigidly required. There are in the ranks of the profession so many ignorant doctors that, were Malthus living, he could not but set down the increase of quackery and oversupply of uneducated doctors as one of the most effective checks on increase of population. The main fault is not with the colleges, but with the material sent them. Competition compels the colleges to admit all who apply.

A great error on the part of those who oppose legislative control of medical practice is the assumption that legislative action is sought only in behalf of a limited class of

physicians and for their selfish interests, when the chief object is the protection of the people.

It is not quite certain that complete control, under our system of government with its political methods, can be accomplished, but the great success of enactments to that end in Alabama, Virginia, and North Carolina, are suggestive and encouraging.

The physician is an officer of the State, liable to be called on to give his opinion in cases involving medico-legal questions. When once laws are passed securing to the government the services of those who are competent they are never repealed.

In France one so great as Pasteur can not practice the simplest medical or surgical office because he has not taken the doctor's degree. In our country the gravest operations can be undertaken by the most ignorant.

The State should secure for itself the best medical officers, and encourage them to become sanitarians.

It is some comfort to know that our legislature did, after much persuasion, pass a law authorizing a board of health. But for the objects to be accomplished the appropriation is altogether inadequate. And it was only justice to say that the distinguished Secretary had accomplished more intelligent and beneficial work in his department, and with less compensation, than any other officer in the service of the State.

With Dr. Bowditch, he believed that the development of sanitary science is the great work of the future.

In conclusion, he recommended that a committee of five or more members be appointed to draft a bill covering the necessary legislation for accomplishing the objects considered in the address, the necessary expense to be paid out of the funds of the association; and congratulated the Society on having two of the opposite sex enrolled as members. The address has already been published in pamphlet form and will be widely read.

#### ULCERATION OF THE SIGMOID FLEXURE OF THE COLON.

Dr. J. G. Carpenter, of Stanford, reported a case of ulceration of the sigmoid flexure of the

colon. It occurred as the sequel of dysentery. The patient was a male, aged twenty, American, good family history and constitution. Case seven months in duration. Dr. C. elevated the trunk seventy or eighty degrees, retracted the anus with a Sims' speculum, and inflated the bowel; used at different times sunlight, lamp-light, and the electric lamp and laryngoscopic mirror. He could see within the bowel twelve inches by measurement. To cleanse the bowel he used water as hot as could be borne. The reporter found that Sims had reported a similar case in Bryant's Surgery. This hot water was used twice daily for cleansing and antiphlogistic purposes. Nitrate of silver was applied every six to eight days, of a strength of forty to sixty grains per ounce.

Dr. Pinckney Thompson, of Henderson, Ky., thought the claims of the reporter almost impossible.

Dr. W. H. Wathen, of Louisville, thought it could be done.

Dr. William Bailey, of Louisville, thought the reporter had been "able to see farther into the subject" than any one else.

#### REPORT ON OPHTHALMOLOGY.

Dr. Martin F. Coomes read the report on Ophthalmology. Hypermetropia, myopia, and astigmatism were mentioned as the chief optical defects giving rise to headaches. Asthenopia was also considered to be a frequent exciting cause. A disease resembling glaucoma in many respects was also described as producing severe headaches.

Dr. J. M. Ray, of Louisville, said that he had seen a case with Dr. C., in which all of the symptoms of glaucoma were present, save the "stony, hard globe." The eye could not be examined with an ophthalmoscope on account of its extreme sensitiveness, hence the condition of the disk could not be determined. By the persistent use of eserine locally, and by the liberal use of wine and good diet, the patient made a perfect recovery.

In answer to a question from Dr. Reynolds, he said he was inclined to think it was glaucoma, but the patient would not let the eye be touched. Has often seen eserine relieve the symptoms of acute glaucoma. It will relieve the pain and



lessen the tension in a short time in certain cases. An operation, however, should be done if a cure is expected. Has seen the sight in glaucoma simplex kept up for years by the use of half a grain to the ounce solution of eserine. This was proven by the sight diminishing when the drug was temporarily discontinued.

Dr. Williams, of Cincinnati, had had much experience in glaucoma. Many practitioners do not know glaucoma. They think it neuralgia, and give quinine. Or they take it for cataract, and say, let it alone and have it operated when it gets ripe; but there is no use operating on a ripe glaucoma. General practitioners ought to know more of glaucoma. He had found eserine helpful, but has never seen a case of confirmed cure from it. But it does good as a means of diagnosis, deciding whether operation should be done. If there is improvement under its use it is a good indication.

Dr. Reynolds is satisfied that eserine never exercises any favorable influence; glaucoma is an affection of the periphery; if the limitation of the field of vision is absent after the use of eserine, it is evidence that glaucoma is absent. Considers the examination of Dr. R.'s case incomplete. Eserine does relieve pain and tension.

Dr. Ray has seen several cases of glaucoma in which tension was reduced by eserine; had seen one case where the glaucoma returned and was a second time relieved; had seen several where the glaucoma disappeared.

Dr. Yandell, in behalf of the general practitioner, would ask if glaucoma is influenced at all in its exacerbations. The questions are, should glaucoma be treated by any other means than operation; whether eserine is not a delusion and a snare? In the opinion of ophthalmologists of very large experience it is clearly not worthy to be trusted.

#### EVENING SESSION.

##### THE UNCOMMONNESS OF COMMON POLITENESS.

Dr. E. Williams, of Cincinnati, read one of his customary witty papers on this subject. "Why," the speaker asked, "is politeness like smallpox and scarlet fever? Because it is contagious. Non-contagious politeness is malig-

nant. Like common sense, common politeness is a scarce thing in the market." The address was received with laughter, applause, and a vote of thanks.

#### REPORT ON PATHOLOGY.

Dr. D. S. Reynolds, of Louisville, made the report on Pathology. In considering this new science, which we call pathology, he wished to instill a sort of skepticism which rejects as facts every thing which can not be clearly demonstrated. "I stand here to affirm," he said, "that tuberculosis is an infectious and contagious disease, disputed by no one who has undertaken experimental investigations." Heredity, he thought, had nothing to do with it. He reported cases where he had found tuberculous bacilli in catarrh of the nose and ear. He reported also his examination of water from typhoid-fever wells in Louisville, and exhibited microscopical specimens. In typhoid fever there are two kinds of micro-organisms; one that produces the mild forms, and the other the malignant forms of the fever.

Dr. F. C. Wilson, of Louisville, thought heredity had much to do with the production of tuberculosis. He thought many cases could be traced to contact.

Dr. Pinckney Thompson, of Henderson, thought that the specific cause of typhoid fever had not been discovered. In the city it is quite impossible to find a case which can not be traced to some other cause than that named by Dr. Wilson. In the country he had seen typhoid fever exist where it was impossible to have come from another case.

Dr. William Bailey, of Louisville, regarded some of the statements made in the paper as overpositive. To him the germ theory is the most plausible one. Most theories must, as yet, be held *sub judice*. He thinks we can not dismiss heredity with a wave of the hand, and is sure that we can not make the insurance companies dismiss heredity from their questions.

Dr. J. T. Whittaker, of Cincinnati, said that in discussing the acquisition or heredity of tuberculosis, we should inquire, Is there not more than one element in this disease? Disease requires not only seed but soil. We

might inherit the soil in which the disease would develop. The whole question hinges upon inoculability. This is proven. Introduce bacteria into the eye, and you can see every stage of its development. If the disease is inoculable, it must be contagious. There is no disinfectant like ventilation. We use horrible disinfectants, are then obliged to open the windows and thus get ventilation. We should destroy the sputum by burning, or expectorate into a jar containing a bichloride solution. In Germany they separate tuberculous cases from others. Here there is a great hue and cry if smallpox is exposed in the ward. Yet tuberculosis is so exposed every day. It is a question whether a child ever inherits any disease from its father. Pneumatic differentiation, he thought, had entirely changed the prognosis of tuberculosis. The ventilation of the lungs is the great thing. He did not wish to be quoted as saying that this was a sure cure for consumption. It is the best method we have to secure ventilation of the lungs. No spray will destroy all of the bacilli. It can not reach them all. This pneumatic treatment is not as good as a mountain-top, yet it is the next best thing.

Dr. J. N. McCormack, of Bowling Green, thought that if it was true that micro-organisms are given off which are dangerous to persons in the room, we are guilty of criminal neglect in not acting accordingly. He spoke of the action of the National Board of Health at its recent meeting, spoke in favor of the disinfecting of typhoid-fever stools, and said there was no one here who did not believe that if the first case of cholera was found and isolated, and proper sanitary precautions taken, that the disease could be stamped out. He referred to Sternberg's investigations of disinfectants, which, he said, were only deodorizers and delusions. He favored the use of the bichloride of mercury.

Dr. E. R. Palmer, of Louisville, thought that the feature most worthy of discussion was that bearing on heredity. He thought the pendulum had swung too far. He agreed with Dr. Whittaker, that the father could not transmit a specific taint; he might transmit it as an inherent weakness. We are probably all con-

stantly inhaling tuberculous germs, but they do not find the proper soil. The father may transmit to his offspring certain conditions of body which may be followed by tuberculosis. He thinks, with Dr. Otis, that unless the father syphilizes the mother he does not syphilize the offspring.

Dr. T. A. Reamy, of Cincinnati. So long as the wife is not pregnant she is safe, unless mucous patches or sores are present. He had known the father to propagate the disease ten years after the disappearance of all symptoms.

Dr. D. S. Reynolds, in closing the discussion, said he assumed that no one except those gentlemen who have not undertaken investigation will assume that tuberculosis is not due to one cause. It is well known that many persons inherit the so-called strumous diathesis. The point in relation to the transmission of tuberculosis by the father has been settled. The father can not transmit to the offspring any thing except tendency to form. He can not transmit direct disease. The principal point is, What shall be done to prevent this disease? Answer, The destruction of the media by which it was transmitted.

The Committee on Nominations reported the following as officers for the ensuing year, who, on motion, were declared elected:

President—Dr. W. H. Wathen, Louisville.

Senior Vice-President—Dr. J. M. Harwood, Shelbyville.

Junior Vice-President—Dr. J. M. McKinley, Winchester.

Permanent Secretary—Dr. J. Steele Bailey, Stanford.

Assistant Secretary—Dr. F. C. Simpson, Bardstown.

Treasurer—Dr. Edward Alcorn, Hustonville.

Chairman Committee of Arrangements—Dr. J. G. Brooks, Paducah.

Board of Censors—Drs. D. S. Reynolds, Louisville (chairman), A. W. Willis, Winchester, A. Sargeant, Hopkinsville, J. H. Letcher, Henderson, W. E. Poynter, Midway, J. M. Harwood, Shelbyville.

The Society decided to hold the next meeting at Paducah, on the third Wednesday in June, 1887.



## SECOND DAY—MORNING SESSION.

## ON THE PROGRESS OF THE PRACTICE OF MEDICINE.

Dr. J. W. Irwin, of Louisville, made the report on the Progress of the Practice of Medicine. (See page 1.)

Dr. J. Whittaker, of Cincinnati, thought "that tricuspid regurgitation reveals itself by a bruit a considerable time before pulsation in the neck is observed. The earliest sign is an increasing tension of the radial artery and hypertrophy of the left heart. Intubation of the larynx has been pointed out as feasible in the treatment of diphtheria and croup. My experience has been inevitable failure. I resort to tracheotomy. This is done so easily and readily by the surgeons now." He dwelt especially on that class of cases having crowing respiration. Rickets, he said, were very much more common than generally supposed. This spasm of the larynx calls attention to rickets. Diarrhea is most common in these children, alternating with constipation; often sweating and restlessness make up the diagnosis in the earlier stage of the disease, after which come the enlarged end of bone, the roseola, the deformities of the pelvic and other bones. We should treat rickets early. It needs only treatment to be relieved. Cod-liver oil and phosphorus are the remedies. Give phosphorus, gr.  $\frac{1}{7}$ , emulsion of cod-liver oil and gum arabic, 2 ounces. Laryngismus stridulus disappears with the disease.

As to pyrexia, the medical mind is about to undergo a great change in the treatment of fevers. We have been taught to subdue fever at all cost. This view is changing. It is pretty well settled that typhoid fever is due to a specific cause. It would seem that Nature's method of attenuating virus is by elevation of temperature. It may be that we are taking away this very method of Nature to relieve herself of trouble, and he questions whether we were justified in resorting to extreme methods of anti-pyresis.

Dr. Wm. Bailey, of Louisville, thought that intubation of the larynx had proven successful in the hands of those who had used it. He thought croupous pneumonia not simply an essential fever, but there was something back of that. He thought these fevers quite different

from those of boils and abscesses. They take a typical course.

Dr. J. A. Larrabee, of Louisville, spoke regarding rickets. He thought the prevalence of the disease had increased. The trouble is, it is not recognized until the elaborations and distortions show that the disease *was* rickets, not *is* rickets. So many children are thrown upon the world like Romulus and Remus, to be brought up on the modern wolf, the feeding-bottle. The origin of the disease he believed to be in the intestinal canal. Phosphorus is of less use than the care of the intestinal canal. Hygienic surroundings are all important. The principal means of treatment are not found in the apothecary shop. Fresh air, food, and exercise are required. This is one of the most important diseases in infantile practice.

## ON THE PROGRESS OF SURGERY.

Dr. M. T. Scott, of Lexington, made the report on the Progress of Surgery. (See p. 8.)

Dr. D. W. Yandell, of Louisville, thought the reporter had done his work so thoroughly that but little room was left for discussion. He would, however, speak on one point, the difference between stab and shot wounds, both of which we unfortunately see so much in Kentucky. The size of the ball is of the first importance. "I think Otis' statement with regard to minie balls correct, viz., 'The man who gets a minie ball through the small intestine dies.' The small six-shooter, especially the Smith & Wesson, often causes injuries which we can reach. Hence I always learn, when called to a shot injury, the gun with which it was done. The principal question is that which relates to symptoms. Shot wounds cause more or less shock, depending on the nature of the wound, the individual, and the circumstances of its occurrence. To say that in all shot wounds which enter the belly we should open the abdomen is a very loose and misleading statement. I would say, open the belly in neither shot nor stab wounds unless there are symptoms demanding it. Usually such as are going to occur are generally present by the time you have reached the patient. Men are not often shot down in your sight or by your side. In shot wounds, unless there are indica-

tions on the part of the pulse or temperature that there has been some important injury, I do not open the abdomen. When symptoms demand that the abdomen be explored, I would make the abdominal cut large enough to see every possible danger. As to cocaine in cystitis and operations done on the urethra, I have been disappointed."

#### A CASE OF LAPAROTOMY.

Dr. J. G. Brooks, of Paducah, reported a case of laparotomy. A lad, eleven years old, was stabbed in the abdomen with a barlow knife. A large piece of intestine protruded. He was found pallid, vomiting, and nearly pulseless. On consultation it was decided to open the abdomen. The boy was thought to be dying. An incision was made in the median line. On opening the peritoneum a pint of blood spurted out. A brief search revealed a wounded vessel in the mesentery, which was tied, the cavity cleansed, the intestine washed with warm antiseptic water and returned. Brandy was given hypodermically. No sponges were at hand. The operation was made while the boy lay on the bed and by lamp-light. The third day the patient sat up, and the tenth day attended court and testified. The sixth day the sutures were removed and the wound found healed. A considerable amount of the blood was unavoidably allowed to remain in the cavity, but was fortunately readily absorbed. The propriety of this, and the propriety of keeping the wound open might be questioned. Had the operation been adverse, the lawyers at the trial would probably have said the doctor, not the knife, killed the boy.

Dr. J. N. McCormack, of Bowling Green, would have commended the operation had it been adverse in result. He reported a case in which, nine years ago, he had successfully removed eleven inches of the small intestine for gangrene.

#### AFTERNOON SESSION.

##### SOME MOOT POINTS IN THE MECHANISM OF LABOR.

Dr. D. T. Smith, of Louisville, read a paper entitled *Some Moot Points in the Mechanism of Labor*. The points embraced were the cause of head-presentations, the physical principles

involved in expulsion of the fetus, and the mechanical features of rotation.

He believed that the nearly uniform presentation of the head of mammalian young at birth is determined by the effect which natural swimming movements have upon the position, respectively, of men and animals in water, in connection with the changes of form which the uterus undergoes during pregnancy.

When a man in water makes natural swimming movements, using only his legs, he drives himself head first toward the bottom; the natural walking movements of an animal will cause it to swim when thrown into the water. In the uterus the human fetus uses the legs in its movements almost exclusively, and so swims downward to the outlet, where it is held by the conical lower segment of the uterus, especially in the later months. The young animal swims naturally upward to the outlet.

In expulsion the tendency of all forces applied is to remove the form of the uterus from that of the sphere which incloses the largest space.

The contraction of the muscles of the back and projecting forward of the abdomen have the same effect. And it is a question whether the irritation caused by the distension of the cervix and lower part of the uterus is not reflected to the dorsal and abdominal muscles instead of their own, resulting in the contraction of the former and the partial relaxation of the latter.

He thought rotation from occipito-posterior positions to anterior not satisfactorily accounted for, and raised the question whether the greater angularity of the face and forehead as compared with the occiput, together with the greater ease with which the vernix caseosa might be stripped from these parts, and thus increase their friction, might not contribute largely to the result.

He condemned on physical principles Credé's method as commonly practiced.

Dr. J. M. Harwood, of Shelbyville, read a paper on

#### THE THIRD STAGE OF LABOR,

in which he advocated the immediate removal of the placenta, and recommended the same treatment in cases of retained placenta.



Dr. W. H. Wathen, of Louisville, said the dangers in this condition are hemorrhage and septicemia. To prevent hemorrhage, the moment the child is born let your hand follow down the uterus. Keep your hand over it, above the symphysis, and watch that the uterus does not relax. If it is contracted, let nature have an opportunity to expel the placenta. If not, use gentle friction.

Dr. J. G. Cecil, of Louisville, did not agree with the essayist in his views as to traction on the cord. He described, minutely, Credé's method. He did not think it best to hurry too much in expressing the placenta. We owe some duty to the child. It has been proven that the early tying of the cord robs the child of from one to three ounces of blood. As one ninth of the child is blood, and if the child weighed seven pounds, the loss of this amount, 12.33 ounces, would be felt. He believed Credé's method the best method to prevent hemorrhage. He would defer separating the placenta till pulsation had ceased.

Dr. Turner Anderson, of Louisville, could not conceive of any thing more hurtful than this telegraphic method of delivering the placenta. He thought that most practitioners, as they grow older, find fewer cases requiring the introduction of the hand into the uterus. In the earlier years of his practice he encountered more cases of retained placenta than since. This has diminished, till now a retained or adherent placenta, or hemorrhage, is one of the rarest things, and he is beginning to believe that they are occurrences which happen in our earlier practice. He advises to wait. His practice is to allow the patient to recover somewhat from the shock of the second stage. Unless there are contra-indications, he waits from fifteen to forty-five minutes. The patient by this time has recovered from the shock and tonic contraction has set in. He prefers the method of Credé to all others where he is obliged to assist. He does not believe in introducing the hand where avoidable.

Dr. T. A. Reamy, of Cincinnati, wished to condemn the method of Credé in natural labor. The adoption of Credé's method throughout the country has been the cause of much more injury than good. You may just as well cut

the cord at once as compress the uterus and expel the placenta. The latter stops the pulsation. Placing the hand on the abdomen is only for the purpose of making observations not to contract the uterus. We never have hemorrhage when there is pulsation in the cord. While the cord pulsates you may rest easy. *Post-partum* hemorrhage is a great bugbear. When the cycle is complete the uterus will contract. It knows how to contract; the idea of our teaching it how! True obstetric science is marvelous. Irregular contraction and retained placenta are often due to this compression.

Dr. Harwood, in reply, said that for his part so far from having found more cases of hemorrhage and retained placenta in the earlier years of his practice, they seemed to increase as he grew older.

Dr. J. H. Letcher, of Henderson, reported

#### A CASE OF MANIA AFTER CATARACT OPERATION.

He operated one year ago on a well-preserved old man, Mr. B., a farmer, who had been blind for some time from a mature cataract of both eyes. Shortly after the operation Mr. B. became insane. He was without fever, and the pulse was normal. Morphia gave relief. He thought it might be due to the drops of atropia instilled into the eye. There were no other signs of atropia poisoning present. He queried, Could this disturbance be due to the closure of the eyelids and the effect of the bandage? Could it have been due to confinement, the forced recumbent posture in a man wont to be active; or might the unaccustomed noise about the house be to blame?

Dr. E. Williams reported a similar case.

#### THE PROGRESS IN GENITO-URINARY SURGERY.

Dr. H. H. Grant, of Louisville, made the report on the Progress in Genito-Urinary Surgery. He made especial mention of supra-pubic lithotomy, operations on the kidney, digital exploration of the bladder, urinary fever, and the gonorrhea microbe. Prof. Petersen's modification of the old supra-pubic section, for stones larger than two ounces to two and one half ounces, finds most favorable reception, being employed and highly in-

dorsed by many surgeons within the past twelve months, Sir H. Thompson commending it even for some small stones and vesical growths with special indications. Dr. Orlouski suggests, as improvement over Petersen's plan, division of the abdominal tissues on a grooved director, insuring greater safety; besides, he draws up the bladder, before division of its coats, with a stout ligature instead of the hook used by Petersen, allowing thus more room for the operator. He still more radically changed the method by sewing up, around a drainage-tube, both the bladder wound and that in the abdominal wall, and thus hastened recovery.

Dr. Pilcher following these steps, but doing away with the drainage-tube, obtained permanent primary union by the eleventh day.

Nephrectomy continued to present a favorable record at all ages. Dr. R. J. Goodloe reports a case by abdominal incision on a boy twenty-two months old, with recovery. The primary operation of nephrectomy is advised in suppurating kidney lesions, such a step lessening the mortality if the secondary operation of nephrectomy becomes necessary.

Digital exploration of the bladder, through an external urethrotomy wound in the membranous urethra, succeeded by digital dilatation of the prostatic portion, enables a diagnosis to be established and often treatment instituted for lesions hitherto undiscoverable before death. The step is highly satisfactory and promising.

Urinary or catheter fever is still an unsettled question, the belief that it is of nervous origin and dependent in its gravity upon previous disease of the kidneys being the prevalent recent view. Probably the same cause, shock, is responsible for both the rigors which follow catheterization in the young and robust, and for the low typhoid condition into which the old and ill relapse, the danger and gravity of the latter growing out of the tendency in the diseased kidneys to fail in their function.

Strong confidence is developing among the profession in the discovery announced by Neisser, in 1879, of the specific gonorrheal microbe, the gonococcus. The importance of these germs in the treatment of old gleet, and the

bearing of their presence in such discharges on the question of communicability, impart an interest greater than mere theoretical discussion. Especially in chronic discharges, where the risk of communication is a question of great interest, the establishing of the view that the microbe is specific and is invariably present will settle many a vexing question. The weight of authority favors a confirmation of Neisser's discovery.

Dr. Yandell, of Louisville, expressed himself as exceedingly interested in the report just read. He thought that supra-pubic lithotomy would, in the large majority of cases, take the place of all cutting operations done below the pubes. Forty years ago a classmate, who afterward won great distinction as a lithotomist, Dr. Gardner, of Munfordsville, Ky., cut his first case of stone by the lateral method, as he had so often seen his illustrious teacher, Dr. Gross, do; but after getting into the bladder he found the calculus so large that he couldn't pull it through the pelvic outlet, nor were his forceps powerful enough to break it, whereupon he did the high operation and removed an enormous stone. The patient, though an old man, made a satisfactory recovery. Dr. Yandell also believed that Mr. Reginald Harrison, of Liverpool, had, in his new operation for stricture, where, after doing internal urethrotomy, he made a perineal section, given a procedure of very great value—a procedure whereby many lives would be saved.

Dr. Joseph Ransohoff, of Cincinnati, said that in 1880 he was called into Indiana to see a man who had been passing his water every ten to fifteen minutes. The parts were so sensitive that it was impossible to pass any instrument. The patient was put under ether. A papillomatous tumor of the bladder was found, and perineotomy was done. In large, flabby persons, those who generally have enlarged prostates, the perineum is very long. He related a case where his patient died in twenty hours after he removed two quarts of urine by the catheter. The patient suffered more from his successful introduction of the catheter than from the unsuccessful attempts of his predecessors. He died from shock, as one does from



the removal of too great an amount of ascitic fluid at one time. He did not favor delay in operating in prostatic enlargement.

## SECOND DAY—EVENING SESSION.

### REPORT ON PEDIATRICS.

Dr. J. A. Larrabee, of Louisville, made the report on Pediatrics. In the broad and open field of pediatrics he said we have great opportunity to use preventive medicine. Two thirds of the whole number treated in his children's clinic are the effects of syphilis. He reviewed methods of acquiring syphilis. Within four months he has treated two young men with chancre on the tongue, four young ladies with chancre on the lips—the latter communicated by kissing. It is no matter what preparation you use, as they all act finally as the bichloride. He greatly prefers the inunctions of the old-fashioned blue ointment. He next discussed the subject of medical legislation, which he thought must be the result of education; and where is the education to come but through the profession. We have not yet attained the medical wisdom of Solomon, nor the sanitation of Moses. He spoke of the present rage about hydrophobia, and drew a comparison between the amount of damage done to humanity by hydrophobia and syphilis. How often do we hear ringing in our ears at the marriage ceremony these words, "Who knows aught," etc., when we know all too much. The licensing of prostitutes for one year in St. Louis reduced syphilis thirty-five per cent. Had it been continued, what would have been the result?

### THE ORTHOPEDIC SURGERY OF TO-DAY.

Dr. Ap Morgan Vance, of Louisville, read a paper on The Orthopedic Surgery of To-day. (See page 14.)

Dr. George W. Ryan, of Cincinnati, said he was sure that every orthopedist would thank Dr. Vance for his broad definition of the work of the orthopedic surgeon. In common with other specialists, the orthopedist is at times accused of stepping outside the limits of his work, if he resorts to operative or other measures supposed to belong to the general surgeon. But

as the reduction and cure of deformity is his profession, the means which are employed, be they the knife or the apparatus, have only a scientific interest.

Some statements of the author, however, he could not subscribe to; notably those concerning the treatment of lateral curvature of the spine and the rachitic deformities.

He would be very far from agreeing to what the author justly terms the bold statement that the mechanical treatment of lateral curvature is unsurgical and cruel. No doubt he may find authority for this, but the judgment of most orthopedists is decidedly the opposite.

The mechanical treatment may possibly be considered of only secondary importance to the gymnastic exercises, the faradism, and the massage; but he believed it was of great value in securing a good result or in preventing an increase in the curvature. Certainly in his own cases he had no reason to be dissatisfied with it. The plastic dressings so generally used may certainly be considered unsurgical and cruel, for they are neither scientific nor satisfactory.

The value of proper and systematic exercise, with faradism and massage, is unquestioned. Mechanically, he has been using for the past two years elastic force over the convexity of the curve. This is obtained by using the heavy elastic webbing, such as the manufacturers of artificial limbs employ in their work. A simple light steel frame is employed in order to get the fixed points. This is held by the ordinary corset front to the patient's body, a light pad being placed over the point where the pressure is to be made. The pressure is even, yielding to a certain extent, and its use is not followed by any pain. This apparatus, in conjunction with the adjuvants mentioned, has done excellent service. In one case of typical rotary lateral curvature it has been diminished a little more than one third, and in others the treatment has been the means, in his belief, of arresting the growth of the curvature.

The views of Mr. William Adams, which are always conservative and always sound, are entitled to the very highest consideration. He says, in the last edition of his work on this subject: "I can only say that, after an experience of thirty years, I shall adhere to the em-

ployment of spinal instruments in many cases, with the object and within the limit I have defined."

Concerning the statement that the rachitic deformities, such as bow-leg and knock-knee, should be held over until from three and a half to five years for an osteotomy, he should say this was not altogether wise. Of course, if the bones have become thoroughly hard, osteotomy is proper, and in fact is the only means we have of correcting the deformity. But if the bones have not become hard and unyielding, the correction of the deformity by means of proper apparatus is about the easiest and simplest problem that presents itself to the orthopedist. Why we should wait for a year or two in order to perform an operation, when simple mechanical means will accomplish the same purpose without pain or danger, he could not very clearly see. Neither is the osteotomy devoid of all danger, though the per cent of good results is very large. He did not wish to depreciate the value of the operation, but only questioned the wisdom of its indiscriminate employment.

#### ON DISEASES OF THE RECTUM.

The report on this subject was made by Dr. J. M. Mathews. (See page 26.)

#### A CASE OF INJURY OF THE HEAD.

Dr. John L. Taylor, of Warren County, reported a case of injury of the head. A child received a kick from a horse, the horse's hoof glancing from the top of the head. On opening the scalp by a crucial incision, a comminution of the skull two and a half inches in diameter was disclosed. The fragments of bone were removed and the wound dressed with pure water, with the result of a good recovery.

#### THE CAUSE OF REGULAR ASTIGMATISM.

Dr. Allen Kelch, of Louisville, read on this subject.

He called attention to the fact that the faculty of accommodation resides in the change of form, either active or passive, of the crystalline lens; that this being accepted as a fact, regular astigmatism, as it is constantly met, can not reside in the crystalline lens, for the reason that regular astigmatism is a constant

invariable quantity of defect of refraction, whereas, if it reside in the crystalline lens, it must vary with every varying degree of accommodation exercised. The aqueous and vitreous humors are incapable of being the seat of regular astigmatism, leaving only the cornea to be considered.

He showed how this medium must be altered in form by the pressure and the action of the eyelids by which it is compressed in the vertical meridian while it is lengthened in the horizontal, correspondingly increasing for refracting power in the vertical and decreasing its power in the horizontal. Astigmatism, requiring a positive cylinder for its correction, must have that cylinder so placed as to increase the refraction in the horizontal meridian, as the horizontal indicates the direction in which the cornea exerts the least refracting power.

Finally: (a) Regular astigmatism is due to changes of the spherical form of the cornea; (b) The cornea has its contour altered by the pressure of the lids, and in this pressure we find the cause of regular astigmatism.

#### ON APHONIA.

Dr. A. B. Thrasher, of Cincinnati, read a clinical report on Aphonia.

#### ON THE TREATMENT OF INSANITY.

Dr. John M. Foster, of Richmond, Indiana, read a paper on the Treatment of Insanity.

#### NASAL REFLEXES.

Dr. W. Cheatham read a paper on Nasal Reflexes, bearing especially upon one of the causes of trigeminal cough and so-called "hay fever." A cough, the result of nasal irritation, is extremely common. A diagnosis can often be made by applying to the nose a two-per cent solution of cocaine. In hay fever the reader referred to the destruction of the "sensitive areas" of the nose, and called attention also to sensitive areas in the pharynx, larynx, and ocular conjunctiva. He also called attention to the dangers of the use of chromic and the stronger acids and the galvano-cautery, in the destruction of hypertrophied tissue in the nose. In removing neoplasms and the larger hypertrophies he preferred the snare or forceps. The



smaller hypertrophies he reduced by electrolysis. By this means the cicatrix is very small.

#### A RAPID METHOD IN THE TREATMENT OF FRACTURES.

Dr. von Donhoff, of Louisville, read a paper on A Rapid Method in the Treatment of Fractures. The Doctor premised the reading by the statement that, by the "rapid method" it is not intended to anticipate or abridge natural processes of repair, but to take practical advantage of those phenomena, and to demonstrate by clinical data, embracing a record of one hundred and two cases collected by professional friends and himself, that surgical apparatus (fixed dressings) might, nay, *should*, be dispensed with in fractures of joints on the fourteenth day, and in fractures in the continuity of long bones at least on the twentieth day after the injury.

The advantages claimed for the method are, (1) Perfect safety, under ordinary circumstances, in the treatment of simple and the lesser degrees of compound fractures; (2) the uniform absence of ankylosis of fractured joints or those contiguous to fractures of shafts; (3) no appearance of muscular atrophy or atony as sequelæ of fractures; (4) the practicability of *finally* dismissing patients after the remarkably short period of from twenty-eight to thirty days of treatment with perfect safety to themselves. Dr. v. D.'s experience with this method in the treatment of fractures extends over a period of ten years, and has been unexceptionally gratifying. The practice is based upon the now well-understood stages of the reparative processes in bone, and notably upon one fracture, namely: the *completion of the protective* (ensheathing) *callous by the fourteenth day, at which time the natural splint is sufficient to guard against displacements, and hence to render artificial safeguards unnecessary, except during hours of unconsciousness—sleep—when the precautions indicated in Dr. v. D.'s subjoined rules of practice are taken to avoid injury.*

1. Strips of sole leather or gutta-percha (tin will answer also) of suitable breadth and length being at hand, these are immersed in hot water and adjusted by means of a roller to the site of the fracture previously reduced

and properly swathed in cotton-wool; the latter should be secured in position by a few turns about it with sewing thread. [Anesthesia is a *sine qua non* to the proper manifestation and reduction of fractures.]

2. If no suggestive incident intervene, such as shortening, angularity, or great uneasiness and pain, the *first* dressing, in cases of fracture of the shaft of long bones, should not be removed until the tenth day, but should never be permitted to remain longer than the sixth day in similar injuries of joints.

3. On the fourteenth to the twentieth day, *barring cases in which untoward diathetic or local influences have been demonstrated to exist*, it will be found that the fragments are fixed, and that the dressing may be dispensed with altogether except in fracture involving joints; in these the splints, properly stitched together, should be readjusted on going to bed, in order that the unconscious and possibly violent movements of the patient may not prove disastrous.

4. Gentle, passive motion of fractured joints should be begun *at least as early as the sixth day after the first dressing*, and practiced every second day thereafter until the fourteenth, increasing the degree of motion as may be suggested by the judgment of the surgeon. After this date, the dressing being left off, the matter of moving the limb may be relegated to the inclination of the patient, unless he be too timid, when he may safely be encouraged to handle light objects and practice normal motions of the limb.

6. The average duration of treatment need not exceed twenty-eight days under ordinary circumstances.

The above rules of practice have proven equally reliable in the treatment of compound fractures produced in osteotomies done for the correction of deformities near the ends or in the continuity of long bones.

7. The posture of the limb should be that best adapted to muscular equipoise—straight, or in an obtuse angle.

#### REPORT ON RHINOLOGY.

The report on Rhinology, the first ever read to the Society, was made by Dr. J. A. Stucky, of Lexington.

## POST-PARTUM HEMORRHAGE.

Dr. T. B. Greenley, of Orel, read a paper, subject, Post-partum Hemorrhage. (See page 4.)

## THE REMOVAL OF HAIR BY ELECTROLYSIS.

Dr. Sam. E. Woody, of Louisville, read a paper, subject, The Removal of Hair by Electrolysis.

On motion of Dr. D. S. Reynolds, of Louisville, the salary of the permanent Secretary was raised from \$50 to \$100 per annum.

The attendance reached one hundred and fifty.

Adjourned to meet at Paducah the third Wednesday in June, 1887.

## Reviews and Bibliography.

**Illustrations of Unconscious Memory in Disease,** including a Theory of Alternatives. By CHARLES CREIGHTON, M. D. 12mo, pp. 212. New York: J. H. Vail & Co.

The author, taking a cue from some allusions of Hering and Hartman to memory as a proper term to express what has been commonly known under a number of terms, such as habit of the organism, natural tendency, etc., has devoted the pages of this work to a discussion of these phenomena under the head of "Unconscious Memory in Disease." An author of his own country, to whom Dr. Creighton does not refer (Dr. Maudesley), has carried this matter even farther, in a brief statement that even the scar on a tree is a form of memory.

Dr. Creighton suggests that the power by which a dermoid cyst or any neoplasm involving embryonic elements, the persistence of a gleet, a catarrh, or a cough, the restoration of destroyed limbs, as in some lower animals, are all to be considered as instances of unconscious memory.

Further, alterative medicines are supposed to prove effectual by breaking up this memory. The author has given an ingenious dissertation on a difficult subject which to him, or to any one of similar bent of mind, doubtless presents a chain with which to link together in memory a large number of facts. But defer-

ring to another time a fuller discussion of the subject, and the errors involved, we think the author has adhered too closely to the obscurities that characterize the German authors whose views he elaborates and seeks to improve upon. It certainly is highly suggestive reading. D. T. S.

**A Manual of Dietetics.** By J. MILNER FOTHERGILL, M. D., Edin., Physician to the City of London Hospital for Diseases of the Chest (Victoria Park). 255 pages. Price \$2.50. New York: William Wood & Co.

To attempt to give the good points in this work would be to quote from every page in it. It is perhaps enough to say that the work is by J. Milner Fothergill, in his best vein; and whoever fails to read it may consider himself greatly the loser. D. T. S.

"Progress" is the title of a new medical monthly, edited by Dr. Dudley S. Reynolds, of this city, and published by Rogers & Tuley. It is beautifully printed and gives evidence of judicious editorial work. We welcome our new neighbor, and wish it a prosperous career.

*Recherches cliniques et therapeutiques sur l'Epilepsie, l'Hysteric et l'Idiotie, Compete rendu du Service des epileptiques et des Enfants idiots et arriérés de Bicêtre pendant l'année, 1885, par Bourneville, Courbarien et Seglas.* pp. 132.

The Medical Missionary Record is published at 118 East Forty-fifth Street, New York City, and devoted to the interests of medical missions throughout the world. It is the organ of the New York Medical Missionary Society. In view of the intimate association of doctors with their patients, and the abundant opportunity they have for furthering the purpose of missionary effort, great endeavors have of late been made to unite the doctor and preacher in the missionary.

I. Dermatologische Studien, Zweites Heft. Ichthyol und Resorcin als Repräsentanten des Gruppe, Reduzierender Heilmittel. Von Dr. P. G. Unna, Hamburg und Leipzig. Verlag von Leopold Voss. 1886.

II. Vortrag des Herrn Unna (Hamburg). Ueber einen Fall geheilter Lepra Tuberosa.

III. Die Medemicamentöse Behandlung des Lupus. Von Dr. P. G. Unna.

IV. Herpes Progenitalis, especially in Women. By P. G. Unna.



## Translations.

THE INFLUENCE OF ANTIPYRIN ON THE TEMPERATURE AND TISSUE CHANGE IN CHILDREN. Dr. Jacobovitch, of the Children's Clinic of the Academy of St. Petersburg, concludes a treatise on this subject as follows:

1. Antipyrin lowers the temperature as well in healthy as in sick children, but in the case of the former it sinks less than in the latter.

2. The force of the depression does not invariably depend upon the amount of the dose.

3. In children idiosyncrasy has an influence upon the fall of temperature outside of the mere largeness of dose, for very large doses sometimes have no effect.

4. Under the action of very large doses the temperature never continues at low figures longer than twenty hours.

5. The greatest depression is observed at midnight, and then the temperature gradually rises.

6. In the case of healthy children the temperature can not be so much depressed as in those suffering from fever.

7. Small children can, in most cases, bear large doses for from one to two days well. Vomiting is rare, collapse or convulsions are not observed, sweating is not constant.

8. Electro-muscular irritability rises with children from the use of the alkaloid, which can be explained by the experiments of Devenne upon frogs and puppies, through irritation of the musculo-motor centers.

9. In a small number of cases the daily quantity of urine is increased, and the specific gravity lowered; but in the majority of cases the quantity of urine is diminished by a half or more, is much concentrated, syrup-like, with increased specific gravity, the discharge of urine is notably hindered.

10. Forty-eight hours after the last dose the daily quantity of all urinary constituents surpasses that of the day before the exhibition of the alkaloid.

11. By means of chloride of iron and iodide of potassium antipyrin can be discovered in the urine not later than forty-eight hours after the last dose.

In conclusion, we must say that, notwithstanding the facts observed by us, the question of the use of antipyrin in fever can not be answered with a positive opinion. It seems to us, however, that there can remain no doubt that, notwithstanding its great antipyretic power, a long-continued exhibition of the medicine to the same patient would be impossible if our exhibit of the retention of oxidation products should be confirmed.—*Memorabilien*.

## Abstracts and Selections.

ANTIPYRIN.—Dr. J. H. Frankenberg, in the Medical Record, states his experience with antipyrin in the following summary:

1. We possess in antipyrin an antipyretic which will reduce temperature most powerfully and rapidly.

2. It is in the great majority of cases perfectly safe; only in very much depreciated states and in very delicate children must it be warily given and guarded by cardiac stimulants.

3. It lacks nearly all the disagreeable features which other antipyretic drugs possess. Perspiration occurs in a large proportion of cases, but does not seem to enervate the patients or render them uncomfortable. Pruritus occasionally coexists with the eruption. Vomiting now and then occurs.

4. It may readily be introduced into the system through various channels. Its taste is not particularly disagreeable, and may be easily disguised by some aromatic. Hypodermically given, it acts more decidedly and rapidly, and avoids the possibility of disturbing the stomach. It is unirritating. It may also be given per rectum.

5. It can not cope with quinine as an antiperiodic or tonic, nor with salicylic acid in acute articular rheumatism.

6. It has practically no influence upon the pulse and respiration. If the pulse be dichrotic, the secondary wave entirely, or nearly, disappears. In other words, it raises the arterial tension.

In conclusion, he says that very little doubt is entertained but synthetic chemistry will develop many new compounds which may prove of avail at the bedside as antipyretics; but it is our firm conviction that at the present day antipyrin, in sufficiently large doses, is the most powerful, the most certain, and the safest anti-febrile drug that we have in our materia medica.

ON THE TREATMENT OF NEVUS.—At a recent meeting of the Clinical Society of London, Mr. R. W. Parker stated that he divided nevi into three chief classes, the cutaneous, the subcutaneous, and the mixed variety, the last mentioned being by far the most numerous. For cutaneous nevi one of the simplest and most efficacious methods of treatment was the application of fuming nitric acid; for the subcutaneous variety, he advocated electrolysis or excision; for the mixed variety, excision was regarded as the surest and most speedy as well as the most radical method.

Mr. Golding Bird had found good results from the ligature. He took exceptions to the sweeping statement that excision should be applied to all cases. Ligature was much preferable in cases which occurred in out-patient practice. A less scar ensued after ligature than after excision, and this latter method was inapplicable to scalp nevi. In nevi below the lower eyelid, and at the end of the nose, the galvanic cautery alone could be employed, and neither ligature nor excision could be, in this situation, adopted. Properly employed the cautery left a minimum of scar and the least amount of contraction, cicatrization being slow, and cauterization frequent at first; in all such treatment the cautery should invariably be applied circumferentially. Mr. Golding Bird had lately employed this practice very often.

Dr. Ward Cousins thought the knife was the best treatment in some cases, but in others the worst. Some nevi got well under any treatment whatever. Nevi affecting the lids and nose, etc., ought to be very slowly treated; he himself treated them by frequent and long-continued scarification by a knife. He approved of the large use of the actual cautery, and never now employed injection, and never used the ligature under any circumstances whatever.

Mr. Parker, for nevi about the nose and eyelid, employed electrolytic needles. He advocated excision as being a radical cure, and because the after treatment was so simple, especially when the edges could be brought well together.

BONE-DRAINAGE IN THE TREATMENT OF THE EARLY STAGES OF HIP-DISEASE.—Mr. Stokes read a paper before the Academy of Medicine of Ireland on bone-drainage in the treatment of hip disease in its early stages. The author commenced by alluding to the fact that hip excision was not maintaining the position in surgical estimation that other joint resections occupied, which he believed to be due to a two-fold cause: first, the rarity of the cases in

which the disease was sufficiently limited to enable the disease to be completely removed; and, secondly, to the difficulty of maintaining fixation of the limb after the operation. He pointed out how very disheartening the statistics of the operation were, as shown by Dr. Yale and by many German operators of eminence. He also showed that the results of the cases treated by methodical expectation, especially where suppuration in the joint occurs, were hardly more encouraging, and quoted Hueter's opinion that suppuration in the hip-joint was a "nearly absolutely fatal process." The principles of treatment that, as a rule, were mainly relied on were then discussed, and shown to be too frequently unsatisfactory. The author then discussed the views of Sir B. Brodie and others as to the pathology of the early changes in scrofulous hip disease, and inclined to the opinion that those held by that distinguished surgeon were correct; namely, that, in the great majority of instances, the primary changes consisted in an inflammation in the cancellous tissue of the bone, the result usually of a traumatism. The views of other surgeons and pathologists were then mentioned, notably those of Mr. Cooper Forster, Mr. E. Owen, and Mr. Hilton. Assuming that Sir B. Brodie's views were correct, the author drew attention to the desirability of giving an early exit to the inflammatory exudates in the cancellated tissue of the bone, and thought that could be best done by the manner recommended originally by Mr. Kirkpatrick, namely, by perforating the bone, and freely applying potassa et calcum along the tract of the wound, both of the soft and the osseous structures. In illustration of the advantages to be derived from this line of treatment, the author gave the details of three cases in which he employed it, and in which the results were very encouraging.—*British Medical Journal*.

ON THE TREATMENT OF DIPHTHERIA.—Dr. DeLaskie Miller, M. D., of Chicago, read a paper before the American Medical Association, from which we take the following:

Diphtheria is a general disease.

1. It is characterized by a period of incubation.

2. The general symptoms appear before the local.

3. The introduction of the germs by inoculation upon a distant part of the surface is followed by the appearance of the false membrane upon the faucial mucous membrane.

4. The membrane may form, under favorable conditions, upon various parts of the body.

These assumed facts would seem to be valid



reasons for the belief that the throat affection is a local manifestation of a general disease.

Diphtheria is not croup.

1. Diphtheria is infectious. 1. Croup is not.
2. Diphtheria is a general disease. 2. Croup is local.
3. Diphtheria is an epidemic asthenic disease. 3. Croup is a sthenic local inflammation.
4. Diphtheria may be followed by paralysis.
4. Croup not.
5. Diphtheria may be complicated by albuminuria. 5. Croup not.

6. The diphtheritic membrane involves the subjacent tissues. 6. In croup the exudate becomes a solidifying membrane upon the mucous surface.

It is of the first importance to recognize the infectious nature of the disease. For the protection, therefore, of the healthy, isolate the sick. The atmosphere of the apartment should be kept at a uniform temperature of about 72°, and good ventilation secured.

After the termination of the case, thoroughly disinfect the room, bedding, and furniture, the clothing and persons of the attendants.

1. Destroy the septic germs in the blood.
2. Eliminate effete material from the system.
3. Prevent the formation of, or remove the pseudo-membrane.
4. Control pain and restlessness.
5. Sustain the strength of the patient.
6. Prevent the sequelæ.
7. Perform tracheotomy (?) or intubation.

The asthenic nature of the disease should be borne in mind, even in the earliest stage, that the treatment may be preventive of the possible sudden prostration which precedes the dangerous complications. The alimentary canal should be freely evacuated by exhibiting some unirritating agent, as castor oil, rhubarb, etc.

Some combination of remedies may be devised which will meet most of the requirements of the case. And it is fortunate that the remedies from which experience justifies an expectation of benefit are not incompatible, and may therefore be grouped. The following is an example of such combination :

R. Tr. ferri chloridi ...	3j.
Potas. chlorat.....	3ij.
Acid. hydrochloric dil.....	℥ xx.
Tr. capsici.....	3j.
Morph. muriat.....	gr. ss.
Syr. lemon.....	3xxij.

M. S : Give a teaspoonful every hour or two or three hours, according to the urgency of the symptoms.

Vary the proportions of the several ingredients in different cases to adjust the doses to the age and condition of the patient.

The patient should be required to take a drink of water, then immediately take the mixture undiluted.

An efficient local application is made to the throat each time the mixture is administered, and the constitutional tonic, antiseptic, and anodyne effects are also secured. The water which was taken before the medicine will be sufficient to properly dilute the remedies in the stomach, and thus prevent any irritation of that organ.

In mild cases this prescription will fill all indications; and a large proportion of cases in which this treatment was commenced early will progress and terminate as mild cases. It will be unnecessary to annoy the patient by making other local applications.

The local pain, the congestion and swelling are relieved, and it is not unusual to see the forming membrane disintegrate and disappear within twenty-four hours after commencing the treatment.

The importance of surrounding the patient with a warm atmosphere has been asserted. It is also important that the air be kept moist. The inhalation of simple warm aqueous vapor will produce benefit by its solvent effect upon the exudate, and also by allaying irritation and discomfort of the fauces. While this is being done additional benefit will be attained by charging the vapor with some agent or agents of recognized power in resolving the membrane, and also efficient as antiseptics, as aqua calcis, eucalyptus, oil of turpentine. Pepsin or trypsin may have a beneficial effect in dissolving the membrane when the ordinary remedies fail.

The steam atomizer will be found efficient in utilizing the vapor. After a certain age, no difficulty will be experienced in directing the spray into the throat. And even in cases of very young children, the timidity may be readily overcome by placing the atomizer when in use (and it should be in use while the false membrane persists) at a distance from the face, and gradually approximating it till the vapor is inhaled freely. The same object may be attained by causing the vapor, charged with the solvent, to rise from an open vessel placed contiguous to the patient.

Too much stress can not be laid upon the importance of sustaining the strength by the liberal use of nourishment. Though the patient may feel no desire for food, he may be induced to take it, if it is offered in a concentrated fluid form, which should be repeated at short intervals.

In conditions of great depression stimulants are indicated. It is a fact of common observation that alcoholic stimulants are well borne

in diphtheria, and that intoxication is not likely to follow even the free administration of whisky. So beneficial are stimulants, that the free use of *spiritus frumenti* is considered by some as a specific treatment (?) in diphtheria.

That quinine produces any specific action in diphtheria is problematical, and when administered, it should be for its tonic effect.

Query: Can strychnia be relied on for restoring innervation in this, as in some other forms of paralysis? Are not the indications here first, to establish assimilation, and second, to improve the quality of the blood?

Galvanism is an agent of undoubted value in the treatment of these paralyses.

Should tracheotomy be performed, even in extreme condition of the patient in diphtheria? It is true this operation has been performed many times when the patient was in great peril; and sometimes recovery has followed. This, however, has happened so seldom that the procedure has long been regarded by the laity with disfavor; and were the whole truth stated, undoubtedly the profession regard tracheotomy as the forlorn hope.

Any procedure, therefore, which promises equal benefits, and is at the same time free from the objections indicated, will surely be hailed as an improvement. Intubation, it is now claimed, offers these advantages. Since the revival of this procedure the results, as reported, have been so satisfactory as to encourage the hope that it will soon supersede tracheotomy, at least in the majority of cases. It is certainly free from the objections which render cutting so unpopular.

ON REVACCINATION. — Dr. Jules Besnier (*Revue Mensuelle des Maladies de l'Enfance*) concludes an essay on the revaccination of young children as follows:

1. The number of successful revaccinations in young subjects revaccinated for the first time increases with the advancing years, and reaches its maximum at the period of fifteen to twenty years. In adults revaccinations are less frequently successful than in young subjects.

2. Certain diseases favor a successful revaccination at certain periods of life: among these are the affections of the typhoid type. The ordinary eruptive fevers of childhood and the chronic affections of old age have no such influence.

3. In the subjects vaccinated at birth and not revaccinated, the predisposition for variola and vaccinia reaches its maximum in the ages of fifteen to twenty, and decreases gradually as age advances.

4. This fact is a stringent reason for the re-

vaccination of all persons at the stated ages of adolescence.

5. Bovine lymph is, by all means, preferable to human lymph.

6. In absence of an epidemic of variola, the months of March and April (Easter holidays) are most suitable for revaccination of school-children.

IODIDE OF POTASSIUM IN THE TREATMENT OF BRONCHO-PNEUMONIA. — Dr. Zinnis, of Athens (*Γαλλός*, 1886, No. 6; *Gaz. hebdomadaire de médecine et de chirurgie*, April 23, 1886), has treated, since 1877, a great number of children attacked with acute primary broncho-pneumonia by causing them to take daily from ten to twenty-five grains of iodide of potassium dissolved in about three ounces of distilled water. He has observed that the temperature falls, expectoration becomes easier, the cough diminishes, and a general feeling of well-being quickly ensues.

THE TREATMENT OF VARICOCELE. — Dr. R. F. Weir contributes the following to the *New York Medical Record*:

1. The plan of Gagneles, sub-cutaneous ligation with a single silk thread.

2. Ricord's plan, by the *serre-nœud*, or double-loop silk ligature, one in front, one behind, arranged so as to form a running reef-knot, with outside traction by a horse shoe racket.

3. Wood's plan, similar to Ricord's, only differing in that he used silver wire, and brought the ends out through one opening.

4. The modification of Wood's plan by Weir, in which an elliptical spring straddled the scrotum and pulled upon silver loops arranged like those of Ricord.

5. Barwell's modification, in which he thrusts the ends of the wire through perforated plates with little uprights, to which he fastened the wires and tightened from day to day.

6. The method of sub-cutaneous ligation with aseptic catgut—"one of the best, safest, and quickest in its results."

7. Excision of the veins. Nicaise and Nebler advise separating the artery from the veins, a procedure unnecessary as well as extremely difficult. Reginald Harrison ties the larger veins separately through an incision and lightly cauterizes the smaller ones with the Paquelin.

8. Ablation of the rapheal portion of the scrotum and ligation with catgut. (For this ablation a special instrument has been devised by Dr. Henry, of New York City, called Henry's clamp.)

Conclusions of Dr. Weir:

1. For small varicoceles, the single (or double) sub-cutaneous ligation (catgut).



2. For medium-sized varicoceles, excision.

3. For large varicoceles and for relapsed cases, and for those not large, but associated with redundant scrotum, ablation of the scrotum with ligation.

THE PHILOSOPHY OF FEVER.—D. T. Smith, M. D., read a paper on this subject before the Orleans Parish Medical Society, October, 1884, which we copy from the Southern Pharmacist of February, 1886:

"The blood is the life," was the declaration of the Hebrew law-giver more than three thousand years ago. Strange, if when so many things that are old have passed away, this should be borne out by sound physiological teaching of the present day.

The seat of life has been located by some in the pineal gland, by some in the medulla, and by others still in other parts of the brain; but "the life is in the blood."

Before there was a trace of brain in the embryo, there was life, and that life was in an albuminoid cell or corpuscle, in no way distinguishable, except in size, from the ameba of the stagnant pool, the lymph corpuscle, or the white blood cell. And of this albuminoid cell of the embryo, the white blood corpuscle is the lineal descendant and the heir.

It is a familiar fact that the ameba can perform all the essential functions of animal life, without being possessed of a single special organ, and a fact equally as familiar that the white blood corpuscle has most of its properties and powers, likely all of them, and possibly even more.

The exercise of these endowments is, in our bodies, the potent element of life. The rest of the body and its functional forces are the product of their activity and labor. The body is but an ant-hill, and these the ants that build it. It is they that tunnel the arteries and veins, and thread the body with its telegraph system of nerves. When they have constructed they sustain. As the ordinary ameba digests its food, so also the leucocytes digest the food of the system, and without them there is no digestion in the full sense of the term.

The salivary glands, the stomach, the liver, the pancreas, Brunner's glands, may be employed to do the coarser labor; but all the subtle, refined alchemy of digestion is performed by these amebæ of the blood. As they build up they tear down. Whenever any part of the body becomes worn or wounded or dead, they seize it, digest it, and carry the useless parts away.

The process of inflammation, with all its intricate, complex phenomena, is but an effort on the part of these amebæ to devour and re-

move foreign material from the vessels, the capillaries, and intercapillary spaces. Its phenomena are but an exaggeration of those of normal tissue change.

In health the blood courses quietly through the veins, arteries, and capillaries, and by some mysterious catalysis the useless is taken from the tissues, and the useful returned in exchange. Ordinarily only the smallest granules of bioplasm—of white corpuscle substance—traverse the capillary walls to carry on this ceaseless barter. As long as the shapeliness and harmony of the organism is preserved, the large leucocytes move on through their channels as quietly as ants through their vaults or bees among their cells and comb.

But now by some injury, which may be either direct or reflex, the integrity of the vital relations existing between the remaining tissues becomes impaired. In so far as this connection is disturbed, the parts thus deprived become foreign substances; and the leucocytes proceed to seize, devour, and digest them, just as the ordinary amebæ devour food particles in the water.\*

If the injury is great, if the task is large, the leucocytes gather thick and fast at the scene of destruction. They string out and break up into small particles of bioplasm, each particle capable of becoming an ameba invades the surrounding tissues and attacks the intruder from every side. This accumulation we call swelling.

They do not, however, always win their victories unscathed. Sometimes the enemy is powerful, and many, very many, fall in the contest. These, as they are borne from the field dead or dying, we call pus corpuscles. Those that are victorious return into the vessels and the circulation as pyoid cells, carrying their plunder with them, and this we call resolution.

But sometimes the dead are too many, and then friend and foe, wounded tissue and pus-cell alike, are buried in the pit together; and this we call sloughing.

But what means this hurrying of the blood

\*So completely is this digestion and assimilation of injured cells effected, that Stricker, observing the change of the cells of the cornea into leucocytes, has come to the conclusion that the tissues during inflammation actually return to the embryonic condition.

Since he admits that particles of staining material can and do find their way into these very cells, it is no more than reasonable to conclude that they may be accompanied by larger particles of bioplasm in the stream which carries them there; particles large enough consistently with well-known phenomena to digest and transform entire cornea cells into leucocytes.

Even accepting all that Stricker teaches, it must be conceded that it is but an imperfect return to the embryonic state, which can never reproduce a specialized cell of any part of high organization. Besides, universal observation and a study of the nature of force impresses the justness of the old aphorism, "*Nulla vestigia retrorsum*"—never a step backward—as a dictum of fate.

through all its channels, the excitement and the heat? Why, it transpires that these enraged amebæ of the blood, these angry ants of the trodden ant-hill, will attack and devour the red blood corpuscles themselves if they but linger by the wayside.

So, prompted and directed (who knows how?), whether by virtue of powers acquired through natural selection or survival of the fittest, by the unerring operation of eternal, changeless law, or by the intelligent conscious behest of an infinite All-wise, unknown and unknowable, but prompted and directed still, the red blood corpuscles quicken their pace and hurry along their appointed paths.

Or do I honor them too highly? Is it not the white corpuscles instead that are prompted by whispers from "out of the deep," and thus so intelligently and generously provide for the welfare of their red brethren?

The proximate cause of this quickening of pace is oxidation of the tissues—a simple increase of the normal motive power.

Now, if this increase of oxidation were exactly proportioned to the increased force required for the quickened circulation, we should have the same temperature maintained during the inflammatory process as during what we call health.

But, as the locomotive engineer puts on steam enough to be prepared for ascending as well as level or descending grades, so the mysterious engineer who drives the blood in its circle, to carry supplies to the struggling leucocytes, to bear away the wounded and keep its own from harm, adds an excess of motive power during inflammation, and thus we have an excess of heat, which we call fever.

This, too, as already intimated, is the work of the leucocytes. For, from the moment they attacked the dead particles about the walls of the capillaries, they began preparing extra material for combustion—began splitting up kindling and throwing it into the fires of oxidation.

The more extensive the area over which the amebæ must engage in destruction and repair, the greater will be the amount of fever.

The leucocytes do not fluster even at the tumbling of their house about them. They often battle resolutely for a time even against somatic death, the *ante-* and *post-mortem* elevation of temperature bearing ample evidence of their brave and earnest efforts.

It would seem as if elevation of temperature might sometimes be anticipatory of danger. *The leucocytes have memory!* As the oft-hunted bird may fly from the noise of a stick that the wind has broken, so fever may arise to enable the system to meet a danger that never comes.

Thus the habitual bather has been known to have fever at the hour of his accustomed bath, and in the quartan ague we observe the same condition, when often it seems likely that no extra repair of destruction is required.

And yet possibly even in these cases there is a combustion restricted to the blood in the vessels. It may be that when shock or rigor calls a halt in the march of the blood, the red corpuscles and other destructive elements remain stationary long enough for the white to begin devouring them, and this not extending beyond the vessels gives rise only to ephemeral fever.

**SAL ALEMBROTH—SIR JOSEPH LISTER'S LATEST ANTISEPTIC.**—It may be news to a great many to learn that Lister has discarded the use of the spray almost entirely, the only cases he has used it in during the past fifteen months being operations involving the peritoneum. I have heard him say that of late he has become convinced that it was by no means to the antiseptic properties of the spray that the good results have followed. After careful examination and study he believes that the germicide properties in a solution of 1-40 carbolic, thrown by the spray into the air three or four feet, to be nil, or nearly so, and the sole benefit derived was due to the irrigation and absolute cleanliness induced. Carbolic acid was superseded by perchloride of mercury; this, when used for dressing, was, from its forming an insoluble albuminate of mercury, irritating and thus an unsatisfactory dressing. He now uses sal alembroth exclusively in his wards for dressings, and it has so far given very fine results. It is a double mercurial salt formed by the sublimation of a mixture of perchloride of mercury and chloride of ammonium, exceedingly soluble. The salt was known to the alchemist; it has not been used in medicine in modern times. Lister prepares his dressings now with a 1-100 solution of this, gauze cotton wool, lint, bandages, draw-sheets, and where the wound is covered by the shirt, it is rendered septic by dipping it in the solution and drying before the fire. To make any of these dressings, all that is necessary is to soak them in this solution and dry. It, not being volatile, does not require to be kept sealed in tin cases. He also colors these dressings with an aniline blue 1-10000, the benefit to be derived from which is that wherever an alkaline discharge comes in contact with the dressing, the blue is removed and turned reddish, enabling you at once to see where the discharge has been, if the quantity was ever so small and had dried up before the dressing was removed. There



is one precaution in using this dressing, and that is this: the dressing being dry and frequently handled might have some septic matter from bed-clothes, hands, etc, so he always dips it in 1-2000 perchloride just before applying it. He is making a sal alembroth protective, which will be surcharged with the antiseptic so that, as a discharge comes through a dressing, it will come in contact with this protective and can be kept aseptic.—*Can. Ph. Jour.*

**LANOLIN.**—Dietrich pointed out the therapeutically important fact that lanolin can take up a large amount of water (up to one hundred and ten per cent of its weight) without losing its suppleness and ointment form, while unguentum paraffini under equal conditions can take up only four, adeps suillus only fifteen per cent. Equally readily can lanolin be incorporated with fats, oils, balsams, and most medicinal bases, furnishing ointments of a hitherto unattained efficacy and constancy.

The principal value, however, of lanolin consists in its unrivaled resorbability, insuring for the medicines incorporated with it the maximum amount of attainable efficacy. At the same time it is certain that lanolin does not in any way injure or irritate the skin.—*Therapeutic Gazette.*

**OIL OF EUCALYPTUS IN SOME MALARIAL AFFECTIONS.**—J. H. Musser, M. D., of Philadelphia, concludes an article on this subject in the *Therapeutic Gazette* as follows:

1. That the oil of eucalyptus is of decided value in about thirty-three and one third per cent of all cases of intermitting malarial fever.
2. That it has no specific value in any one type of the disease.\*
3. That the longer the duration of the disease, the less liable is it to do good.
4. That relapses are not prevented by it.†
5. That its influence on the spleen has not been demonstrated.
6. That a dose of ten drops four times daily has been a sufficient dose, but that five drops every three hours would be of greater value possibly.
7. That good results are not attained as quickly as by large doses of quinine, but that a good effect should be observed within five days at least.‡

\*It failed in one case of puerperal malarial fever; it was not tried in remittent or continuous malarial fevers.

†One of my private patients, who contracted intermittent fever in the South, and had very frequent relapses in the North, in spite of quinine, has not suffered a relapse since taking eucalyptus three years ago.

‡Dr. Hunter Robb, of this city, writes me he contracted intermittent fever along the Delaware River, and has had frequent relapses, all of which have been controlled quickly and effectually by eucalyptus. He experiences the same physiological effects with eucalyptus as he does with quinine.

**THE PATIENT HER OWN ANESTHETIZER IN NATURAL LABOR.**—A paper with this title was read by Dr. W. S. Ely, of Rochester, in which he said that it would probably be conceded by a majority of his hearers that the use of anesthetics at some period in the progress of many obstetric cases was justifiable. Lusk said (page 219): "In my own experience, during the last sixteen years, there have been comparatively few labors in which I have not used chloroform or ether in some stage. The result of my experience has been to make me a warm advocate of their wide employment upon the one hand, while proclaiming the necessity of caution in their use on the other." Sharing this view, he had for many years carried a bottle of ether to the lying-in room. Its use had then been determined by the conditions attaching to each case. Some labors were so easy and comparatively painless that no mitigation of the suffering was demanded, while others were attended with so much pain as to make ether or chloroform a great boon to the patient.

In stating his own views upon the subject he did not presume to imply that they represented better practice than that of many present, but they were given for the purpose of eliciting comparison and comment. It had very early become evident that the excessive and indiscriminate use of anesthetics in labor was undesirable, worked injury to the mother and possibly to the child, and often retarded the progress of the case. He had therefore gradually come to the adoption of a plan which practically, with some exceptions, limited the use of the anesthetic in natural labor to the period occupied by the expulsion of the child. Amid the mass of literature upon the prevention of laceration of the perineum, he recognized but one principle of value, viz., to retard the birth of the child as long as possible. In numerous patients—especially among the higher classes, where pelvic capacity tended to reduction and the fetal head to disproportionate size—great care was necessary in the delivery to avoid injury to the mother. Abundant experience had convinced him that in the latter class of patients the physician could be of great aid to the patient in preventing perineal laceration by the proper use of anesthetics and by retardation of the delivery. In order that he might have the patient more perfectly under control, he had made her her own anesthetizer. The procedure was as follows: Dispensing with towels, sponges, and extemporized cones for the administration of the ether, he folded a large handkerchief in a cravat, two inches wide, which was spread on the patient's palm, carried on to the back of the hand, and tied around the wrist. On this the ether was

poured, and the patient herself covered her nose and mouth with it. When she felt a pain, she held out the hand for the ether, the palm upward, and from the bottle, held in the free hand of the physician, a teaspoonful or more was poured. When it was exhausted, she asked for more; and the moment that she became fully under its influence, the active muscular effort necessary to hold the hand to the face relaxed, and the hand dropped. She seldom, therefore, took ether to an extent which abolished her entire consciousness of what was going on. If this was the case, it was only momentary in duration, and the patient could be made to appreciate the peremptory command given to her to avoid any voluntary expulsive efforts when the head distended the outlet. The effort was made to consume fifteen to thirty minutes in what otherwise might be completed in three to five minutes. So the head was extruded in the most gentle way under the action of uterine contractions alone, the patient all the time under the influence of ether to an extent which abolished pain without rendering her so profoundly unconscious as to lose her power of answering to the frequently repeated command of the physician to desist from all auxiliary muscular effort.

Here the speaker differed with Lusk, who said (page 220): "The anesthetic should not be pushed to the stage of complete unconsciousness until the head begins to emerge at the vulva."

Dr. Ely did not then maintain the anesthetic at this point, for uterine contraction would then be supplemented by the action of voluntary muscles. Lusk had previously stated that, under the most skillful management, laceration was liable to occur unless the physician was able to control the action of the auxiliary expulsive forces. This could not be done if the patient was fully anesthetized. After the birth of the head a similar management was required for the passage of the shoulders, which often were responsible for an extensive laceration. While many physicians would undoubtedly commence its use much earlier than was his custom, the simple method which had been described was commended as one which was efficient and satisfactory, and, if desired, dispensed with an assistant.

Since the adoption of this treatment he had had fewer and lighter perineal lacerations, a result attributed to the method described. In one sense it was not new. All the text-books said, "Retard the expulsion of the head." All teachers of obstetrics lectured to the same effect, but he did not find that the way of accomplishing this was always thoroughly understood.

**TREATMENT OF THE HYSTERICAL ATTACK.**—Dr. Albert Ruault gives a simple method which he has found very efficacious in controlling an hysterical fit. It consists in making firm and constant pressure over the supraorbital nerve at its point of emergence from the supraorbital foramen. The head is held securely between the palms of the hands, while pressure is made over the nerve on each side with the thumbs. The writer says that the patients under this treatment first contract the facial muscles with an expression of pain, cry out, and then take several quick successive inspirations. The breath is held for a few seconds, and then, with a long expiration, the muscles relax and the attack is ended. The pressure of the thumb should now be relaxed, otherwise it may have the opposite effect and excite another convulsion. Pressure over any nerve-trunk at the point where it becomes superficial will have the same effect; but the supraorbital nerves are chosen because of their convenient situation.—*France Médicale*.

**TREATMENT OF TYPHOID FEVER.**—M. Bouchard (*Union Médicale*), in treating typhoid fever, substitutes tepid baths, which should gradually grow cold, for cold baths. The bath, he considers, should contain sufficient water to cover the shoulders of the patient, and the shirt should be kept on. The bath must be arranged in such a manner that hot or cold water can be easily added, and the surplus water allowed to run off. The rectal temperature is to be ascertained before the bath is given. The water must be lowered two degrees in temperature every ten minutes, until it has fallen to 30° C. (86° F.). The patient remains in the bath at that temperature for ten minutes. He is then well dried, a warm dry shirt is put on, and he is carried into bed, wrapped in a warm blanket. These baths are given as soon as the diagnosis is decided, and are continued until the rectal temperature is maintained at 37.5° C. (98.6° F.). Eight baths should be taken within twenty four hours, but toward the end of the fever three or four are found sufficient. The advantage of these tepid baths is that immersion is not disagreeable to the patient, as is the case with a cold bath. The temperature is lowered by their influence, and the state of stupor typical of typhoid fever rarely sets in. Sleeplessness also disappears. Delirium, ataxia, and headache are greatly modified. Tetaniform muscular contractions have, in some instances, disappeared after three baths. Dryness of the tongue and mouth is also thoroughly relieved. When the temperature is not sufficiently lowered by tepid baths, M. Bouchard gives quinine. This mode of treatment is sometimes



followed by slightly disagreeable results. The epidermis of the soles of the feet and palms of the hands may be raised. It then cracks, and a painful swelling of the axillary or inguinal glands may appear; sometimes after fifteen days a purulent area below the derma forms itself; this is generally painless. It is, however, necessary for the physician to search for the purulent blister, and make an incision to let out the pus. The frequency of the baths and the length of time which they last are sometimes very trying. If syncope occur before, during, or immediately after the baths, they should be discontinued; and likewise in cases of intestinal hemorrhage, perforation, and peritonitis. The appearance of the catamenia need not prevent the use of the baths. In pulmonary affections they should not be used; but hypostatic congestion accompanying typhoid fever need not be considered as a contra-indication.

**URETHANE.**—We copy from the Buffalo Medical and Surgical Journal the following on this new hypnotic and sedative:

That we have a powerful and yet very safe hypnotic; that it is very agreeable to take and does not interfere with any of the functions of the body; that upon its administration calm sleep, free from dreams, follows in about ten to forty minutes. Some observers claim to have seen patients under the influence of the drug from twenty-four to forty-eight hours after one administration. All agree that it is not rapidly eliminated from the system; this is a fact we must bear in mind in its use. Although it can be tolerated in large doses, it seems to be an established fact that the dose of this drug is from twenty to sixty grains, once or twice daily. "It is clear that the principal action of urethane is on the brain, without producing any marked irritation of the peripheral or sensory apparatus; consequently, it is useless in the treatment of neuralgic pains as well as in the pains of locomotor ataxia. But in other conditions, where sleeplessness is the main symptom to be combated, urethane seems to possess the greater advantages, since it is well borne by the patient, it produces absolutely no unpleasant symptoms, and the sleep which it provides is identical with normal physiological sleep. It would also appear that this remedy is particularly suitable for use in treatment of diseases of children, where the need of a safe and sure hypnotic is greatly felt." We see, from various reports, that all agree it is well adapted to the treatment of insomnia associated with heart and pulmonary troubles. It has a peculiar effect in insomnia associated with this former

class of diseases. There is a difference of opinion as to its action on the human system. Some observers claim that it acts simply on the cerebrum, and that it does not affect the respiratory or circulatory apparatus; while others say it acts on the spinal cord, and by its use the number of heart-beats and respirations are reduced. This seems to be conclusively proven, although the former view is sustained by many prominent men after careful research and investigation with the drug. Prof. Coze has shown that physiologically it is an antidote for strychnine.

In an interesting paper on urethane, the author reported many cases of sleeplessness treated by its use, with invariably good results. Those present related the successful use of the remedy in many cases of insomnia associated with various diseases. The only failure reported was in a case of hysteria, where all remedies failed. In addition to the treatment of insomnia, we find it applied by Prof. Coze to the treatment of convulsions, especially tetanus. We should then give this new remedy a trial in epilepsy, chorea, tetanus and migraine. If it be found to be as valuable in this field as in that in which it already has a place, it will be a great boon to the profession.

**THE TREATMENT OF WHOOPING-COUGH WITH ILLUMINATING GAS.**—Dr. W. T. Greene (*Med. Press*, April 7, 1886; *Therap. Gaz.*, May, 1886) suggests an easily available improvement on the old plan of sending children on visits to gas-works. His plan is to attach a piece of rubber tubing to a burner, the tubing being long enough to reach the floor. The gas is turned on just enough to make a perceptible odor, and the child is to inhale it for a few minutes at a time as often as convenient.

**WATER IN THE TREATMENT OF SCARLATINA.** Dr. J. D. Craig, writing in the *New York Medical Times* on the value of the external use of water in scarlatina, says: In private practice the sponge and full baths, the dripping wet sheet, the wet-sheet pack, half pack, and compresses are all that can be used or that are ordinarily needed.

The application of very cold water is not often advisable, and in nervous or feeble children may be positively dangerous. And even when moderately cold water (by the thermometer) is used, it must be borne in mind that the susceptibility of some persons to cold is very great, and that what is only cool to one and even moderately warm to another, might produce a severe chill in still another; so that the safer way is to err on the side of warmth rather than cold; nevertheless, where there is

a very decided rise of temperature externally, with a full and bounding pulse, even cold water when applied to the skin has often a very soothing effect.

It follows, therefore, that considerable judgment is necessary in the use of water, and its application should not be left to careless or ignorant attendants. Any intelligent person may use the sponge, dripping wet sheet, or half-pack under the direction of the medical attendant, but in severe cases, where the full bath or pack is used, they should be administered by the physician alone.

Except in malignant cases, where the eruption has either not made its appearance or has been repelled, the full wet-sheet pack is never necessary, and even here it is only advisable where the heat of the body is uniform and above the normal standard. If the body and head is hot, and the feet and hands cool, or cold, the half-pack to the body and a cold cloth to the head, while the feet and arms are heated by either bottles of hot water or hot ears of boiled corn, will meet the indications. The temperature by this means will be equalized, for although the sheet around the body will, in a few minutes, become as hot as the skin, it reduces the temperature in a way that I have not the time to explain.

Sometimes a nervous child will be found who exhibits a dread of being packed, and although the pack would be otherwise indicated, it would be unwise to resort to it under such circumstances. The better way would be to use the half pack, and at the same time sponge the legs and arms with tepid or cool water, as the case might indicate.

Occasionally a case may be met with where the head and back is very hot while the limbs and abdomen are cold. The indications in such a case are to place bottles of hot water or ears of hot corn to the limbs, and hot compresses to the abdomen, and at the same time sponge the head and back with tepid or cool water. It is not to be understood that a hot compress means to wring a thin cloth out of warm water with the hands, but the following: Place three or four pieces of thick cloth on the abdomen, then fold sufficient flannel to make at least four thicknesses of a compress large enough to cover the greater part of the abdomen, dip it into boiling water and then wring it by placing it in a towel and twisting the towel. It is then to be placed over the cloths on the abdomen and covered with flannel, and as fast as the heat can be borne the underlying cloths should be slipped out, one at a time.

In using the dripping wet sheet the patient may stand in a tub, or on a piece of oil or rubber cloth; the sheet which has been thoroughly

saturated in a pail of water—the temperature of which will depend on the amount of bodily heat—is then to be thrown around the shoulders, and the whole body thoroughly rubbed over the sheet for a few minutes and then rubbed dry with towels.

In ordinary cases of scarlet fever this may be repeated every few hours if the temperature is high, and less frequently as the fever abates. I do not now remember of ever seeing any sequelæ follow scarlet fever where the dripping wet sheet has been faithfully used in this way.

The half-pack is made by enveloping the trunk only in a sheet wrung out of water sufficiently to prevent dripping, and then covering in the same way with one or two wool blankets.

**WIRE SUTURE IN UNUNITED FRACTURE OF THE CLAVICLE.**—Dr. Markoe presented a patient in whom he had used the wire sutures for an ununited fracture of the clavicle. The fracture had been of some months' standing, and in March last it came under Dr. Markoe's observation, when it was found the young man was suffering from an ununited fracture of the clavicle, being unable to raise the arm up to more than in line with the shoulder. The power of lifting with the injured arm was very greatly impaired. On March 17th he was operated upon, the fractured ends of the bone being sawn off so as to present a fresh surface and clean section. These were then wired together with silver wire and dressed antiseptically, the result being an excellent union of the bones and perfect restoration of the functions of the shoulder joint, the strength of the arm constantly increasing. He could now raise his hand to the top of his head, and use a brush or comb. There was slight suppuration caused by the silver wires, and they were removed. After their removal the wound healed. The only case of wiring of ununited fracture of the clavicle that the speaker could find recorded was one reported by Mr. A. E. Barker to the Clinical Society of London, in December, 1885.

**VINEGAR AND YOLK OF EGG IN THE TREATMENT OF LUPUS ERYTHEMATOSUS.**—Brocq (*Journal de Med. de Paris*), reports that in a number of cases he has produced excellent effects with a paste composed of equal parts of wine vinegar and yolk of egg. The mixture is allowed to stand for twenty-four hours, and is then penciled on the affected parts every second, third, or fourth evening. An energetic method is to apply a paste of vinegar and hard-boiled yolk of egg. This is kept applied all night, and in the morning the part is washed with black soap.



# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. II. SATURDAY, JULY 10, 1886. No. 1

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H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

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440 to 446 West Main Street, Louisville, Ky.

## KENTUCKY STATE MEDICAL SOCIETY.

In this number the proceedings of the thirty-fourth meeting of the Kentucky State Medical Society appear in full. It is within bounds to say that in amount of work done, in scientific interest and good feeling, the last has been surpassed by no other meeting. But little time was lost. Long winded discussions and longer winded papers were ruled out—which is quite as it should be. Life is too short and science too long to permit time to be wasted. There are few greater disappointments to a man who comes with a carefully prepared paper, but of unconscionable length, to be told that he can be given but thirty minutes to read it in, or to the wordy man when he rises to discuss some topic to hear the speaker's gavel fall at the expiration of ten minutes; but without rules of this kind, rigidly enforced, the Society would soon be smothered—would soon be overwhelmed by a handful of gabblers.

The citizens of Winchester could not have been more hospitable, courteous, or obliging. Many of the leading people, the belles and the beaux, made part of the company who sat down to the banquet given the second evening of the meeting.

Bluegrass beauty, on which Kentuckians so love to descant, graced the banquet in flocks. It was a sight to see.

The absence of wine at the banquet afforded

another proof that wit and humor, among doctors at least, needs not the stimulus of the grape, for better *post-prandial* speeches have not been listened to.

We particularly wish we had space for the speech of Dr. Reamy, of Cincinnati, in answer to the toast, "*Woman*," and for that of Dr. Todd, of Eminence, in reply to "*The Bachelor*." Dr. Reamy's remarks were delivered with genuine fervor, and were often exceedingly eloquent. Dr. Todd's speech was full of quaint humor, and delivered in a way that Mark Twain himself could not have eclipsed. Judge Beckner, one of the most eminent members of the bar, spoke fittingly to the toast "*Medical Jurisprudence*." All in all, the banquet evening will long be remembered by the Society and its guests.

D. T. S.

## GREETING.

THE AMERICAN PRACTITIONER AND NEWS sends greeting and a double number to its many friends in and out of the Kentucky State Medical Society, and to its thousands of readers in the country at large—to all those who like it and to those, if there be such, who do not. The double number is issued in the interest of the State Society, that its transactions may be put under one cover for convenience sake. It will be sent to every physician in the State, whether his name appears on the roll of the Society or on our subscription books. For it is the purpose of this journal to awaken additional interest in the Society, and to forward, as far as it may, the work in which this organization is so actively and efficiently engaged. And with each number will go the hope that every Kentucky physician, seeing in its pages what his brethren are doing, will resolve to be present at Paducah a year hence, and take part in the proceedings which, already a credit to our common calling, are capable of being made still more interesting and profitable.

Of the many papers read at the late meeting of the Society that will reach the public through these columns, all but two appear in this issue. These, delayed through inattention on the part of their authors, will appear later.

## Notes and Queries.

LONDON, June 2, 1886.

*Editors American Practitioner and News:*

I was reluctant to end my visit to Scotland and Ireland, where I saw so much to instruct and admire, but having fully accomplished the purpose of my journey, I returned to this wonderful city ten days ago. I have passed those ten days quite as I passed the previous days I spent here—in the hospitals.

I have just had the good fortune to witness, by invitation, Sir Henry Thompson do an internal urethrotomy and a lithotrity in his private infirmary. Both patients were very old men—the first eighty, and the second one year older. The stricture, situated in the membranous urethra, admitted a No. 6 sound. Sir Henry dilated with sounds until he was able to introduce the urethrotome he has devised. With this he divided the stricture, but was especially careful, on account of the patient's age, to cut as little as possible. Immediately on the withdrawal of the urethrotome he passed a No. 10 hard-rubber catheter, retaining it in the bladder by tying it first to the penis behind the glans, then to the hair on the pubes. Sir Henry laughingly remarked that he claimed to have discovered this to have been the reason hair grew on the pubes. The patient on coming from under the influence of chloroform was disposed to talk. When Sir Henry told him the operation was done and every thing all right, he said, "Yes; 'it is done quickly, but done exceeding well.'" I could not resist saying, amen! for it was certainly a most beautiful operation. I asked Sir Henry if he tied the catheter to the penis in all cases. He replied, yes, but always left room to prevent constriction in case of erections. This annoyance, however, he thought would hardly occur in so old a man, but in a man coming from under chloroform, who quoted Shakespeare so readily, there was no telling what might happen. The lithotrity was certainly the quickest and the most skillfully performed I have ever seen any one do. The stone was phosphatic, and I judge about the size of a partridge egg. I really do not be-

lieve he was five minutes at the operation—that is from the time the searcher was introduced until the crushing was ended, and bladder washed out. The stone was most completely pulverized—only one piece of any size coming away, and this not larger than a split pea. The remainder was simply sand. Sir Henry's new instrument for washing out the bladder seems to me a great improvement on all others. The opening of the pipe into the glass portion is closed by a sieve-like valve when water is thrown into the bladder, thus preventing any return of fragments into the bladder. Sir Henry, in talking upon the subject after the operation, told me that he did not do lithotrity when the stone weighed over two ounces. In such cases he now invariably does the supra-pubic lithotomy. He has given up almost entirely the perineal operation. In the supra-pubic operation he divides the skin, supra superficial fascia, etc., with a knife, and all the remaining tissues, including the walls of the bladder, with his finger nails, thus avoiding hemorrhage. He does not close the opening in the bladder after removing the stone, but introduces a drainage-tube for forty-eight hours, keeping the patient on his side.

Sir Henry's chief reasons for preferring the supra-pubic operation to the perineal, are the almost entire absence of hemorrhage and the greater facility of removing the stone. The supra-pubic is coming pretty generally into favor here. Mr. Buckstone Brown tells me that he quite frequently does lithotrity in children.

The photo you showed me of Sir Henry, I took for that of a tall man, large of frame. But, in the flesh, the great lithotritist is neither, being both small and delicate-looking. He is choke full of springs, however, and struck me as an exceptionally wiry man. He seemed to take real pleasure in answering questions and explaining the several points in his operations. His assistant, Mr. Buckstone Brown, was all you had represented him to be, and was in every sense genial and obliging.

I have spent two days at Westminster Hospital with Mr. Cowell and Mr. Richard Davy, and witnessed a lot of operations. They do their pile operations altogether with the clamp



and cautery; resect the veins in varicocele; use Davy's hammock in applying the plaster-of-paris jacket, and Davy's rectal artery compressor in hip amputations.

Mr. Davy is, as you know, very partial to his operation of removing a wedge-shaped piece from the tarsus for the cure of talipes varus. He tells me that, of thirty cases done, he has had but one death, and that due to pyemia.

He is not a believer in antiseptics, and generally applies *no dressings whatever to his operation wounds*—simply using sutures and drainage-tubes. He and Mr. Savory are the only two surgeons I have seen abroad who use no antiseptics. Since my return I have seen quite a lot of amputations of the breast—some operators removing any axillary glands that are found enlarged, and others not confining themselves to removal of the glands, but dissecting out all of the fat and connective tissue of the axilla and that covering the pectoral muscles, dissecting the breast from the pectoral muscles. After dissecting they then use the organ as a handle, and carefully clean out the axilla, being especially careful to remove every thing from around the axillary vein, where they claim deposits are most apt to be located. Many are very doubtful as to the propriety of operating *at all* upon scirrhus before the tumor shows signs of softening or rapid growth. Among the latter is Mr. Bryant. Such is his talk to his class, though I do not remember his saying so on paper.

The operation for the radical cure of hernia is quite common here. I have seen three during the past week. Some operators dissect up the sac to the abdominal ring, and cut it off, after ligating the neck; others twist the neck after ligation, and others dissect up to the neck, and then plug the opening with the fundus of the sac. Some, afterward, close the ring with silk or wire sutures, and others rely upon closing it by twisting off the sac. The operation is advised in irreducible hernias, and those where the abdominal opening is so large as to render difficult the retention of the rupture by the use of the truss. I am told that the mortality after the operation is quite small.

The case of extirpation or removal of the scapula, by Mr. Langton, reported in one of my

former letters, recovered without an untoward symptom, and was discharged from the hospital Thursday. The temperature at no time rose above 99.5° F.

For the past two days I have been devoting my time to the hospitals for women, and during that time have seen four ovariectomies, two oöphorectomies, one operation for vesico-vaginal fistula, and one for fibroid polypus. Dr. Holland, of the Soho Square Woman's Hospital, did the first ovariectomy. The tumor was very large, and mostly solid. In removing it from the cavity, the operator was so unfortunate as to allow it to slip out of his hands. The pedicle snapped, and the tumor fell upon the floor. The assistant quickly secured the pedicle, and thus avoided much hemorrhage.

The next two ovariectomies were by Dr. Granville Bantock, of the Samaritan Hospital—one performed in the hospital, and the other in private practice. One of the oöphorectomies was also done by Dr. Bantock. He is a splendid operator. Like his intimate friend, Lawson Tait, he uses no antiseptics. He has instruments near him in shallow tin troughs containing water. Sponges are kept constantly wrung out of hot water, and the operator is exceedingly careful to keep his hands free from blood by constantly rinsing them in the cold water; and each instrument, when not in immediate use, is dropped into one of these troughs of water, and the assistant is very particular to see that it is not in the least stained with blood when he needs it a second time. In cases where adhesions exist the abdomen is washed out by having a quart or more of warm water poured into it. Silk ligatures are used, and abdominal wound closed with silk sutures passing through its entire thickness, including peritoneum (as we do it). When needed, glass drainage-tubes are used, and a glass syringe, with a piece of rubber-tubing attached, is used for draining, or cleaning the tube. The tube is retained so long as the discharge continues. Absorbent gauze is used as a dressing, confined with a flannel bandage—many-tailed. An opening is made in the dressing to admit the end of the drainage-tube. Finally a piece of thin rubber cloth about twelve inches square, with a hole in its center

just large enough when stretched to admit the end of the tube, is applied, and then a perfectly clean sponge is placed over the mouth of the tube and covered thoroughly with the rubber cloth very loosely.

Mr. Merideth, of the Samaritan Hospital, did the other oöphorectomy. He operates under the spray, and before he is through his work the room is so thick with the spray as to make it very uncomfortable to stay in. Mr. Fancourt Barnes, of the Chelsea Hospital, did the fourth ovariectomy. He is a more rapid operator than any of the others, and does his work well. He also operates under the spray.

Mr. Aveling did the operation for vesico-vaginal fistula and removal of the fibroid polypus from the uterus. He also is a quick operator—the time required in closure of the fistula being less than I have ever before known. He uses silver sutures, fastened with shot.

I have been with Mr. Knowsley Thornton through his wards, but have not been so fortunate yet as to see him operate. He is still a warm advocate of the spray. He tells me that, now that ovariectomy is becoming so very common as to be performed by all surgeons, the specialists do not get near so many cases, and so they are paying more attention to hysterectomy and oöphorectomy. He recently did one of the former operations in a very bad case. Two gentlemen who were present at the operation tell me that they had no idea the patient would live over three days, but she is now convalescing. To give you some idea of the number of vessels divided, he made use of over fifty pairs of forceps during the operation. In the laparotomies here, all operators make the abdominal opening as small as possible, chiefly for the purpose of lessening the liability to hernia. In ovariectomies, the *sac is tapped as soon as exposed*, sponges being placed around the point of puncture to prevent the fluid from escaping into the abdominal cavity. When the sac is *empty* it is gently pulled out, great care being taken by the use of sponges to prevent the exposure of the abdominal viscera; adhesions are broken up after, and not before the sac is emptied.

At the Samaritan Hospital, where Thornton,

Bantock, and Merideth are the surgeons, chloroform is the anesthetic. They use a special apparatus for its administration, by which they can regulate the amount given. The ice-cap is still used in cases with high temperature, opium per rectum to prevent pain and secure rest during the first few days. Tait's practice of active purgation in the beginning of peritonitis is not practiced here. W. O. ROBERTS.

THE STATE MEDICAL SOCIETY—ITS ILLUSTRIOUS DEAD.—Dr. Yandell's remarks at the banquet of the Society, in reply to the toast, "The Illustrious Dead of the Society," possess a certain historic interest which we think justifies their reproduction here. Dr. Yandell said :

*Mr. Chairman:* I was asked in 1869, at Lexington, to speak to the same sentiment that the toast-master has given me here. The subject, sad in itself, brings up to me the mournfullest events in all my life. For, in the seventeen years that have elapsed since I spoke in Lexington, more than one third of the Fellows whose names adorned the roster of the Society at that time live no longer here, but dwell now "where the silence lives." Among the founders of the Society who might have answered "*Adsum!*" on that occasion, not one can speak it now. The list is, indeed, a long one, and includes most of those who gave the Society its title to usefulness and created its renown.

Permit me to recall some of these. I shall be very brief.

U. E. Ewing, independent, unflinching, considerate.

W. C. Snead, zealous, clean of thought and of word.

Hugh Rodman, a power for good in works and example.

J. M. Bush, so deft of hand, so clear of head, so pure of heart.

Geo. M. Bayless, sturdy, sound, fearless.

Henry M. Bullitt, strong, determined, unswerving in his duty as he saw it.

Henry Miller, original, wise in counsel, excelling as a teacher, writer, and practitioner.

Lewis Rogers, who lived a brave, a blameless life from beginning to close, whose reli-



gious creed was so brief and so simple: "Fear God and do your duty to the sick."

L. P. Yandell, "Manly, gentlemanly, upright, true to old friends and faiths," tolerant, dauntless, "he spake no slander—no, nor listened to it."

John L. Cook, brimful of heroism, he quit his home and rode down into the pestilence at Hickman to die a martyr to his zeal.

James Lowry, full of all generous impulses and every kindly sympathy.

John D. Jackson, thoughtful, serious, solid, who steadily forged his way to the front.

Alexander Forsyth, gifted, erratic, sincere.

Nicholas Hobbs, the valued citizen, the ideal country doctor.

R. O. Cowling, the genial, who irradiated all that he touched with a humor whose light was a very joy; with a wit whose brilliancy nothing could quench, yet whose shafts bore no sting.

E. D. Forée, who never wearied in his efforts to assuage pain or beat back disease, whose sympathy with the sick was so genuine and so sweet.

W. S. Chipley, who ministered with unsurpassed skill to the "mind diseased."

J. W. Singleton, of tropical fancy, who gave himself untiringly to his calling.

L. P. Yandell, jr., who wore in his heart the motto of the Douglas—Tender and True—knightly, beautiful man!

"Stranger, if to thee

His claim to reverence be obscure,  
If thou would'st know how truly great was he,  
Go ask it of the poor."

Samuel D. Gross, whose works, read in many tongues, shed renown on our common country.

Jos. W. Thompson, direct, pains-taking, conscientious, the surgeon of "The Purchase."

James Knapp, modest, unassuming, retiring, rich in all the resources of the art.

T. S. Bell, pure of mind as a woman, simple of heart as a child, learned beyond all his fellows.

R. Dunlap, skilled, self-reliant, capable.

A. R. McKee, frank, incisive, quick-minded.

These, Mr. Chairman, are but a few and the more noted of those whom we may join, but

who can not again join us. Others whom I have not been able to name played each, in his own manly way, the part allotted him, and in dying left a large void in the community for whose good he wrought.

Mr. Chairman, seventeen years in the life of such a society as this is not much—but it covers more than a third of the working life of each of its members. And when, at the end of another seventeen years, another occasion similar to this shall have arrived, and the toast-master shall call again on some Fellow of the Society to rise to the sentiment to which I have now thrice spoken, I then, in common with all those worthies whose memories I have so inadequately, but so reverently, referred to, will wish this gentle wish:

"And if at times beside the evening fire

You see my face among the other faces,

Let it not be regarded as a ghost

That haunts your house, but as a guest that loves you.

Nay, even as one of your own family,

Without whose presence there were something wanting."

AMERICAN PUBLIC HEALTH ASSOCIATION.—The fourteenth annual meeting of the American Public Health Association will be held at Toronto, Ont., October 5–8, 1886. The Executive Committee have selected the following topics for consideration at said meeting:

1. The Disposal of the Refuse Matters of Cities and Towns.

2. The Condition of Stored Water-Supplies, and their Relation to the Public Health.

3. The Best Methods and the Apparatus Necessary for the Teaching of Hygiene in the Public Schools, as well as the Means for Securing Uniformity in such Instruction.

4. Recent Sanitary Experiences in Connection with the Exclusion and Suppression of Epidemic Disease.

5. The Sanitary Conditions and Necessities of School-houses and School-life. (See Lomb Prize Essays.)

6. The Preventable Causes of Disease, Injury, and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding Them. (See Lomb Prize Essays.)

7. Plans for Dwelling-houses. (See Lomb Prize Essays.)

All persons who propose to present papers at the next meeting of the Association will be governed by the following order, enacted by the Executive Committee at Washington, D. C., December 7, 1885: "That all papers hereafter presented to the Association must be either printed, type-written, or in a plain handwriting, and be in the hands of the Secretary at least twenty days prior to the annual meeting."

This order will be strictly enforced, and no paper will be read at the said meeting that has not been received, examined, and approved by the Executive Committee.

Invitations extended to individuals to prepare papers for the Association do not imply their acceptance by the Committee, merit alone determining that question. Papers that have been published will not be received.

The local Committee of Arrangements at Toronto, Ont., have already actively begun the work essential to a large and successful meeting. In addition to the usual work incident to such an undertaking, they will extend invitations to foreign sanitarians, and secure such transportation facilities as will probably insure a good representation from abroad. Communications regarding matters of transportation or of a local character should be addressed to Peter H. Bryce, M. D., Chairman Local Committee of Arrangements, Toronto, Ont.

The co-operation of all persons interested in the public health, or in any subject allied to sanitary science, is respectfully solicited. A circular giving full and concise information regarding local matters, programme, transportation, etc., will be issued in due season.

*The Lomb Prize Essays.* Mr. Henry Lomb, of Rochester, N. Y., who is already well known as a public benefactor through the prizes which he gave last year for the best essays on certain sanitary subjects, offers for the present year the sum of seventeen hundred and fifty dollars to be awarded as prizes on the following subjects, as per conditions mentioned elsewhere:

1. The Sanitary Conditions and Necessities of School-houses and School-life. One prize, \$500.

2. The Preventable Causes of Disease, Injury, and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding Them. One prize, \$500.

3. Plans for Dwelling-houses. (a) A plan for a dwelling-house not to exceed in cost, exclusive of cellar, eight hundred dollars. Prizes: First, \$200; second, \$100; third, \$50; fourth, \$25. (b) A plan for a dwelling-house not to exceed in cost, including the cellar, sixteen hundred dollars. Prizes: First, \$200; second, \$100; third, \$50; fourth, \$25. Accommodation to be provided for families consisting of five persons.

Officers—President, Dr. Henry P. Walcott, Cambridge, Mass.; First Vice-President, Dr. Charles W. Covernton, Toronto, Ont.; Second Vice-President, Dr. G. B. Thornton, Memphis, Tenn.; Secretary, Dr. Irving A. Watson, Concord, N. H.; Treasurer, Dr. J. Berrien Lindsley, Nashville, Tenn. (*Ex-officio* members Executive Committee.)

THE MALAISE OF SPRING.—In the dark ages of medicine, the existence in the organism, during spring, of some *materies mali*, was universally assumed. Hence arose the custom of the annual spring blood-letting, which the seniors of the profession can still easily recall; and to the same source may be traced the practice, still much in vogue, of marking the same season by a routine course of purgation. These ideas were, no doubt, crude and unscientific; but it is not impossible that, under the guise of quackery and superstition, a germ of truth may lie hidden. If we appeal to universal experience, we shall find a very considerable consensus of opinion that many people are at their worst during spring. The dyspeptic is then, more than ever, vexed with capriciousness of appetite, and unsatisfactory intestinal action. The nervous and hypochondriacal are then frequently at their lowest ebb. Many neuralgics and epileptics dread spring as their season of severest trial and most constant suffering. Some cutaneous affections seem to share in the same seasonal influence. That large and ever-increasing class of people, the product apparently of advancing civilization,



who are free from organic disease, yet always below par, always feeling the stress of existence too strong for them, seem to feel their incapacity for sustained effort most during the months when nature is most active. Such facts may not be so universal as to admit of definite formulation into a general law, but we feel sure that most practitioners will, on reflection, recognize the frequency of such phenomena. Most frequent of all is, probably, that condition which gives the title to this article, a feeling of *malaise* which may be analyzed into a condition of nervous and digestive weakness and irritability.

Of this spring *malaise*, whose existence will, we think, be readily admitted, much may be said in explanation. Spring is the season when the work and confinement of winter begin to tell upon the organism. It is the time when nature invites to renewed muscular activity. It is the time for changes of diet, habit, and occupation. With such facts in view, it is hardly surprising that it should be a period of the unstable equilibrium of health. Changes of temperature, which tend to modify the balance normally subsisting between skin, liver, and kidney, are, no doubt, also largely influential.

There is much more in climate than responds to thermometer, barometer, or hygroscope; and it is probable that some elements of seasonal influence must still remain as ultimate facts. It has been shown by a vast mass of observations, that the body-weight undergoes regular fluctuations during certain months, and these changes do not appear to be proportionate to changes of temperature, or any other obvious climatic condition.

The *malaise* of spring is no doubt largely a matter of individual proclivity, and varies in intensity with the peculiarities of the individual constitution. The robust and vigorous feel it little or not at all, while the neurotic and the dyspeptic look forward to the period that follows the vernal equinox as a time of certain trial and probable suffering.—*British Medical Journal*.

ANTHROPHOBIA.—*Anthrophobia*, the dread of man, has reached such a degree in some fellow-

creatures of "God's Vice-regent on Earth" that they seem to fear the risks of captivity more than the certainty of annihilation. The stories about mountain sheep breaking the force of a fall by dropping on their horns are totally fabulous; the shock would react on their necks and break their vertebræ at any distance exceeding forty feet of perpendicular fall. But it is true that their cloven hoofs and stout feet break the speed of a descent from any thing but an overhanging cliff; a troop of big-horns will scramble down the steepest slopes as a bear slides down a tree, and reach the bottom amid a cloud of dust and tumbling stones, but with unbroken limbs. The Osage Indians have a curious tradition about the cimmaron: at the time of the great flood (which, after all, must have been something more than a freshet of the Indus), when the pouring rains drove all other animals to the shelter of the caves, the big-horn sheep took refuge among the clouds and guided the Indian Adam to a place of safety. The mountain sheep has certainly a marvelous faculty for roughing out bad weather. Even in midwinter they stick to their highest haunts. In 1849, a caravan of Mormon refugees attempted to cross the Wahsatch range in a snow storm, and were on the point of perishing with cold, when they were saved by the discovery of a "cimmaron camp," a snug cove in the pine wolds, where a herd of wild sheep had stamped down the snow and browsed off the branches as high as they could reach—"A tabernacle in the wilderness," as Elder Millard described it, and in stress of storms, perhaps, a more desirable shelter than the dreary pens of an Indian wigwam could have offered to the necessitous saints. Now and then, though, the cimmaron may be doomed to share the experience of the Swiss chamois, that occasionally find their graves in such winter-quarters by remaining snow-bound till they succumb to frost and hunger. Ordinary storms the American mountain sheep weather as easily as a frog would survive a flood. No whirlstorm short of a tornado can dislodge them from a vantage-ground in the rocks, and their thick fur coats ward off blasts that knock the mercury a good way below zero.—*Dr. Felix L. Oswald, in June Bivouac*.

**MISSISSIPPI VALLEY MEDICAL SOCIETY.**—Partial programme of the twelfth annual session, to be held at Quincy, Ill., July 13th, 14th, and 15th:

1. Surgical Treatment of Hypertrophic Nasal Catarrh, W. C. Pipino, M. D., of Des Moines, Iowa.
2. A Case of Obstruction of the Bowel, Thos. D. Washburn, M. D., Hillsboro, Ill.
3. The Discovery of Anesthetics, H. N. Lyman, Chicago, Ill.
4. Albuminuria and Disease of the Kidney, B. M. Griffith, Springfield, Ill.
5. Is the Pneumatic Cabinet a Practical Failure? H. J. B. Wright, M. D., Olney, Ill.
6. The Therapeutics of Bismuth and Asclepias Tuberosa, Amos Sawyer, M. D., Hillsboro, Ill.
7. Entero-Colitis of Children, A. J. Steel, M. D., Charlestown, Ill.
8. Etiology of Chorea, Frank R. Fry, M. D., St. Louis, Mo.
9. Neuro-Retinitis Albuminurica, Wm. Cheat-ham, M. D., Louisville, Ky.
10. Heart Failure, W. W. Fuqua, Memphis,
11. Intestinal Obstruction, J. H. Luckett, Owensboro, Ky.
12. Peritonitis, Andrew Seargent, M. D. Hop kinsville, Ky.
13. Operative Interference in Inflammation of the Knee-Joint, A. R. Jenkins, M. D., Henderson, Ky.
14. Yellow Fever in Brazil, Preventive Vaccination, Frinoxes' method; personal experience and observation on the growth.
15. Beriteni on Coast of Brazil; personal observations. Both by Horace M. Lane, Brazil, S. A.
16. Paper, Wm. Porter, M. D., St. Louis, Mo.
17. Surgical Treatment of Pleuritic Effusions, Wm. A. Byrd, Quincy, Ill.
18. Artificial Alimentation, I. N. Love, St. Louis, Mo.

Those in attendance will be returned at one third fare by showing a certificate of having paid full fare coming.

This is not a delegate body but admits to membership, simply by registration, all practitioners in good standing. A cordial invitation to be present is extended to all members of the profession.

Address Joseph Robbins, M. D., Chairman Committee of Arrangements, Quincy, Ill.

**MIXTURE FOR CHRONIC BRONCHITIS.**—Iodide of calcium,  $\mathfrak{zj}$ .; lime water,  $\mathfrak{z}\text{iv}$ .; water,  $\mathfrak{z}\text{x}$ . A tablespoonful in milk twice a day.

**THERMAL ANESTHESIA.**—The following story is told of Prof. Laycock: The professor, while taking his class round the wards, addressed them thus: "Ha! Gentlemen, the clinical thermometer is an excellent instrument of precision, but the ha! practitioner should educate his hand (placing his hand on the patient). The temperature here is, Ha! a hundred and one point five. Nurse, fetch a thermometer." (The thermometer is fetched and marks normal, is therefore condemned as incorrect; another is fetched, and the result is the same.) "Ha! Gentlemen, I have thermal anesthesia this morning!" and the professor pursues his way, not in the least disconcerted by the ill success of his experiment.

*Editors American Practitioner and News:*

I notice in your journal of May 29th an abstract from the London Medical Press, in which the Hon. Ralph Abercrombie says that the "brown-skinned natives darken their faces to protect them from intense light and heat." Perhaps it may be of interest to state that a great proportion of the people in this part of the country (Dakota) rub lampblack underneath the eyes whenever they are obliged to go out in the snow on sunshining days. I have frequently done so and found the relief from the intense glare very gratifying.

H. GRAHAM,  
*Hospital Steward, U. S. Army.*

**TREATMENT OF THE CYSTITIS OF BLENORRHAGIA.**—Take every day three of the following powders in an infusion of linseed: Powdered leaves of hyoscyamus, gr. xx; sugar,  $\mathfrak{z}\text{iv}$ . Divide into seven powders. If the pain resists, a tablespoonful, every half hour, of the following infusion will be found very efficacious: Hyoscyamus leaves, gr. xlv.; boiling water,  $\mathfrak{z}\text{iv}$ . If dryness of the throat were felt, or somnolency, the administration should cease, and a cup of strong coffee will set all right. By these means, and in a few hours, the most severe pain is eased.—*Medical Press.*

**SUCCESSES BUT NO FAILURES.**—Our valued cotemporary, the Therapeutic Gazette, says, editorially: "The tendency to report our successes and to allow our failures to drop out of sight is inherent in human nature. Even when



our failures are through no fault of our own, and might be instructive to others, we are very loath to believe them worthy of record; hence it is that in regard to almost any remedy medical literature abounds in laudations and successes, while reports of failure are rare, so that the balance of published accounts is almost always in favor of a drug or a measure, even though such measure may have been proven worthless and universally discarded."

**A FRAUD DENOUNCED.**—The story ran that the drug store was sacked, and immediately the howling mob eagerly seized and drank everything in liquid form discoverable on the premises, to the great disturbance of their inner economy, and to the death of scores of the more insatiate. The sensation was so rich that in an instant it sped o'er the earth, and evoked heartiest praise for the valiant drugs, not only from the vulgar throng, but from the mighty captains of the press. That the wondrous story was only the picture of a reporter's demoniacal fancy never occurred to our editorial friends, not even to those of medical and pharmaceutical pretensions, who at least should have known that Bohemian superstition would as soon trifle with the contents of a drug store as that the gentle anarchist would swallow an ignited bomb. We regret to see our august London contemporaries so grave in their treatment of the alleged episode, and particularly is the weighty effusion of the patriarch of American drug journals on the subject cause for tears. The continental Chicago liar responsible for this sad imposition upon innocent editors is, we may add, unquestionably an exotic.—*Western Druggist*.

**A SIMPLE METHOD OF KEEPING THE HYPODERMIC SYRINGE IN ORDER.**—Dr. Gilliam, of Columbus, Ohio, writes to the Medical Record: A simple and efficient method for keeping the hypodermic syringe in order is as follows: Draw out the piston-rod, immerse the syringe in water, then push the piston home, when the chamber of the syringe back of the piston-head will be found filled with water which entered at the orifice through which the rod plays. This will not leak out, will keep your

syringe in prime order, ready for any emergency, and will save money as well as annoyance by enabling you to use a syringe that would otherwise be discarded. As the device is so simple, entails no trouble, and the syringe being once filled need not be looked after for weeks or months if need be, I thought it worth mentioning.

**THE PASTEUR EXHIBIT AT THE EXPOSITION OF URBAN HYGIENE.**—Men and women gape wonderstruck before a table loaded with a hundred or so glass mattresses, in which Pasteur works his *bouillons*. A large sign cautions the public: "Do not touch; very dangerous," and the concoctions of charbon, hydrophobia, typhoid, and other uncanny microbes are severely left alone. The cages in which the unfortunate rabbits are kept are only seen in photographs, but rabid marrow and dog rolling cages are there in reality. The latter are made of strong galvanized iron, and provided with rollers, a hook on top and a perforated bottom. In each cage remained the tin dish used for the prisoner's food; the metal's edges are deeply indented and torn in some places by the teeth of the late occupants, showing but too vividly the horrible disease that carried them off.

**A CELESTIAL PRESCRIPTION.**—Upon the authority of Dr. Dewey, of the Moberly District Medical Society, Missouri, the Medical Record publishes the following therapeutic note: "Dr. J. Hun Su, of Pekin, China, treats uncomplicated typhoid fever very successfully with the following prescription:

R Three inches dried umbilical cord;  
One dried snake skin;  
One fresh tom cat's head.

Mix. Boil in five pints of water for two hours and strain. Sig. Tablespoonful every four hours. This prescription would be far less apt to disorder the stomach and nervous system than quinine, besides being tonic."

The last ingredient is suggestive of therapeutic utility in the case of serenaders who may be suffering a loss of voice in consequence of excessive vocal exercise in the open air at night.

**A CERTAIN CURE FOR CORNS.**—A Berlin gentleman very much troubled with corns saw in a paper an advertisement of a certain cure for them, application, enclosing 1 mark 10 pf. in stamps, to be made under cover to A. X., Post-office, Geneva. The gentleman not unnaturally made application, and in the course of a few days received the following reply :

Have you large corns upon your toes,

So that with pain you sweat, sir?

Then take a saw and saw off those

On which your corns are set, sir.

"I recommend for this purpose my bone saws; price from 10 to 30 marks."

It is officially announced that Senor Rafael Alcalde y Buril has been appointed surgeon-dentist to the infant king of Spain, whose birth lately gave rise to so much rejoicing in the Spanish capital. The *Globo* inquires, very naturally, whether the young king was born with teeth. In any case, the post of this professor of the gentle dental art, will, for some months to come, be as much a sinecure as that of the surgical instrument-maker, who was recently addressed by a country customer as "Suspensory bandage-maker to Her Majesty." *Boston Medical and Surgical Journal*.

**VERY OLD HAIR.**—Mr. Marbury, of Lyceum theater, has called the attention of actors and costumers to the curious discovery of a wig believed to be 3,400 years old. The indestructibility of hair is well known. This wondrous relic, now to be seen in a case in the first Egyptian room at the British Museum, was found in a temple at Thebes. It has evidently been part of the make up of a priest who must have officiated 1,500 years before Christ.

**FROZEN MILK IN FEVER.**—Dr. E. G. Jane-way, acting on a suggestion from a colleague practicing in the country, has given frozen milk to patients whose stomachs did not tolerate ice-cream, and speaks highly of its use in fevers.

**MODE OF PAYMENT OF FEES IN VIENNA.**—In Vienna it is usual to give medical men their fees at the end of the attendance, so that when *honoraria* are offered the hint is understood and no more visits are paid without request.

**CALABAR BEAN IN EPILEPSY.**—Herr Rush, of Fritzlar, recommends the use of Calabar bean in epilepsy in cases in which other drugs have failed. The formula he makes use of is as follows: Ext. fabæ calabar., gr. viiss.; spiritus etheris ℥ 80; aq. menth. pip., ℥ 300. M. ft. mist. Five to ten drops three times a day for children; eight to fifteen drops for adults. For children he begins with five drops, and increases the dose by one drop daily until the maximum dose of ten drops is reached. He then diminishes the dose by one drop daily until the initial dose is reached. He records some successful cases in the *Deutsche Med. Zeitung*; *Medical Press*.

**AMMONIA FOR CARBUNCLES.**—Dr. Leonidas Avendano says ammonia is a specific for carbuncles. In cases of malignant pustule, after an incision has been made, a solution of ammonia should be dropped into the wound. Ammonia acetate may be given internally.

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#### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from June 27, 1886, to July 3, 1886:

*Col. Thomas A. McParlin*, Surgeon, granted leave of absence for two months, with permission to apply for an extension of one month. (S. O. 146, A. G. O., June 25, 1886.) *Lieut. Col. Charles Page*, Surgeon, leave of absence extended ten days. (S. O. 146, A. G. O., June 25, 1886.) *Lieut. Col. D. L. Magruder*, Surgeon, granted leave of absence for two months, to take effect on or about July 1, 1886. (S. O. 146, A. G. O., June 25, 1886.) *Maj. Richard S. Vickery*, Surgeon, assigned to duty as surgeon in charge of Army and Navy General Hospital at Hot Springs, Arkansas. (S. O. 150, A. G. O., June 30, 1886.)

PROMOTIONS: *Lieut. Col. Joseph B. Brown*, Surgeon, to be surgeon with the rank of Colonel, January 24, 1886. *Maj. Anthony Heger*, Surgeon, to be surgeon with the rank of Lieut. Colonel, January 24, 1886. (Circular, A. G. O., June 28, 1886.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the two weeks ending June 26, 1886:

*Sawtelle, H. W.*, Surgeon, to proceed to Wilmington, California, on special duty. June 22, 1886. *Wheeler, W. A.*, Passed Assistant Surgeon, granted leave of absence for thirty days. June 23, 1886. *Williams, J. L.*, Assistant Surgeon, to proceed to Buffalo, New York, for temporary duty. June 24, 1886. *Norman. Seaton*, Assistant Surgeon, to proceed to Cleveland, Ohio, for temporary duty. June 26, 1886.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. II.  
[NEW SERIES.]

LOUISVILLE, KY., JULY 24, 1886.

No. .

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### PERMANENT REMOVAL OF HAIR BY ELECTROLYSIS—WITH CASES.

BY SAMUEL E. WOODY, M. D.

*Professor of Chemistry and Public Hygiene, and Clinical  
Lecturer on Diseases of Children in the  
Kentucky School of Medicine.*

The prime object of medicine is the relief of suffering. Physicians confine their attention too exclusively to the relief of physical pain, ignoring sentimental suffering, which, though purely esthetic, is none the less real. Because of this neglect many women go for years with faces, otherwise handsome, disfigured by abnormal growths of hair. Realizing that this disfigurement is sure to attract notice, and one associated in the popular mind with revolting ideas of witches, hags, and other unfeminine creations, the patient sometimes shuts herself up at home and broods over her misfortune until melancholia, monomania, or even insanity supervenes. That there is a close relation between abnormal growth of hair and insanity has been noted by various writers, but whether in the nature of cause or effect does not always appear.

Dr. J. C. White, of Boston, mentions the case of a young lady who anxiously sought a surgeon who would remove the skin from the lower part of her face, and thus remove the obnoxious growth. Of course such are extreme cases. The great majority suffer only from the mortification of being constant subjects of adverse criticism.

As to the number of women afflicted with abnormal growths of hair, their name is legion; for to those we notice so frequently upon the streets, in shops, or in parlors, must be added a greater number who escape notice by habitually resorting to depilatories, the razor, or tweezers. When they seek the advice of a physician, what is the result? He either prescribes the very things they have already tried and found only to make the hair return larger and longer than ever, or jokingly tells them, "Never mind, the disease is not fatal." Where is the woman whose soul is satisfied with the consolation that ugliness is not fatal? A few years ago this was the best advice the physician could give. But such is the case no longer, for electrolysis offers a remedy *harmless, certain, and permanent*, and the physician is derelict of his duty if he does not relieve such cases, or refer them to some one who can give the necessary time and trouble. It requires considerable of both, but no more than many ladies will gladly pay for. It is an operation I would earnestly recommend to the young physician, whose purse is light, and whose time hangs heavily while he waits for gray hairs and a practice.

The operation is simple, but painfully tedious, the operator often suffering more than the patient. As in other simple and tedious operations, success depends most upon a peculiar manual dexterity, and much more satisfactory results are attained after some experience.

The essential instruments are a galvanic battery and a fine needle. The number of cells to be employed depends upon their strength, the delicacy of the patient's skin, and the distance between the poles when applied to the body. I formerly used from four to six zinc-carbon elements, but now employ twice that number of Leclanché (telephone) cells. These

are placed in a closet and connected by wires with the operating-table. More than a year ago they were charged with fifty cents' worth of sal ammoniac; and though furnishing electricity for door and signal bells about my office and residence, they are apparently as strong now as then.

For a long time I used the finest cambric needles, gold plated, and have done some good work with them. Of late I have been using a very fine wire of iridium and platinum, which being more pliable follows the hair better, and is less likely to perforate the follicle. An ordinary surgical needle-holder, insulated by being covered with a piece of rubber tubing, may be used; but where much work is done, it is best to get one specially made of hard rubber, with a little spring button for breaking or closing the circuit. You should have the patient come only on bright days, for good light is necessary. She should be seated near a window, preferably in an operating or reclining chair, so that her face is nearly upon a level with the operator's eyes. A moistened sponge-holder connected with the positive pole of the battery is held in the patient's hand, while the needle-holder is attached to the negative pole.

The needle is now introduced for about one eighth of an inch into the follicle down beside the hair. To do this accurately a sharp eye is necessary; and if the hairs are very small, I wear a jeweler's eye-glass. But most important, is a steady hand and a delicate touch. Possessing these, the operator can tell by the resistance encountered when the needle is piercing the dense skin or dropping into the follicle.

At the first sitting I have the patient close the circuit by grasping the sponge electrode, and thus avoid the slight shock by making the connection more gradual than would be possible if I used the little spring button in the needle-holder. But, after some degree of toleration is attained, this is a matter of no moment. The current flowing through the tissues decomposes the salts, the acid going to the positive pole (sponge), and the alkali to the negative pole, where it accumulates around the needle in the hair follicle and destroys the papilla, loosening the hair, and rendering it impossible for another to grow in its place. Around the needle

the tissues will be seen to blanch, and in a few seconds minute bubbles of hydrogen will rise, and the action is complete, as is shown by the ease with which the hair comes away upon the gentlest traction, or even on brushing the finger over the part.

The amount of pain will vary greatly, some women complaining bitterly of a current of half the strength that other women will bear with ease. The upper lip is the most sensitive part of the face; but altogether I have not found the pain to amount to much, and when it does it can be relieved by injecting the muriate or rubbing the oleate of cocaine over the part a few minutes before operating. After a few sittings the skin becomes tolerant of the action of the current, and the patient no longer complains.

The operation, when properly performed, should not be followed by any scars. But if the patient's skin is very tender, or too strong a current and too large a needle be used, especially if not accurately placed in the follicle, or if too many hairs close together are removed at one sitting, pustules will be formed and permanent cicatricial points will result. The number to be removed at one sitting depends upon the tenderness of the skin and the extent of surface covered. I never remove at the same sitting hairs closer together than a quarter of an inch, except in moles, where I purposely induce some suppuration to destroy the pigmentation.

After the operation the face should be bathed in hot water and rubbed with cold cream or other emollient, and a thick veil worn, especially if the air be raw and cold.

The number of hairs to return and demand a second removal will decrease with the skill of the operator and the thoroughness of the operation. I usually expect the return of about five per cent, but when these are in turn removed the cure is complete. It is always best to leave the finer or lanugo hairs, otherwise the face will have a bald, glistening appearance.

To illustrate the work, I will report several cases from my practice.

CASE 1. Miss — came to me last October; a healthy shop-girl, blonde, twenty-three years



old. Had been annoyed a year or two with bristles on the chin; had been pulling them out, with the effect of increasing their size and apparently their number. Removed them—about seventy-five in number—at three sittings. When she returned, a month later, about a dozen were visible. How many of these returned from imperfect destruction I can not say, for she admitted pulling out a few just before coming for treatment. None have since appeared.

CASE 2. Mrs. —, a wife, healthy, twenty-nine years of age, mother of two children, called January, 1886. Had three moles about the size of split peas, one over the malar bone, one below the angle of the mouth on the right side, and another on the left side of the chin. These were deeply pigmented, and of late years the hair in them had been growing larger, longer, and darker. When she came to me they had evidently been trimmed, each mole presenting a brush of bristles that, if allowed to grow to their full length, would doubtless have been at least two inches long. Removed them all at two sittings, purposely inducing some suppuration to remove the pigmentation as well as the hair. The site of the moles is shown now only by whitish, cicatricial points, scarcely observable.

CASE 3. Miss — called August 10, 1885: aged seventeen; slender brunette; nervous disposition; rather delicate. Had a beautiful suit of hair, but no abnormal growth, except upon the upper lip. Here grew a dark, silken moustache that upon a boy of the same age would have been an enviable possession. The patient complained bitterly of the pain at the first sitting, so that I had to inject muriate of cocaine into the lip. Afterward, however, the oleate of cocaine rubbed on was sufficient. After about a dozen sittings, scattered over a period of six months, during which time she continued at school, the cure seemed complete.

CASE 4. Miss —, tall, slender brunette, aged twenty-one years. Her mother is a Jewess. Has lived all her life in the country. Is perfectly healthy. While at college was slightly annoyed with a downy growth on each side of the face. She procured some depilatory paste from a neighbor druggist. This removed the

hair, but after each removal it came back heavier than ever. Finding that she could no longer conceal the disfigurement, and feeling that her prospects were blighted, she retired from society, where she had been a prime favorite.

She came to me last November with a letter from her family physician. The lips and chin appeared normal, but on the sides of the face the hair was about half an inch or an inch in length, and at least three thousand in number. At the first sitting was annoyed with a copious flow of tears from stimulation of the fifth nerve, over which I was working. She sat once a week. By the end of January all the long hairs were gone, leaving a downy coat of fine, white hairs, which, instead of being a disfigurement, served to make the skin softer and more natural in appearance. But as these had grown somewhat under the stimulus of the operation, and as the patient had become unreasonably enthusiastic on the subject, I began to remove the largest of these. Finally, however, I persuaded her to desist before the skin was made too bald and sleek.

I saw her about a month ago, while on a visit to the city. Her face appeared natural, and no scarring was apparent.

LOUISVILLE.

## TREATMENT OF INSANITY.\*

BY JOHN M. FOSTER, M. D.

It is my intention only to outline a course of treatment for the two chief forms of insanity which has proven valuable as being abortive in numerous cases, and I shall touch lightly upon such drugs as are of doubtful efficacy.

Insanity derives its importance from the fact that as the race becomes more highly cultivated the disease increases, and also from the fact that the malady often presents itself, requiring prompt and efficient treatment as the only hope of relief. It is the belief of alienists that many cases of insanity are sent to the asylum which could have been more successfully treated at home; and that it is often prejudicial to send mild and recent cases to the asylum. Hence the importance of resorting

\*Read before the Kentucky State Medical Society, June, 1886.

to proper remedies which should be vigorously used as soon as we discover the first obscure threatenings of the disease. The probability of recovery will depend almost entirely upon the duration of the disease previous to treatment. The more recent, the greater the prospect of recovery.

Dr. Maudsley says that when proper treatment is begun within three months from the commencement, the chances of recovery are about four to one, while it is hardly as much as one to four after the disease has lasted twelve months.

This is easily understood and appreciated when we know that, after the disease has lasted for some time, there is brought about in the brain tissue certain structural changes which characterize the disease as chronic and prejudice the chances of recovery. It can be demonstrated by the aid of the microscope that in some cases of chronic insanity we have an excessive development of connective tissue in the brain, which, crowding upon the nerve cells or brain substance proper, interferes with its function.

In speaking of the abortive treatment of insanity, it does not follow that any one line of treatment is to be adhered to; for no treatment is rational which does not offer various remedies for the various symptoms which are met in the different forms of the malady.

Leaving out of consideration idiocy, dementia, and cretinism, which do not properly belong to our subject, I should also like to withhold epileptic insanity. We come now to the two grand divisions of insanity, namely, mania and melancholia, for these are the chief forms of insanity and the phases of the disease most frequently encountered in practice.

Common sense would teach us that in the treatment of any malady we must look for the causes, and, if possible, remove them. But if we can not do this, then the indications are to relieve the various symptoms and to so improve the general health that the patient will be able to resist the disease.

There are nearly always two causes for all ailments, both physical and mental, viz., predisposing and exciting. The first, or predisposing cause of insanity, is nearly always hereditary,

although it may be a lowered state of the general health brought on by some depressing influence, as overwork, mental or physical, alcoholism, lactation, etc. The exciting cause may be a sudden fright, some acute disease, intemperance, stoppage of the secretions, etc. Now the first, or predisposing cause, we are, in most cases, unable to remove; it follows, then, that nothing is left for us to do but to improve the general health, so that the patient may, if possible, resist the disease. We must treat the case as we find it, adapting proper remedies to the symptoms. The second, or exciting cause, we can often remove. If intemperance, prevent it; if lactation, stop it; if some bodily complaint, cure it.

Not all cases of the disease are dependent upon physical ailment, as my own experience has fully taught me. I went into the New York City Female Insane Asylum, where there were one thousand seven hundred patients, with about six hundred under my immediate care, including those of the reception ward, where the patients were first received. Then I had a hobby to the effect that I would find many patients suffering from some physical ailment, more than likely some uterine trouble which had acted either as a predisposing or exciting cause of the insanity. But after making uterine examinations of about one hundred and fifty patients, and finding only two with a displacement of the uterus, and only three or four with congestion and ulceration, I abandoned the hobby. Then, besides, the general health of the patients seemed to be almost up to the average. It also fell to my lot to assist in about one hundred *post-mortem* examinations, at which we seldom found markedly diseased conditions of any of the internal organs.

Mr. Spitzka says that it is known that the grossest lesions of the female generative organs are not competent by themselves to affect the mind to such a degree as to produce insanity. Melancholia and mania, as said before, are the two grand divisions of insanity. We will consider first melancholia, and try to derive from the symptoms some rational line of treatment.

1. Mental condition. We find the patient low spirited, morose, and suffering from some



delusion which is of an unpleasant nature. For example, the patient imagines that some great affliction is about to befall him or his family, and it is time wasted to attempt to dissuade him from this belief. With regard to the physical condition we find a loss of appetite, the patient often refusing to eat, more or less emaciation, cold hands and feet, a torpid condition of the secretions, a general asthenic state, generally sleeplessness, occasionally, but not often, periods of excitement.

The indications for treatment seem to be the following: Improve the physical condition by proper hygienic surroundings, systematic exercise and tonics, and there is no tonic which meets the indications more thoroughly than iron, the least disappointing of all its preparations being the old-fashioned muriated tincture either alone or combined with quinine.

The cold hands and feet call for stimulation which we can get from the use of spirituous, vinous, or malt liquors, preferably the latter.

The depression of spirits and sleeplessness, which are the most unfavorable symptoms, can best be overcome by the use of some opiate, and the best preparation is the bimeconate of morphia, since it is attended with less unpleasant after-effects.

"Opium is a stimulant-narcotic; it exalts the arterial and nervous system, it increases the force, fullness, and frequency of the pulse, animates the spirits and gives new energy to the intellectual faculties. The effects are directed with peculiar force to the brain, the functions of which it excites."

This excitation of the nervous system is followed by a delightful calmness which is highly desirable. This calmness is followed by sleep lasting several hours.

With regard to dosage we must not measure this drug, as well as others that will be mentioned, by grains, but by the physiological effects and reactions. If the tension of the arterial system is low, small doses answer best; but with a quick pulse and high arterial tension, large doses are indicated to obviate a protracted stage of excitation.

If there are periods of excitement and sleeplessness which opium does not relieve, the chloral will meet the indications.

We must not forget the moral treatment which plays a conspicuous part and which consists in the arrangement of the surrounding circumstances to the best advantage, such as judicious control, engaging the patient's attention, forming new impressions, and if needed, a change of place and scene.

Next we come to the consideration of mania. The visible morbid appearances of acute mania, as found upon the dead table, are those of acute hyperemia of the brain and adhesion between membranes. This form of insanity we find in almost direct contrast with melancholia. This is the sthenic form of the disease, and as we might expect, we find frequent periods of excitement, a full, bounding pulse with high arterial tension, a wild expression of the patient's face, a restless, excited condition of both mind and body and delusions of a transitory nature. The general health may or may not be affected, but is generally good. Nor do we find loss of appetite, although the patient occasionally refuses food, and then we are put to the necessity of resorting to forcible feeding.

The primary indication in acute mania is to secure rest for both body and mind, and it may become necessary to resort to forcible restraint.

The remedy for sleeplessness and the excited condition of the nervous system, above all others, is chloral hydrate, it meets the indication more promptly and effectually than any other drug. With regard to the dose we must be governed by the effect, nor can we afford to be timid in its use, giving as much as forty grains if required to promote sleep. But fortunately, from twenty to twenty-five grains will generally be sufficient to quiet the patient for several hours.

Nothing will be of benefit in this form of insanity unless it gives rest to the brain, for it is as important to give sleep to the diseased brain as it is to give rest and support to a fractured arm.

Chloral causes a slowing and weakening of the pulse, and upon the cerebrum it acts as a most powerful and certain hypnotic. The sleep produced by chloral is natural and refreshing without unpleasant after-effects. The prescription which has given the most satisfaction is a combination of equal parts chloral

and bromide of potash with about one eighth of a grain of morphine to the dose. The addition of cannabis indica and hyoscyamus, as are found in the preparation called bromidia, is advantageous.

I have only outlined a course of treatment for the two principal forms of insanity, having gone hastily over some important points. I do not desire, however, that you should infer that the various drugs, such as the bromides, ergot, digitalis, conium, etc., have not been given a thorough trial; but since it is difficult to obtain reliable and uniform preparations of several of them, and since the effects are so variable and remote, I have declined any lengthy discussion of their efficacy.

With regard to accessory measures, such as the cold douche, the wet pack, shower baths, the mustard bath, and many other agents too numerous to mention, I would say that they may be resorted to when adapted to the case, but should only be looked upon as secondary to the outlined treatment.

Confinement in an asylum is oftentimes prejudicial to the recovery of acute cases, and should be regarded as a necessary evil, and we should not be too ready to shift responsibility by sending patients to them. It is true that there are many patients with suicidal and homicidal tendencies, that ought to be confined, and it is also true, that often the circumstances of the patient and the character of the surroundings demand resort to an asylum, yet we must not send them indiscriminately.

Now, in conclusion, I wish to emphasize the importance of prompt, and if necessary, heroic treatment in acute insanity, for my limited experience since leaving the asylum, which consists in having treated six cases only, one of which, a case of over one year's standing, failed to recover, leads me to believe that the average general practitioner will be able to decrease the insane census by devoting more study to the subject, and maturing in his mind some prompt and efficient treatment.

RICHMOND, KY.

FOR EXCESSIVE PERSPIRATION OF THE HANDS, washing with a saturated solution of boracic acid is often effective.

## POISON BY RAT-BITES.\*

BY A. J. BANKER, M. D.

Having noticed the frequency of the poisoning of the human subject by the bite of rats, and the large per cent of mortality following the inoculation by the poison, together with the number who are maimed or left hopelessly incurable, I began an investigation and collection of cases, that we might be better able to form some idea of the nature of the poison and give it the proper classification. I have the history of a number of cases, which I will give in detail, some of which I am familiar with from my own observation, and for others I am indebted to my brother practitioners.

CASE 1. On March 24, 1879, I was called to see Mr. C., aged sixty, previously healthy and of active habits. I obtained the following history:

On March 18th he was bitten by a rat upon the forefinger of the right hand. The wound healed readily in a few days, and nothing further was thought of the injury.

On the 22d or 23d of the same month he began to experience a peculiar nervous sensation, attended with a general soreness of the flesh of the entire body, and erratic pains shooting through every portion of the system. The peculiar condition led him to believe that he was laboring under an attack of rheumatism. But after about twenty-four hours he noticed that the pain was peculiarly sharp and persistent at the seat of injury from the fangs of the rat. A small purplish vesicle made its appearance at this point, attended by a darkening of the skin for some distance around it. A feeling of soreness extended up the arm, with a reddened line. The finger inflamed and the glands of the arm rapidly enlarged, the arm becoming very much swollen. Attending this condition severe chills came on, alternating with a sense of heat and suffocation.

At this stage of the case I saw him (March 24th), six days after the bite. His temperature was 105.5°, pulse 110, full, but compressible. His tongue was covered with a thick, white fur, and in the center was dark brown and perfectly dry. The secretions about

\*Read before the Mitchell District Medical Society in 1883.



the mouth were of a tough, slimy character, and seemed to agglutinate the parts when in apposition. The secretions were all checked, bowels obstinately constipated, urine almost suppressed and voided with great difficulty; there was less than one pint in the twenty-four hours. The skin at times was quite moist, and at others hot and dry. The eyes had a peculiarly dull expression and were sensitive to light. Patient complained of a dull, heavy pain in the head, and experienced great difficulty in correctly exercising his mental faculties. There was sleeplessness and a general restless, uneasy condition. Over the surface of the body appeared small white vesicles with an inflamed base. They did not suppurate, but gradually dried up and left red spots. During the first week there was some delirium; and when sleep was procured by anodynes—for he never slept without the aid of them—there were startings, and he woke with a feeling of a lost condition with frequent hallucinations. The anodynes were not given for the relief of pain, but simply to procure sleep.

This condition continued for nearly two weeks, when there were apparent signs of a speedy recovery. The temperature fell, the swelling subsided, with amelioration of the general nervousness, the inflammation subsided by delitescence. No suppuration occurred at the seat of injury nor along the arm, the cuticle remaining entirely unbroken.

The general improvement was of short duration, and for some unknown cause the symptoms returned, but not with the same severity, and continued for nearly two months, when there was a gradual change. After about four months the patient began to improve more rapidly, but the secretions still remained sluggish, and the secreting and excreting organs acted only by stimulation.

About the middle of May edema of the feet set in, and effusion into the cellular tissue was quite rapid and extended above the knees. The patient had some cough with mucous expectoration.

The next spring the edema of the feet and legs subsided, and rapid emaciation followed. The patient was reduced to a mere skeleton during the summer.

In October I made physical exploration of the chest, and found interspersed over both lungs dry and moist mucous *râles* with circumscribed crepitation, increased vocal resonance, and broncophony. Percussion gave dullness corresponding to auscultation. There was cough, expectoration, fever, and chills.

The patient rapidly sank, and died, on the 11th of November, one year and eight months from time of bite.

CASE 2. Mrs. S., aged thirty-five, was bitten upon the finger by a rat, September 22, 1873. The wound healed in two or three days, leaving a purplish lump at the point of injury; about which time the patient began having feelings of general lassitude, with a peculiar nervous restlessness, and sharp, erratic pains extending over the body.

On the ninth day after the injury the patient's attention was attracted to the seat of injury by a persistent pain and a sense of soreness extending up the arm. Swelling began, attended with a red streak extending upward. The glands became enlarged in the course of the swelling, together with the axillary glands. The wound did not reopen. Incisions were made in the finger, but no pus was found, and the wound healed readily.

The constitutional symptoms became alarming, and for some time her life was despaired of. After the lapse of two months the swelling, together with the constitutional symptoms, gradually subsided, but were followed by atrophy and hemiplegia corresponding to the side of the bite. The paralysis came on gradually with the atrophy. After some length of time the limbs slowly recovered and in a measure returned to their normal condition; however, there is now a marked disparity in the limbs of the two sides.

The patient has never recovered her health fully, but is subject to paroxysms of neuralgia, which simulate the pains attending the effect of the bite. I might add that this case was at one time diagnosed rheumatism.

CASE 3. Mr. T., aged thirty-six, was bitten by a rat, on the back of the first joint of the right thumb, March 11, 1880. The wound healed on the third day. Two weeks elapsed, when some pain and inflammation occurred

at the seat of injury, attended with swelling of hand and arm, and red streaks from thumb to shoulder. The thumb was much swollen, but showed no sign of pus or suppuration. At the seat of injury the parts were hard. The glands of the arm and axilla were much enlarged. April 18th, five weeks from time of injury, the constitutional symptoms gradually subsided, but the state of the thumb resisted every means of relief, and gradually grew worse. On the morning of the 28th the muscles of the jaw, neck, and back became fixed, and on the morning of the 29th the spasms became intensified and soon extended to the chest and heart, when the patient died.

CASE 4. Mr. J. C., was bitten by a rat on the outer side of the index finger. The bite soon healed; nothing more was thought of the injury until near the end of ten days, when his attention was directed to the seat of injury by some pain and the appearance of a small vesicle presenting a purplish appearance. Soon the pain began to radiate and extend up the arm. The local symptoms became intensified and a general feeling of *malaise* took possession of the patient, attended with muscular soreness and rigidity. After ten days the cervical muscles became fixed, with slight torticollis to the left. Temperature 102°, pulse 100, features contracted, with anxious expression of countenance. The secretions were all checked and the patient had lost all ability to sleep, in fact sleeplessness had been a constant symptom, and was the first intimation of failing health. This continued until health was again restored. The arm was covered by small reddish spots of an erysipelatous character. The vesicle at the point of injury extended, but there was no suppuration nor sloughing: On a portion of the body small reddish vesicles appeared, but slightly elevated, with an inflamed base, though not particularly sensitive. There was no sloughing in any part of the body. Muscular soreness gradually subsided, the nervousness passed away, and sleep was restored. After the lapse of four weeks the patient was able to be about.

CASE 5. In August of 1875, Mrs. T., aged seventy, was bitten by a rat on the ring finger of the left hand. Five days after the injury

constitutional symptoms made their appearance in the form of slight chilliness, fever, and headache, accompanied by pain and swelling of the arm. The symptoms from day to day grew more severe, and sloughing of the finger and arm began. This was quite extensive, destroying the dorsal portion of the hand. After the lapse of six months the wound healed. Dropsical symptoms made their appearance early in the case, from what condition I was not able to learn. She gradually grew worse, and died in December following.

I have collected cases to the number of ten; the full notes of some I have not yet been able to obtain. Out of the number four have died. Two with dropsy, one with tetanus, and one with extensive sloughing, and so-called pyemia. The history of the cases is, in the main, the same, the stage of incubation varying but a few days. In most of the cases the wound healed kindly without general disturbance, and the general disturbance which came on subsequently seemed to be in the nerve centers.

In each of these cases a particular train of symptoms was developed, bearing a relation in a collection of cases which suggests the idea of a specific poison. The question now arises, is this form of poison specific in its character, or does it belong to that general class of blood poisoning denominated pyemia and septicemia? As to the treatment which seems best adapted to the poison, I have been unable to arrive at any definite course. The only fact which impressed itself forcibly upon my mind was the intolerance of the patient to any medicine containing acid. The muriated tincture of iron acted as an excitant and aggravated the nervous symptoms, besides it had a deleterious effect on the secretions. Alkalies are well borne in the acute stages, and alleviate the sufferings and favor elimination. Salicylate of soda with acetate of potassium, or large doses of bicarbonate of soda, act favorably. A thorough saturation of the blood with alkalies seems to counteract the poison.

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REMEDY AGAINST CORYZA.—Chlordhyd of cocaine, 2 grains; roasted coffee and white sugar, 3j each. To be taken as snuff.



## PHLYCTENULAR OPHTHALMIA.

BY W. CHEATHAM, M. D.

*Lecturer on Diseases of Eye, Ear, Throat, and Nose, University of Louisville; Eye, Ear, and Throat Physician to City Hospital, Masonic Widows and Orphans' Home, etc.*

This, one of the most common and intractable of the superficial inflammations of the eye, demands the most careful management, not only of the local trouble, but also of the general condition of the patient. It is, with me, considered an affection of the nervous system. The cause of irritation may be proximate or remote. The disease is also known as herpes of cornea or conjunctiva, scrofulous ophthalmia, etc. In referring to its intractability I speak more of the prevention of recurrent attacks than of the difficulty of managing each attack.

Some of the numerous causes are cold, or any thing that will irritate the Schneiderian membrane; teething, eczema of the face, or any irritation of the fifth nerve or its communicants; indigestion or any irritation of the alimentary canal.

Symptoms: In a majority of the cases, especially where the cornea is involved, there is great photophobia or fear of light, with excessive flow of tears. No doubt all of us carry in our minds numerous cases of this affection, where the child is led or carried into our offices with head down, eyes firmly closed and fore-arm or hand pressed firmly over them, or, if being carried, with head buried in its mother's bosom. If seen at home they are, whether on bed or floor, with face down, and can with difficulty be brought to the faintest light. If the case has existed any length of time, the lids and parts about them will be covered with a papular eruption, the result of the overflow of the secretions from the eye kept in contact with the face when covered with hand or arm or buried in the pillow. In a great number of the cases the lids will be so firmly closed that it is with difficulty that the eyes can be opened to get a view of them. How to enable one to see the globe of such a patient, I can best tell by giving a case of the kind I had very recently in charge. The little fellow was three years old and presented such a picture as I have just given. His mother, an unusually determined and sensible woman,

said she had never been able to conquer him. His eyes had been closed for six weeks. I put the little one in the usual position for such examinations with his head between my knees. I could not get a good view of the globe with or without the lid elevator. He exerted such an effort as to throw out the mucous membrane from the superior and inferior *cul-de-sac* so as to effectually cover the globe. I endeavored to control him by keeping his head down, threatening to do so until he stopped crying, but without success. I then filled a basin with cold water, and taking the little man under my left arm, I dipped his face in the water four times. He came up smiling and with his eyes wide open. This dipping appears in some way to break the chain of sympathy, if I may be allowed so to call it, between the brain and eye. I had, I should have said before, tried the cocaine with failure, though cocaine will in a majority of such cases give success. I had a little patient, some years ago, where all such efforts failed, who while walking across the floor stumbled and struck his head rather forcibly, and on rising his eyes were wide open. At times it becomes necessary to use some anesthetic. Before cocaine came into use I had patients frequently whom I would have to anesthetize every second or third day, to let their eyes become accustomed to the light. Suppose the eyes are open, what are the local appearances of herpes of the conjunctiva or cornea? Often there will be seen a single white elevation on the conjunctiva, at the junction of the cornea and sclera, or on the cornea; if at either of the former two positions, with blood-vessels radiating from it fan-shaped; if in its later stages and on the cornea, there will likely be a bridge of blood-vessels running to it. This elevation is a raising of the epithelium by an exudation of serum. Later this covering ruptures, the serum escapes and leaves an ulcer, which, if on the cornea, will leave a visible cicatrix. I have seen a number of cases of this trouble where there would be a series of phlyctenulæ at the sclero-corneal junction, surrounding the cornea like a necklace.

The treatment should be local, constitutional, and hygienic. Tea, coffee, cakes, candies,

sugar, and pastry should be forbidden. I have seen cases get well by simply stopping tea and coffee. Good, substantial food should be given. Fresh meat, finely cut up, may be given twice a day; this, of course, if the child is old enough to use such food. Nursing and bottle-fed children I have often seen recover by a simple change of food, when all other treatment had failed. The head should not be wet often. Cool baths instead of hot baths are frequently of great benefit. Turning children barefooted, even in winter, is often beneficial. The condition of the bowels should be watched closely. Tonics—such as syr. iod. iron, arsenic, strychnia, quinine in heroic doses, and cod-liver oil, with its emulsions—are indicated in nearly all cases. Iodide of potassium, mercury in some form, by inunction preferable, and the salts of calcium are frequently indicated. The changes will have to be rung here, as in local treatment.

Locally, the first indication is to get the eyes open, if they are closed. Cocaine solutions of two to four per cent, dipping in cold water, and general anesthesia relieve a majority of the cases. Sometimes atropia solutions, though they produce dilatation of the pupil, which, theoretically, would increase the fear of light, afford relief. Eserine (gr.  $\frac{1}{4}$ , water  $\text{ʒi}$ ) dropped into the eye three or four times a day often gives relief. Again, eserine in connection with hyd. oxid. flav. in lanolin, put on the inner surface of the lid, will serve the purpose. Bromide of sodium in strong doses, internally, is excellent.

Having relieved the photophobia and taken steps to correct any constitutional trouble, some application to relieve the local condition is next indicated. The simplest and surest, in a majority of cases, is dry calomel and white sugar mixed in equal quantities and made into a fine powder, to be dusted into the eye by means of a camel's-hair brush, or blown in through a quill, once a day. About noon is the best time.

If this does not act well, an ointment of yellow oxide of mercury and lanolin (one grain to the dram) may be used, putting a small piece between the lids, and rubbing it thoroughly over the front of the eye. Neither of these should be used in the acute stage, especially if

there is great ocular congestion or much suppuration. During this condition atropia or eserine should be used until the acute inflammation is allayed and suppuration stopped. Another ointment that I find useful, when the yellow-oxide-of-mercury ointment gives pain, is, calomel gr. x, boracic acid gr. x, balsam peru gr. xv, lanolin  $\text{ʒ ss}$ , a small piece to be put into the eye morning and evening. The atropia or eserine may be incorporated in these ointments.

The constitutional treatment should be continued for weeks or even months after all local trouble is relieved.

With teething children, I must again draw attention to the beneficent effects of the sodium bromide. It must be given in heavy doses. Astringents are injurious in this disease. Phlyctenular ophthalmia is often the result of too early use of astringents in muco-purulent inflammation of the conjunctiva. When the little ulcer of the cornea, the third stage of the phlyctenule, is slow in healing, and all other local remedies have failed, the actual cautery is of great service. The eye should first be thoroughly cocainized. A small platinum probe should be heated in an alcohol lamp to white heat, and pressed to the bottom of the ulcer. A gentle touch usually does all that is necessary. Neither much pain nor inflammation follow.

LOUISVILLE.

### ULCER OF THE STOMACH—AUTOPSY.

BY J. F. IRVINE, M. D.

On the 4th day of March, 1886, I was requested to visit Mr. B. L. W., a farmer by occupation, fifty-three years of age, who, I learned, had been vomiting blood at intervals during the night. From the patient I ascertained that he had been temperate in his habits, and that for about eight years had suffered more or less with his stomach; that he had vomited blood, as he was then doing, on former occasions. Examination revealed tenderness over the stomach, a small, quick pulse, and a normal temperature. I concluded, from symptoms and history, that he was suffering from a chronic ulceration of the stomach; he had an excessive desire for food, which caused him



great pain on ingestion. As I was advised of the fact that the patient did not tolerate opiates, I prescribed acetate of lead with a view of restraining hemorrhage. Saw him next day. Slight hemorrhage during night, when he vomited once. Advised an entire suspension of food *per orem*, ordering rectal alimentation. To this the patient would not give his assent. I then gave him subnitrate of bismuth before and pepsin after his food, which was advised to be bland and nutritious. He seemed to do very well, so the prescription was continued. Being importuned by his friends to go to Eureka Springs, Ark., he started there, but was taken sick on the way, and died with a recurrence of the hemorrhage. The physician who then saw him diagnosed cirrhosis of the liver. The remains were brought home for interment, and his wife, anxious to know the true cause of his death, requested that a *post-mortem* be held. Dr. Orr, of Glenwood, Ind., kindly consented to conduct the examination.

The body was profoundly emaciated. On opening the abdominal cavity attention was first directed to the liver, which, with the exception of a moderately distended gall bladder, due in all probability to a catarrh of the bile duct, was normal in size and consistence; no trace of disease was found in the intestines, spleen, pancreas, or kidneys. The stomach was now examined, after being emptied of its contents. It was opened, and the following condition was observed: About two and a half inches from the pyloric orifice an ulcer was found, fully as large as a half dollar, which had destroyed the wall down to the serous layer, lying rather posteriorly. From the amount of induration surrounding it, it was evidently not one of recent formation, and the only wonder was that perforation of stomach had not taken place. Death in this case was clearly due to exhaustion.

FALMOUTH, IND.

A SOLUTION FOR USE IN ECZEMA.—Auspitz (*Union Médical*) uses the following formula: Salicylic acid, dissolved in alcohol, 15 grains; traumaticine,  $3\frac{1}{2}$  to 5 drams. To be used after the acute stage has passed.—*New York Medical Journal*.

## Reviews and Bibliography.

**Psychiatry:** A Clinical Treatise on Diseases of the Fore-Brain, based on a study of its Structure, Functions, and Nutrition. By THEODORE MEYNERT, M. D., Professor of Nervous Diseases and Chief of the Psychiatric Clinic in Vienna. Translated by B. SACHS, M. D., Instructor in Diseases of the Mind and Nervous System in the New York Polyclinic. Part I: The Anatomy, Physiology, and Chemistry of the Brain. 8vo, pp. 235. New York and London: G. P. Putnam's Sons. 1885.

It is difficult to do justice, in the short space at our disposal, to a work full of points, any one of which for a clear presentation would require pages.

This, the first volume, is devoted to a description of the structure and architecture of the brain, its minute anatomy, physiology, and nutrition, with an appendix on the mechanism of expression in insanity. The gross and minute anatomy of the brain are, as measured by the present state of knowledge, complete. As corollaries of the anatomy and physiology of cerebral architecture, a great many suggestive points are introduced on the nature of mental processes, all of them profound, most of them seemingly just, and not a few of them obscure. The want of a clear-cut, definite system of mental philosophy is not, however, altogether the fault of the author, but is inherent to a treatise upon a subject which is yet a puzzle to the greatest learning.

Especially to be commended are the author's views on the subjects of memory, emotions, and inheritance, which seem to us to be well advanced in the direction of the latest progress. He denies that memory has any special locality or has any sensory qualities. "In our memory," says he, "of the most glaring sunlight, of the most intense roll of thunder, there is not so much as the billionth part of the light of a glow-worm, or of the sound produced by the falling of a hair upon water."

He thinks many of the teachings of the science of psychiatry hitherto received had better be forgotten for those based upon a profound study of the function, structure, and nutrition of the brain.

He believes that inherited predisposition is

a form of disease, having anatomical faults as its basis. The translator has done his work well. As a text-book on the anatomy of the brain it must, from the long and careful study of its eminently capable author, occupy high place as authority.

D. T. S.

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**Insanity and its Treatment.** Lectures on the Treatment, Medical and Legal, of Insane Patients. By G. FIELDING BLANDFORD, M. D. (Oxon.) Fellow of the Royal College of Physicians, London, etc. Third edition. Together with Types of Insanity, an illustrated guide in the physical diagnosis of mental disease, by ALLAN McCLEANE HAMILTON, M.D., one of the Consulting Physicians to the Insane Asylums of New York. 8vo, pp. 379. New York: Wm. Wood & Co. 1886. February volume of Wood's Library of Standard Authors.

This volume is an elaboration of the lectures delivered at the School of St. George's Hospital, and presented in lecture form; a fact which, while it detracts somewhat from the completeness of the treatise, yet renders it all the more attractive reading. It is marked by a clearness of conception and a definite grasp that does not belong to all recent works on this intricate and difficult subject.

The article on feigned insanity is one that can not fail to profit the general reader, while the chapters upon the law of lunacy and the examination of patients can not but be very helpful to those who may have official dealings with matters pertaining to the insane. True, the legal forms and steps are those peculiar to English law, which perhaps are not exactly applicable to any of our States; but they are so thorough, and every point so well guarded, that they can not fail in any case to be instructive and suggestive.

The additions by Dr. Hamilton, on Types of Insanity, are especially valuable.

D. T. S.

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**Diseases of the Spinal Cord.** By BYROM BRAMWELL, M. D., F. R. C. P. (Edin.) Second edition. 8vo, pp. 298. New York: Wm. Wood & Co. 1886.

This, the first volume of Wood's Library of Standard Medical Authors for 1886, is one of the many excellent works now being given out

in the busy field of neurology. While not notably in advance of other leading works of its class, it may claim, as a peculiar merit, that all the points considered are clearly outlined and perspicuously treated, so as to tax the memory and understanding to the least practicable extent. We know of no work on diseases of the spinal cord we had rather read or place in the hands of a student.

D. T. S.

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**Guide to the Examination of Urine,** with special reference to the Diseases of the Urinary Apparatus. By K. B. HOFFMAN and R. ULTMANN. Second edition. Translated and edited by F. FORCHEIMER, M. D., Professor of Physiology at the Medical College of Ohio. With illustrations. 12mo, pp. 251; price, \$1.50. Cincinnati: Woodruff & Co., publishers. 1886.

The work before us, the production of two eminent physiological chemists, in this revised edition affords every thing that is needed by student or practitioner who desires such a knowledge of urinary analysis and tests as will answer for all practical purposes.

The book is not intended for the physiological chemist, nor for one designing to make animal chemistry a specialty. But every point of practical interest is clearly and succinctly treated, and every test and every method brought home to the student and physician in practice in a way easily understood and applied.

The adoption of the original as a text-book by the German high schools has been almost universal, and in our own land it can not but contribute greatly to extending a general knowledge of a subject about which no physician with any claim to scientific attainments can now afford to be unadvised.

D. T. S.

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Transactions of the Medical Society of the State of West Virginia. Nineteenth annual session, held at Charleston, May 19, 20, 1886.

**The Refraction and Accommodation of the Eye and their Anomalies.** By E. LANDOLT, M. D., Paris. Translated under the author's supervision, C. M. CULVER, M. A., M. D., of Albany, N. Y. With one hundred and forty illustrations. 8vo, pp. 600. Philadelphia: J. B. Lippincott & Co. 1886.



Hard Chancre of the Eyelids in Conjunctiva. By David Beck, M. D., Assistant to the Chair of Ophthalmology. Cincinnati: Press of Robert Clark & Co. 1886.

Papillom, am 5, Lufttröhrenknorpel auf laryngoscopischem wege entfernt. Von C. Labus, aus Mailand separat abdruck aus der Monatschrift für Ohrenhulkunde. 1886.

Medicine of the Future. An address prepared for the annual meeting of the British Medical Association in 1886. By Austin Flint (sen.), M. D., LL. D. 12mo, pp. 37. New York: D. Appleton & Co. 1886.

Homeopathy as viewed by a Member of the Massachusetts Medical Society. An address delivered April 15, 1866, before the Hahnemann Society of the Boston University School of Medicine. By Vincent Bowditch, A. B., M. D. (Harv.). Reprint from Boston Medical and Surgical Journal.

## Foreign Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The occupying of mountain heights, whether temporarily or permanently, as a therapeutic measure, has become a question of such importance that I thought a note lately communicated to the Société Française d'Hygiène, by Dr. Deligny, on the action of the air of certain altitudes on pulmonary hemorrhage, would be acceptable to the AMERICAN PRACTITIONER AND NEWS.

Prof. Lombard, of Geneva, has brought to notice the fact that, in phthisical subjects, hemorrhage is more rare at a certain altitude than on the plains. The same fact was noticed by Brehmer, Weber, Kuchenmeister; and Prof. Jaccoud, in his clinical lessons, has laid down as a principle that hemoptysis, or a tendency to it, is favorably influenced by occupying certain altitudes, and that they are in these cases of some utility.

In the following lines an attempt is made to explain the known action of mountain air. From a height of about two thousand feet to three thousand feet, the higher one ascends, the more the air of the mountains modifies the functions of the circulation and of respiration, which is the consequence of the diminu-

tion of atmospheric pressure, the lowering of the temperature, and also of other factors which are of less importance. Upon the side of the respiration there is an augmentation of the pulmonary capacity and an enlargement of the thoracic cage, as well as acceleration of the respiratory movements. The respiration is more ample, the inspirations are more profound; in short, the entire lungs fully perform their function. This circumstance has been adduced to explain the immunity from phthisis which the inhabitants of mountains enjoy. On the side of the circulation there is, as a first phenomenon, an acceleration of the beats of the heart, followed by an afflux of blood to the periphery, turgescence of the cutaneous capillaries indicated by a more intense coloration of the mucous membranes, as may be seen in that of the mouth and of the tongue. From this cutaneous congestion and the afflux of blood to the periphery result, according to Prof. Jaccoud, an anemia of the viscera, which, however, is relative and slight, and is marked by symptoms rather favorable than otherwise; the cerebro-spinal functions are more active, more easily performed; the respiration is easier, the power of locomotion is increased. The lungs participate in this anemia of the viscera, and the circulation of the organ is thus relieved, the tendency to pulmonary congestion is less, and even the pre-existing congestion disappears. This excitement of the cutaneous circulation is sometimes very marked. In subjects predisposed to congestion of the face, and in the obese, it is often exaggerated; the capillaries are turgescient, congested eyes become more injected; and if the circulation is still more excited by the muscular work necessitated by walking on the mountains, it is not rare to witness, even at medium altitudes, hemorrhages from the nose, eyes, and even from the ears. The obese, especially those who are the subjects of an atheromatous condition of the arteries, ought to avoid ascending the mountains, as it might determine accidents which would prove fatal. The diminution of atmospheric pressure and the low temperature combine to determine an incessant rush of blood toward the skin.

This action of the air of high altitudes on

the circulation would explain its anti-hemoptoic effects.

It has been asserted that a sojourn in a brisk and cold air facilitates pulmonary congestion. This is perfectly true for the cold and damp air of the plains, remarks the author of the paper under notice; but the contrary is observed for altitudes, the air of which is cold and brisk, but remarkably dry. To insure the anti-hemoptoic action of the air of great altitudes, certain conditions are necessary before any appreciable effects can be produced. In the first place, the altitude appropriate to individual cases must be taken into consideration. Prof. Lombard divides mountain climates into two categories: (1) Climates that are more sedative than tonic, which may be found at an altitude of from about two thousand feet to about three thousand feet. (2) Those that are more tonic than sedative, at an altitude above three thousand feet.

The next condition necessary is acclimation, or, what Prof. Jaccoud terms, "accoutumance," the period of which should depend on circumstances, and invalids should never be removed direct from the plains to the higher regions, but this should be done by stages before they proceed to the highest point prescribed above, in order to avoid the risks already referred to. Acclimation is therefore, according to Prof. Jaccoud, an important element in the application of climatic therapeutics of altitudes.

As regards pulmonary hemorrhage, the same author considers that a residence on mountain heights has a favorable action in these cases, but only in bearing in mind the conditions indicated. But while mountain air is favorable to pulmonary hemorrhage, it would be injurious in hemorrhages from the intestines, the stomach, and the uterus.

At a recent meeting of the Surgical Society of Paris, Dr. Terrier read a very interesting paper on the Influence of Ovariectomy on Menstruation. The author gives the results of two series of cases, one in which the ablation of both ovaries was performed at the same sitting, and in another where the second ovary was removed some time after the first. In the former group menstruation ceased altogether

in thirteen cases out of twenty, all the patients having menstruated more or less regularly prior to the operation. In the second group, where the ablation was consecutive, the result was almost similar. In one case menstruation had returned after the first operation, but disappeared after the second; in another it returned two months after the second operation, but was followed by its suppression altogether. In three other cases menstruation recurred in one at intervals of six months; in a second, four times in three years; and in a third, five times in eighteen months, when it became monthly.

From these observations the author draws the following conclusions: Removal of both ovaries leads to suppression of the menses, but this may not be immediate, in consequence of the persistence of the habit of periodical congestion of the uterus and its annexes. He entertains certain doubts as to whether the total ablation of the ovaries was really affected in those cases where the menses reappeared after operation.

PARIS, June 25, 1886.

## LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The unveiling of the Queen's statue of John Hunter, at Oxford, by Princess Christian, and the address which was delivered on that occasion by Sir James Paget, recall to mind the services done to science by a man whose name is but little known to the rising generation. Grateful as scientific men may always be to the memory of Hunter, there is no denying the fact that, save those interested in the history of research are able to realize what that great man did for knowledge at a time when the means of research were limited in number, and when substantial encouragement to original work was practically unknown, all possess some dim idea that John Hunter was concerned in the establishment of the great museum of the College of Surgeons in Lincoln's-inn-fields, which forms not merely the crowning glory of English medicine in the way of anatomical collections, but stands unrivaled throughout the world as an educative



display. To Hunter belongs the everlasting credit of establishing the museum which bears his name. One reads with admiration of his search after rare men and beasts, that he might anatomize and preserve their skeletons and soft parts for educational purposes. Now it was a tiger which had died in a menagerie; now it was the body of some human giant or other, like Patrick Byrne, whose relatives insisted upon burial, but whose anatomy Hunter, by hook or by crook, had determined should figure in his collection of curiosities. Then it was some queer abnormality in the way of animal growth which attracted his indefatigable soul, eager in his quest after that knowledge which was to lessen pain, to save life, and to improve at large what Bacon calls the estate of man. His perseverance was equaled only by his reverence for even the smallest and apparently the most trivial facts. Like Darwin himself, John Hunter despised no detail of nature, however feeble or seemingly unimportant it might be. Sir James Paget himself illustrates this trait of Hunter's character by a very quaint example. He is writing to Jenner, of vaccination fame, an old pupil. "Dear Jenner," he writes, "you must think me very fond of fish when you even send me cheese as much fishified as possible." From which it would appear that Jenner had been transmitting to London some of the choicest products of Gloucestershire. Then continues the epistle, "However, it is an excellent cheese, and every country has laid claim to its birth." Here ends the cheese, but the anatomist at once comes to the front. Cheese may be all very well as a dainty, but business ranks before pleasure. "I have but one order to send you," writes Hunter, "which is, send every thing you can get, whether animal, vegetable, or mineral, and the compound of the two, namely, animal and vegetable mineralized." He was on the quest after fossils, as Sir James Paget remarks; and Owen himself has testified to some literally marvelous forecasts in Hunter's writings of modern discoveries regarding the petrifications of rocks. So it was with many other facts of nature. John Hunter labored for knowledge, not for fee or reward. Whether he is demonstrating how horns can be grafted

on a cock's head, or how bone grows, and how wonderful things in the way of repair of injuries can be done by nature unaided, he is ever the same diligent truth-seeker. Darwin is known better, for he was a great and grand figure of the present day. John Hunter, however, must not be allowed to become a mere shadowy figure.

The practical utility of knowledge was not overlooked by John Hunter in his search after the wonders of nature. He was a surgeon far in advance of his generation in all matters pertaining to his profession. There was a case of apparently malignant growth affecting a lad, about whom Jenner wrote to his master. In reply Hunter, whose language was always plain and occasionally forcible, advises Jenner to have patience. "I would have you do nothing with the boy," he writes, "but dress him (*i. e.* his ailment) superficially; these funguses will die and be damned to them, and drop off." This, no doubt, was sound advice, and one can forgive the liberty of the expletive when one remembers that a century ago men were not quite so careful in their selection of phraseology as they are to-day. There are certain experiments of Hunter's which are immortal in the sense that they were epoch-making in the treatment of diseases, which, before his day, were regarded as essentially of a fatal nature. For instance, the treatment of aneurism. An apparently hopeless case of this ailment had been placed under Hunter's care. It affected the femoral artery, and the only resource in those days was amputation of the limb. But Hunter had previously experimented upon the growth of antlers in the deer of Richmond Park, a privilege which had been granted him by the king. One of the vessels supplying the growing antler with nutrition had been tied. The nutritive supply being cut off, the antler became cold and was apparently ready to die. In a week or two Hunter, to his astonishment, beheld the horn growing warm as if its vitality was returning. Growth was actually resumed, and on examination the fact of the establishment of a collateral circulation was discovered. Applying this fact to the cure of aneurism, Hunter's clear mind grasped the idea of utilizing it in

the cure of the diseases of humanity, and in the saving of life and limb. He operated with singular success, and his treatment of aneurism is the treatment of to-day. His fourth patient lived for fifty years after the operation suggested by the antlers of the stag, and appropriately enough the specimen illustrating the case finds a place on the shelves of the museum in Lincoln's-inn-fields.

In the letter to Jenner, from which a quotation has been above given, after his abjuration to the "fungus," as he writes it, Hunter at once goes off at a tangent on his eager search after knowledge. "Have you any trees of different kinds that you can make free with?" he inquires of the Gloucestershire practitioner; "If you have," continues Hunter, "I will put you upon a set of experiments with regard to the heat of vegetables." There is another query bearing also upon the heat question in the shape of the remark, "Have you any caves where bats go to at night?" The "bats" were to form subjects of yet another research into the causes of heat.

The Queen's gift of John Hunter's statue to Oxford University is a graceful act, which will shine forth amidst many other favors of like kind. Whoever may be forgotten in the rush of modern life and toil, it behooves us, out of gratitude "for favors received" in many departments of knowledge, to keep John Hunter's memory green.

Sir William Jenner has been for the sixth time elected president of the Royal College of Physicians.

LONDON, June, 1886.

At the recent meeting of the Association of American Physicians, held in Washington, the following officers were chosen for the ensuing year: Drs. S. Weir Mitchell, President; Francis Minot, First Vice-President; R. P. Howard, Second Vice-President; G. L. Peabody, Secretary; J. T. Whittaker, Recorder. A Council of seven members was also chosen: Drs. W. H. Draper, of New York; R. T. Edes, of Boston; H. M. Lyman, of Chicago; S. C. Busey, of Washington; F. C. Shattuck, of Boston; W. H. Welch, of Baltimore; William Osler, of Philadelphia.

## Translations.

**FRACTURE OF THE PENIS.**—An able-bodied laborer, twenty-seven years old, in May, 1885, attempting to micturate with a strongly erected penis, pressed it downward with force for the purpose. He experienced at once a severe, sudden pain, and felt that something had broken. Ten hours afterward he was taken to the hospital and found in the following condition: The penis had a truly monstrous size and shape, was enormously swollen and edematous, bluish-black, and looked not unlike a smoked blood-sausage. The length was five inches and the diameter about the same; the discoloration extended to the scrotum and the perineum. The prepuce was so swollen and the penis had so twisted upon its axis that it was with the greatest difficulty that the urethral orifice could be found. By closer examination the fracture was located about half an inch from the root of the penis. Treatment with cataplasms, together with local application of gray ointment, led to speedy alleviation of the great pain, and by the 20th of June the fracture appeared to be healed, though some thickening could be distinctly felt. For a time the occurrence of erections was very painful, but the intensity of the pain gradually abated, and since December he accomplishes coitus "easily and with pleasure." *El Siglo. Medico.* (Jan. 31, 1886.)

**ETIOLOGY OF ALOPECIA AREATA.**—Dr. Max Joseph, of Berlin, has succeeded in producing scattered areas of baldness about the head of cats and puppies, very closely resembling alopecia areata, by severing the second cervical nerve.

The baldness came on in from five to fifteen days after cutting the nerve, and took the form of round or oval spots half an inch in diameter, which gradually spread to embrace the entire part supplied by the nerve. This result, the author thinks, points clearly to alopecia areata as a result of the impairment or destruction of the innervation derived from the trophic nerves of the skin.—*Deutsche Med. Zeitung.*



THE CONTAGIOUSNESS OF CHRONIC GONORRHEA.—A. Neisser writes that the chronic urethral discharges denoting gonorrhea are uniformly the result of the true form of that disease, but are not invariably of a gonorrheal nature, that is, they are not infectious. The absence or presence of the gonococcus decides for or against the gonorrheal character of the secretion. The investigation must be thorough. The gonococcus was found by Neisser in eighty out of one hundred and forty-three cases.

Practically the matter to decide in each case is (1) whether there are deep ulcerations of the urethra, (2) whether gonococci are present. These two questions decided in the negative, all active therapeutic measures are to be discontinued; if they are present they are best combated by means of irrigation of nitrate of silver, one to two parts in three thousand. As soon as they disappear recourse is to be had to astringents. The use of balsam copaiba is not to be entirely rejected because it has a strong antiseptic action on the discharge.—*Deutsche Med. Zeitung.*

## Abstracts and Selections.

THE TREATMENT OF CHRONIC CATARRHAL GASTRITIS.—Dr. Francis Delafield, President of the Association of American Physicians, made chronic catarrhal gastritis the subject of his address. He spoke thus of the treatment of this distressing affection:

In attempting to establish a satisfactory treatment for chronic gastritis, it is important to state as clearly as possible the problem to be solved. First, we must remember that all patients that suffer from gastric symptoms do not necessarily have chronic gastritis. Besides those who have functional disturbances of the stomach, or cancer or ulcer of the stomach, we find many others in whom gastric symptoms are due to diseases of other parts of the body. Anemia, uterine disease, the neurotic and hysterical condition and constipation often behave in this way. In old people the function of gastric digestion is often impaired simply as a result of old age. To each one of these conditions belongs its appropriate treatment, but it is not the treatment of chronic gastritis.

Still further, we must remember that in many cases of gastritis palliation of the symptoms is all that we can hope for. This is true

of the gastritis associated with heart disease, emphysema, phthisis, cirrhosis, Bright's disease, gout, rheumatism, and alcoholism. It is also true of the cases in which the inflammation has gone on to the destruction of the peptic and mucous glands. After excluding all of these there remains a large and important group of cases of chronic catarrhal gastritis, in which we may hope not only to alleviate the symptoms but to cure the disease.

It is evident from the nature of the disease that any treatment intended not merely to palliate, but to cure, must be of long duration, and that it must be repeated from time to time when the inevitable relapses occur. The different plans of treatment which may be adopted are: (1) The curative treatment of climate and mode of life; (2) the regulation of the diet; (3) the administration of drugs, and (4) the use of local applications directly to the inflamed membrane.

I believe climate and mode of life offer the most certain means of curing chronic gastritis. It is unnecessary to lay down rules as to the sort of climate. The two points of importance are, first, the locality selected must be one where the patient can live an out-of-door life; and second, the patient must live in this climate, either for several years or for a considerable part of each year. The regulation of the diet is a matter which demands consideration in every case of chronic gastritis. In trying to ascertain the best way of feeding these patients, I have found only one satisfactory method, and that is to feed them experimentally with different articles of food, and then, after an interval of several hours, wash out the stomach and see how thoroughly these articles of food have been digested and removed from the stomach. After pursuing this course for a number of years, I have arrived at the following conclusions:

It is necessary that the patient should be well fed, a starvation diet never answers.

The stomach does not require any rest from the performance of stomach digestion, on the contrary, it is all the better for being called upon to perform its natural function.

The patients' own ideas as to what agrees with them are usually erroneous. They are apt either to starve themselves or to select the least nutritious articles of food.

The use of artificially digested foods, or of substances such as pepsin to assist stomachic digestion, is unnecessary.

The starches, oatmeal, cornmeal, bread, the cereals, the health foods are, as a rule, bad. Portions of them remain undigested in the stomach for many hours.

Milk in adults is an uncertain article. It

answers very well for some persons, not at all for others.

Meat is usually readily and well digested, but there are occasional exceptions to this rule.

Vegetables and fruits can be eaten, but the varieties must be selected experimentally for each patient.

I do not believe that any case of chronic gastritis is to be cured by diet alone. Even the exclusive milk diet, while it often relieves symptoms, is, as a rule, only temporary in its effects, so that the patient simply loses a certain amount of time by employing this instead of more efficacious plans of treatment.

The advantageous use of drugs belongs to the earlier stages of chronic gastritis. At that time they often palliate symptoms, and sometimes even seem to cure the inflammation. In the latter stages of the disease their use becomes more and more unavailing. Yet the reliable drugs for this purpose are not numerous. The preparations of soda, potash, and bismuth, the mineral acids, glycerine, some times carbolic acid, sometimes iodoform, sometimes the bitter infusions. If none of these answer, it is hardly worth while to look any further. If we can combine with the administration of drugs the regulation of the diet and of the mode of life of the patient, then, of course, our chances of success are much greater.

The use of local applications made directly to the mucous membrane of the stomach. This I regard as the most efficacious plan of treatment for those patients who are not able to leave home and seek a proper climate, but ask to be relieved without interruption to their ordinary pursuits. The local applications are readily made by the introduction of a soft rubber tube through the esophagus into the stomach. Liquid applications are the best. They should be made in such quantities as to come thoroughly into contact with the entire surface of the mucous membrane, although the pyloric end of the stomach is the region where the inflammation is principally situated. They should be made at a time long enough after eating for the stomach to be as nearly empty as possible. For many cases warm water alone in considerable quantities is the only local application needed. In some, however, there is an advantage in medicating the water, and for this purpose I employ a variety of substances. The alkalies, the mineral acids, bismuth, carbolic acid, the salicylates, iodoform, belladonna, ipecac, gelsemium, may each one be employed according to the particular case.

For the first week it is often necessary to put the patient on a milk diet, and this can be done even with those patients who, under ordinary circumstances, can not take milk at all.

Then after a time, to the milk we add one solid meal composed of meat alone. Next, this single meal is increased by the gradual addition of fruits, vegetables, and bread. Then comes the giving of two solid meals a day, instead of one; then three solid meals, and now we get rid of the milk, in part or altogether.

For the first week of this treatment it is wise not to expect any special improvement. Indeed, even a longer time than this may try the perseverance of the physician and the confidence of the patient. Sooner or later, however, the expected improvement begins; the nausea and vomiting cease, the constipation or diarrhea is improved, the flatulence is no longer troublesome, the headache becomes less frequent, and, of more real value than these, the improvement in the general condition of the patient becomes evident. The color, the weight, the appetite, the sleep, the spirits of the patient, all show a change for the better. Of all the symptoms, the pain is the one which is apt to persist the longest.

For two or three months the patient has to be kept under observation, and the applications to the stomach made by the physician. After this the patient is dismissed, but continues the treatment himself, first every other day, then twice a week, then once a week for several months. The regular relapses of the disease are managed in the same way, but are much more quickly relieved.

**TREATMENT OF TYPHOID FEVER.**—Dr. F. Peyre Porcher, of Charleston, S. C. From a paper read on this subject before the Association of American Physicians, we make the following abstract:

He described a method of treatment which he considered very satisfactory. As in all cases of high temperature there is costiveness, the result of the arrest of the intestinal secretions, he recommended a mild laxative at the beginning of the treatment. Any laxative may be employed. The following combination is useful:

R. Rhei pulv.....gr. ii-iv;  
Magnesia.....gr. x;  
Hydrarg. chloridi mite.....gr. ss.-ii;  
Sodii carbonatis.....gr. iv;  
Pulv. ipecac.....gr. ½.

M. et. ft. pulv. No. 1. Sig: One powder every four or five hours, as required.

In the treatment of typhoid fever three things are to be considered: the necessity for maintaining the strength of the patient, the support of the system by the use of stimulants, and the morbid effect of high temperature. Special attention was directed to the



latter element of the treatment. In reducing the temperature the speaker had resort to the use of ice-cold water, which was applied to the head, hands, and arms by the use of towels wrung out of the water and reapplied as frequently as necessary. The applications are continued for ten to fifteen minutes, until the heat of the skin is reduced. The use of baths was considered objectionable on account of the difficulty of their application and on account of the prejudice against them. He prescribes for internal use a fever mixture prepared thus:

R. Potassii acetatis.....3i;  
 Liquor amonii acetatis.....3i;  
 Spr. etheris nitrosi.....3ss;  
 Tinct. aconiti.....3ss;  
 Aquæ ad.....3iv.

Sig: A dessertspoonful in a little water every two hours so long as the fever continues.

Morphia or the bromides may be added to the above preparation. It may also be employed in other fevers. Hot pediluvia may also be employed. In malarial cases quinine and arsenic are employed. Later the mineral acids are added. With reference to the use of stimulants, these may be continued as long as the tongue is dry. Oil of turpentine is often called for on account of tympanitic distension of the abdomen. It is also of value as an astringent and as a general stimulant. The speaker had treated thirty cases in private practice in this manner. Three died. In these cases there were causes sufficient to explain the fatal termination.

Dr. James Tyson, of Philadelphia, described a case in which, to reduce the temperature, he wrapped the patient in a sheet which was kept constantly wet with ice-water. This was entirely successful. In this case both antipyrin and thallin were employed; but although they promptly reduced the temperature, it soon returned to its original position. When it is necessary to keep the temperature continuously reduced, he considered some modification of the cold pack is the best method.

Dr. James T. Whittaker, of Cincinnati, remarked that we should not lose sight of the possibility that the high temperature may be nature's way of getting rid of the poison. It has been found that the virulence of the typhoid fever bacillus can be reduced by heat. It is also possible that the changes formerly attributed to heat may be due to bacilli.

Dr. E. Darwin Hudson, of New York, said that when he assumed his duties at the Bellevue Hospital he found a simple and successful plan of treating typhoid fever in vogue. He was confident that under that treatment the successes among the pauper patients in that

institution are greater than among the private practice of many physicians. The treatment is almost negative, consisting in sponging the patient every two hours during the continuance of the temperature above 102.5°, and adherence to an absolute milk diet. The only other measures employed are those directed to the relief of special symptoms occurring in the course of the disease.

Dr. Samuel C. Chew, of Baltimore, had employed with success quinia by hypodermic injection in order to reduce the temperature. It seems to have almost a specific action when used in this way. He used a solution of the hydrobromate, in which 20 minims represented 4 grains of the drug.

Dr. William H. Draper, of New York, remarked that there is perhaps nothing more fallacious than statistics in typhoid fever. Cases of fever not truly typhoid are confounded with typhoid fever. All have seen cases in which there was a continued fever, but in which the temperature did not run the typical course. In such cases we have no evidence that they are cases of typhoid fever. Experience shows that the value of antipyretic treatment in typhoid fever may be readily overestimated. In the majority of cases the value of antipyretics is not so much in reducing the mortality as in affording comfort to the patient. That it does do this, no one can doubt. The mortality of typhoid fever in the majority of cases depends upon conditions over which a reduction of the temperature would have no influence.

Dr. William Pepper, of Philadelphia, said that we have statistics showing the normal course of typhoid fever, which would make us slow to accept a mortality of 15 or even 10 per cent as evidence of much success. He thought it doubtful if the normal mortality would be over 15 per cent under good nursing. Successes vary. He had treated a series of 104 cases without a single death, and again he had treated 20 cases and lost 5. It is evident that in typhoid fever we have different sorts of fevers, and a remedy applicable to one set of cases may not be to another. An excellent rate of mortality may be secured by absolute rest from the first moment of suspicion, and a rigid diet of milk or milk diluted. In addition he believed that the abstraction of heat is of great value. He thought that some remedy directed to the constant and important lesion of typhoid fever aids in reducing the temperature. His own preference is for the salts of silver. If the case comes under observation early, is put at absolute rest, receives proper treatment, the mortality should not exceed 5 or 6 per cent. In private practice he believes that it can be kept down to this.

**HEADACHE IN CHILDREN.**—Dr. Sturgis (Boston Medical and Surgical Journal) describes and treats the recurrent variety of this affection as follows:

It is not uncommon to see children complaining of headache, whose general health is apparently good. Such children usually are troubled with headache more or less severe, recurring at intervals of days and weeks, and each attack lasting from a few hours to a day or more. You will generally find that the child has been subject to those headaches for a year or more before treatment is sought for this particular symptom. As a rule, it will be noticed that the patients are of nervous temperament, that they do not sleep well, that they grind their teeth at night, and frequently suffer from bad dreams and nocturnal terrors. Frequently these children will have a spasmodic cough, particularly at night, even if there be no signs of pharyngitis or laryngeal irritation to account sufficiently for such cough. It may be noticed that the child has difficulty in keeping its hands quiet, that if told to keep standing quietly it will constantly change its weight from one foot to the other. In temper the child is apt to be fretful. Nothing particular is to be noticed about the face with the exception of a peculiar heavy expression about the eyes. This expression is noticed in people with migraine, and also in any depressing illness. Dr. Warner, after careful examination, thinks this expression is due to lack of tone in the orbicularis palpebrarum, giving "an appearance of flabbiness about the lower eyelid; the skin hangs too loose, with an increase in the number of folds, and in place of falling neatly against the lower eyelid as a convex surface, it falls more or less in a plane from the ciliary margin to the lower margin of the orbit, a condition often best seen in profile." This heavy expression about the eyes is not noticed in all cases of recurrent headaches.

These headaches generally come on in the morning, though the child may be perfectly well on going to bed the night before. The pain is generally localized in some particular part of the head, either side, frontal region, or vertex. The pain is severe during the seizure, usually preventing study or play. It is not unusual for there to be optical illusions of sparks, or bands and spots of color. There may or may not be nausea during the attack. The child generally feels cold, and in winter prefers to lie near the stove huddled up in a chair.

Since 1882 I have seen sixteen cases of recurrent headache. At first, I spent a long time unsuccessfully in trying to relieve the

patient by attention to diet and hygienic surroundings; by general tonic treatment and the exhibition of citrate of caffeine and guarana. At last, remembering what Niemeyer calls the "fanciful hypothesis of Du Bois-Reymond and Möllendorf," that the pain may be due to excitement of the terminal sensory filaments of the fifth pair by dilatation of capillary blood-vessels of the dura mater, I thought I would use ergot for its effect on the circulation through the arterioles. The results have been highly satisfactory. The longest time required to free a patient from the attacks has been four weeks. In one case two doses of ergot gave relief.

It has been my practice to give  $\mathcal{M}_x$  of the fluid extract three times daily after meals, and to continue the treatment for two weeks at least after disappearance of pain. I generally have used ergot alone, but in one case combined it with iron. Dr. Eustace Smith uses strychnine in combination with ergot.

**SPONGE-GRAFTING IN THE MOUTH.**—In the address on Dental and Oral Surgery, before the late meeting of the American Medical Association, Dr. John S. Marshall, of Chicago, speaks as follows of this procedure: This subject of sponge-grafting has for the last two or three years been receiving considerable attention by way of experimentation from specialists in dental and oral surgery; but operations in the direction of restoring lost tissue in the mouth by this means, have until lately met with very limited success. During the last year much better results have been obtained, consequent largely upon the improved methods in preparing the sponge, in protecting it against septic influences after being placed in position, and in lessening its liability to become displaced. Much greater difficulties have to be overcome in using the sponge-graft in the mouth than upon the external surfaces of the body. In the latter the usual antiseptic dressings are all that is needed to protect the sponge and wound from the entrance of micro-organisms, and to retain it in position; while in the former no such dressings can be employed, as they immediately become saturated with the oral secretions and fouled by the introduction of food into the mouth. The sponge also needs to be prepared in such a manner as to render it as nearly *permanently* antiseptic as possible, for the reasons just mentioned.

The method generally followed in preparing the sponge for grafting is that introduced by Dr. Edward Bork, of St. Louis, viz., to remove all the earthy matter that might be contained in the sponge by placing it in dilute hydrochloric acid, and then, after washing it,



to render it antiseptic by treating it in iodoform dissolved in sulph. ether, the sponges afterward to be dried and excluded from the air by being placed in tightly corked bottles. Sponges, however, prepared in this manner, if kept for any length of time, shriveled, became soft, and soon disintegrated, thus rendering them useless, and making it necessary to prepare a fresh sponge for each case.

To Dr. Wm. H. Atkinson,\* of New York, belongs the credit of suggesting an improvement in the preparation of the sponges and in the means of retaining the graft in position. He says, "choose fine surgeons' sponges, free them from foreign elements," and then place in a "sterilizing solution made by adding one grain of bichloride of mercury to one ounce of distilled water," and then raise the temperature to 130° F., and maintain it at that degree for from ten to thirty minutes. He adds a word of caution in regard to the heating of the sponges, for if the temperature is allowed to go much above 130° the sponge is likely to be spoiled, for albumen begins to coagulate at 133°, and is cooked if it gets beyond 163° to 164°, and is then "not fit to be wrought into tissue." Sponges treated by this method can be kept for an indefinite period if placed in the above sterilizing fluid and excluded from the atmosphere.

The methods which he suggests for protecting sponge-grafts in the mouth from the dangers of being displaced by mastication or in cleansing the teeth, etc., is to form a splint from thin platinum plate, which shall cover the parts and be closely adapted, and at the same time free from pressure over the graft.

The class of operations in which Dr. Atkinson has been most successful, are closing the pus-pockets resulting from pyorrhea alveolaris, the reproduction of lost alveolar and gum tissue, and the healing of chronic alveolar abscess.

Few operations in the mouth outside of these just mentioned have yet been attempted, but there is every reason to believe that with care and skill, perforations of the hard and soft palates, the result of surgical operations, injuries, or specific disease may be successfully closed by it, and lost parts in other locations of the mouth and face more or less completely restored by the same means.

The success of the operation, however, when made in the mouth will depend very largely upon our ability to prevent the contamination of the sponge with septic organisms. This in most cases may be accomplished by frequently and freely washing the parts with peroxide of hydrogen, followed by the bichloride solution, 1 in 1000.

THE BACILLUS OF TYPHOID FEVER.—Dr. George M. Sternberg, U. S. A., read a paper on this subject, giving the result of the latest investigation :

Recent researches support the view that the bacillus described by Eberth in 1880, bears an etiological relation to enteric fever, although the final proof that such is the case, is still wanting. This proof would consist in the production in one of the lower animals of the specific morbid phenomena which characterize the disease as it occurs in man, by inoculation of a pure culture of the bacillus. Thus far we have no evidence that any one of the lower animals is subject to the disease as it occurs in man; but Fraenkel and Simmonds have shown that the bacillus of Eberth is a pathogenic organism, and that pure cultures injected into the peritoneal cavity of mice or into the circulation of rabbits causes the death of these animals, and that colonies of the bacillus are found in the spleen which resemble in every respect the colonies found in the spleen and other organs of typhoid cases.

The researches of Eberth, Meyer, Gaffky, Fraenkel, and others, indicate that this bacillus is constantly present in the intestinal glands and in the spleen of typhoid cases, and Gaffky has shown that pure cultures may be obtained from the spleen, even in cases in which a microscopical examination fails to demonstrate the presence of the characteristic colonies. The researches of Brieger show that a toxic ptomaine is produced as a result of the vital activity of Eberth's bacillus when it is cultivated in albuminous culture media. This, injected into guinea-pigs, causes salivation, diarrhea, debility, dilated pupils, rapid respiration, and death at the end of twenty-four or forty-eight hours.

Demonstrated facts relating to the propagation of typhoid fever indicate that it is due to an organism which is capable of multiplication external to the human body in a variety of organic media at comparatively low temperatures. Eberth's bacillus complies with these conditions. In consideration, therefore, of its constant presence and the absence of any other organism, as shown by microscopical examination and culture experiments, the inference seems justifiable, in the present state of science, that this bacillus bears an etiological relation to the disease in question.

NATURE AND CAUSE OF INTERNAL ROTATION.—Dr. D. Berry Hart thus formulates a law governing the internal rotation of the fetus :

1. Whatever part of the fetal head or trunk first strikes a lateral half or lateral part of the

\*Transactions American Dental Association, 1885, p. 149.

sacral segment is rotated internally to the front, and in the direction opposite to the lateral half or lateral part of the segment so acting.

2. No part of the fetus is ever rotated directly into the hollow of the sacrum. The passage of the occiput into the hollow of the sacrum in its so-called posterior rotation is exactly equivalent to the passage of the sinciput into the hollow of the sacrum in normal rotation, and should be excluded from descriptive terminology, as the latter is.

3. The direction of rotation may be predicted in any case by noting what part first strikes a lateral half of the sacral segment.

This view of rotation gives, in my opinion, a more coherent idea of all the rotations than those based on the shape of the head or pelvis only. I do not deny the influence of the shape of the internal surface of the pelvis, but I deny that it alone can determine rotation.

It seems to me, also, that we here see an explanation of the pelvic inclination, Roederer's obliquity, Solayres' obliquity, and the general shape of head and body of fetus.

The pelvic inclination, as we term it, gives us, by its slope, a short anterior pelvic wall, and may be looked on as due to a slicing away, as it were, of part of the anterior pelvic wall. The kidney shape of the brim, such that the head there does not fully occupy it, and lies with the Solayres' obliquity, is necessary for the distension of the bladder during pregnancy; while the shape of the occiput, chin, neck, and sternum allows of Roederer's obliquity in head cases, or extension in face cases, so as to make a part, either occiput or chin, usually lead during labor. The short anterior pelvic wall and oblique and deep position of a part of the fetus (occiput, chin, breech) being necessarily the fetal part lying anteriorly at the brim early within the reach of a lateral portion of the sacral segment—that is, tend to cause its early rotation.—*Edinburgh Medical Journal*.

**HINTS IN MINOR SURGERY.**—Prof. John Chiene makes the following suggestions: In wounds of the face, the best stitch to use is horse-hair. Unless the wound is of considerable size, no form of drainage is necessary. The best dressing is a pad of salicylic cotton-wool or corrosive wool, fixed in position with flexible collodion.

The introduction of the sharp spoon into surgical practice has greatly simplified the treatment of lupus. In the use of the sharp spoon, special care must be taken to scrape away the raised edges of the lupoid ulcer, as it is here that the pathological change is advancing. This is best done by scraping

from the sound skin toward the center of the ulcer. After the new formation is completely removed, the best application is a powder which has been introduced into surgical practice by Dr. Lucas Championnière, of Paris. It consists of (1) light carbonate of magnesium, which has been impregnated with the vapor of eucalyptus, (2) powdered benzoin, and (3) iodoform in equal quantities.

In persistent hemorrhage from the nasal cavity, plugging of the posterior nares should not be done until an attempt has been made to check the hemorrhage by firmly grasping the nose with the finger and thumb, so as completely to prevent any air passing through the cavity in the act of breathing. This simple means, if persistently tried, will in many cases arrest the bleeding. The hemorrhage persists because the clot, which forms at the rupture in the blood-vessel, is displaced by the air being drawn forcibly through the cavity in the attempt of the patient to clear the nostrils. If this air is prevented from passing through the cavity, the clot consolidates in position, and the hemorrhage is checked.

In the reduction of a dislocation of the lower jaw, the patient should be seated on a low stool before the surgeon. In this way the surgeon gets a sufficient leverage, standing above the patient, and the reduction of the dislocation is simplified.

In the division of a tight frenum of the tongue, when a child is tongue-tied, care must be taken not to use the scissors too freely. All that is necessary is, standing behind the patient, to nick the anterior edge of the frenum with the scissors, and to tear with the fingernail the remainder of the band. In this way hemorrhage, which is apt to be troublesome, is prevented.

In the removal of an elongated uvula, after you have grasped the apex of the uvula, it is to be drawn forward and rendered tense before division. If it is simply grasped, and an attempt made to divide it in its normal position, it is not always an easy matter to effect the object desired. When it is rendered tense the operation is a very simple one.—*Ibid*.

**CONSANGUINITY IN MARRIAGE.**—E. S. McKee, M. D., Cincinnati, read before the Ohio State Medical Society at Akron, June 4, 1886, the following:

1. Like breeds like, good or bad, entirely independent of consanguinity.

2. Evil results have undoubtedly followed consanguineous marriages, but whether dependent upon consanguinity is extremely doubtful.

3. Intemperance, luxury, dissipation, sloth,



and shiftlessness, as well as hygienic surroundings and innumerable other causes, among them the depraved moral state dependent on births the result of incest, should bear much of the responsibility laid at the door of consanguinity.

4. Testimony is often weakened by religious or other prejudices.

5. Data are of doubtful reliability, full of flaws and false reasoning. The noted cases are the unfortunate ones. The favorable are unknown or forgotten. It is the ill news which travels fast and far.

6. We, as physicians, know that there is much more illicit intercourse than is generally discovered. May not many people be related though not aware of it. Many marriages may thus occur between relatives presumed to be non-relatives, thus again vitiating statistics.

7. Statistics show about the same proportion of deaf mutes, idiots, and insane persons descended from consanguineous marriage to the whole number of these unfortunates as the number of consanguineous marriages is to the whole number of marriages. They show fertility among the consanguineous to be slightly greater than among non-consanguineous. They also show a somewhat greater frequency of retinitis pigmentosa.

8. Atavism explains fully the fact that in some instances healthy consanguineous parents beget unhealthy children. This, as is well known, occurs in most hereditary troubles. Furthermore, a less superficial examination may show this healthfulness to be only apparent.

9. Evil results, in the offspring of consanguineous marriages, proves that *something* was wrong. That it was the consanguinity has not been proven. It may have been one of a hundred things, and dependent on all of the antecedents for generations. Such results remaining absent after these marriages prove for that case, at least, that consanguinity was harmless, for it was known to be present. Further, if consanguinity was the cause, the effect should follow where the cause is present.

10. Consanguineous marriages, which bring together persons having a disease or morbid tendency in common, are dangerous to the offspring. Not, however, one whit more so than the marriage of any other two persons not related, yet having an equal amount of tendency to disease in common. Conditions present in both parents, good or bad, are simply augmented, and the result would have been the same were they not related.

11. Given a malformation or disease firmly established, we have a tendency to breed true. Given a defect or peculiarity in a family, race,

or sect, this will naturally be propagated by intermarriage; *e. g.*, color blindness is remarkably hereditary among the Jews and Quakers. The Quakers are educated to abhor color. Those who admire color separate themselves from the sect, and thus intensify the tendency in the remainder. The defect has probably crept among the Jews, and is kept up and intensified by intermarriage. The same means has also had its effect among the Quakers.

12. Certain inherited diseases, as scrofula, phthisis, and rachitis, which are ascribed to consanguineous marriages, probably in every instance could be traced back to an ancestor.

13. Man is an animal, anatomically, physiologically, and sexually. He is subject to the same laws of propagation. In-and-in breeding in animals is carried on to an extent not only permissible in the human species on moral grounds, but also beyond the bounds of human possibility. Yet this is done by cunning breeders to improve the stock and put money into their pockets. The Jersey cattle have been bred for the last one hundred and fifty years on a small island six by eleven miles. You would not raise them for beef or oxen, yet they command a high price for their milk and butter. This was probably the recommendation of the first cattle on the island, and this quality has improved from that time to this through in-and-in breeding.

14. It would be better for the offspring were consanguineous marriages under medical supervision. Certainly no better than for all marriages to be under like supervision.

15. The half a hundred abnormalities ascribed to consanguinity, including almost all the ills that flesh is heir to, among others whooping-cough, approaches the ludicrous.

16. The factors which lead to consanguineous marriages are portions of country geographically isolated or mountainous, rendering communication with the outside world difficult, religious or political sects of an exclusive nature, and aristocratic ideas. As examples, note the per cent of consanguineous marriages in Scotland, five and one fourth per cent, to those in England, three per cent, the preponderance in Martha's Vineyard, the Commune of Batz, and among the Jews and Quakers.

17. The facts do not warrant us in supposing that there is a specific degenerative effect caused *ipso facto* by consanguinity.

18. Consanguineous marriages, no other objection being present, should not be opposed on physiological grounds.

THE PREVENTION OF STRICTURE AND OF PROSTATIC OBSTRUCTION.—Reginald Harrison holds, in common with the majority of sur-

geons, that a large proportion of strictures, excepting those caused by injuries to the urethra, are preceded by more or less chronic gonorrhea or gleet, and that the most frequent seat of stricture corresponds with that of gleet, namely, the subpubic or deeper portion of the urethra. He says, that "it certainly looks as if the persistence of gleet and the formation of stricture were due to the imperfect means hitherto adopted for dealing with the bulbous and membranous portion of the urethra, when chronically inflamed." He regards ordinary urethral injections frequently as useless, inasmuch as they entirely fail to enter the deep urethra, and to attain this end he advocates free irrigation by means of a catheter attached to a small Higginson's syringe, and passed at least six inches into the passage. Stricture is to be prevented by the early cure of gonorrhea. Enlarged prostate is to be prevented by availing ourselves of the well-known effect of prolonged pressure in bringing about absorption of living tissues. This is brought about by the regular and persistent employment of olivary prostatic bougies, not for the purpose of keeping the bladder free from residual urine, but for the pressure they exert on the prostatic tissue during their passage and withdrawal.—*Birmingham Medical Review*.

**MILK BOILED AND UNBOILED.**—Dr. M. Reichmann, in *Deutsche Med. Zeitung*, draws the following conclusions from a number of elaborate experiments as to the digestibility of milk in the human stomach:

1. Boiled milk leaves the healthy stomach more rapidly than an equal quantity of unboiled milk.

2. The digestion of boiled milk is more rapidly accomplished than that of unboiled milk.

3. The coagulation of unboiled milk in the stomach is complete in five minutes.

4. The coagulation is not caused by the acid of the gastric juice, but by the influence of a special ferment (milk-curdling ferment).

5. The acidity of the gastric juice is at first due almost solely to lactic acid, and, later in the process of digestion, to the presence of hydrochloric acid.

6. Hydrochloric acid first appears in perceptible amount forty-five minutes after the ingestion of half a pint of milk.

7. For the first hour and a quarter after the ingestion of milk the acidity gradually increases and then decreases until the milk has entirely left the stomach.

8. The curds of casein in digestion of boiled milk are much softer than in the case of uncooked milk.

**CLIMACTERIC DIABETES IN WOMEN.**—Mr. Lawson Tait, writing on this subject in the *Practitioner*, says:

Roughly speaking, the conclusions that I have arrived at concerning this affection are that in the great majority of cases of eczema of the vulva at the climacteric period, the disease is due to the presence of sugar in the urine. I have not yet come across a case of this kind in which, having examined for sugar, I have not found it. The disease seems to begin at or near the arrest of the menstrual functions, and to extend over a period of several years, then terminating in all probability by nature's own process. The sufferings of the patient are very much diminished, and probably the duration of the disease is shortened, by the liberal administration of opium; while the local trouble is best mitigated by ointments containing such substances as will arrest the process of fermentative change in sugar. So far the best substance that I have found for the purpose is the old-fashioned hepar sulphuris.

**DIURETIC MIXTURE FOR GOUT.**—J. Mortimer Granville, in his work on Gout in its Clinical Aspects, discards the usual diuretics as irritant, the indication being to "flush" not to stimulate the kidney. For this purpose the most available drugs are ammonium chloride and potassium chlorate. At the same time the decomposition of the sodium urate in the blood may be attempted, and to this end Dr. Granville considers iodine best adapted, exhibiting it with the salts and glycerine, as exemplified in the following formula:

R. Ammonii chloridi.....3iv;  
Potassii chloratis.....3ij;  
Tinct. iodi.....℥cxx;  
Glycerini.....3iiss;  
Aquæ.....ad 3xvj.

*F. Mistura, cujus sumantur cochlearia duo magna quartâ quâque horâ ex aquâ.*

**RESEARCHES ON THE BIOLOGICAL ACTION OF SILVER.**—Curci (*La Medicina Contemp.*, March, 1886) has experimented with a double hyposulphite of sodium and silver, this salt being very soluble, not coagulating albumen, non-irritant, and readily absorbable by the subcutaneous connective tissue.

Therapeutically, silver, owing to its power of diminishing and abolishing the excitability of the sensory, cerebral, and spinal nerve centers, is rationally indicated in epilepsy, locomotor ataxy, and other diseases of the great nervous centers characterized by increased excitability. From its action on the respiratory



center it is useful in nervous or idiopathic asthma. Since it also diminishes and abolishes the excitability of the ganglia and excito-motor nerves of the heart, it is useful in some cases of angina pectoris. It probably also calms the morbid excitability of the aortic and cardiac plexuses of the sympathetic.

Curci recommends that the internal use of the nitrate should be abandoned, since in contact with the mucous membrane it is rapidly altered, and may cause the dark discoloration known as argyria, and this without its true action on the nervous system ever being obtained. He recommends instead the double hyposulphite of sodium and silver, which is very soluble in water, is not caustic, does not coagulate the albuminoids, is very diffusible, and promptly absorbed by the mucous membrane and subcutaneous connective tissue. Its taste is sweet and slightly nauseous; it should be given fasting or hypodermically. The dose by the mouth is from five to twenty centigrams daily, or one to five centigrams hypodermically. Its action upon the nervous system is surely and quickly obtained, and the danger of argyria is avoided.—*London Medical Record*.

#### NEURASTHENIA AND ABDOMINAL BELTS.—

The inhabitants of this globe, says the *Lancet*, may suffer from nervous weakness or neurasthenia, simply because they neglect to wear abdominal supports. As this is the conclusion that naturally follows from the recent teaching of M. Glénard, of Lyons, who believes that some cases of nervous exhaustion are attributable to gastropotosis, or lowering of the stomach; to hepatoptosis, or descent of the liver; or to nephroptosis, which is another name for floating kidney, imagine the following colloquy in a physician's consulting-room: Patient: "And now, doctor, after all this sounding and examination, pray tell what is the matter with me." Physician: "My dear sir, you have habitually bolted your meals, which have likewise been too abundant; as a consequence you have caused your stomach to descend from its natural situation—*facilis descensus Averi*—and this gastropotosis, as we call it, has acted seriously on your nervous system, hence your languor, irritability, and general loss of tone, etc. My advice to you is to read 'Strapmore,' put on an abdominal belt, and cultivate a waist."

**THAPSIA PLASTER.**—Dr. James K. Crook writes to the *New York Medical Journal* as follows: "After a somewhat extended observation of the action and effects of the thapsia plaster, I am inclined to regard it as a valuable therapeutic agent in properly selected cases.

I would recommend its use especially in muscular and rheumatic pains of long standing in which other remedies have failed to give relief. I have had but little success with it in acute troubles of this nature. It has also seemed to me to be a useful application to the chest in the irritation and painful coughs of phthisis and chronic bronchitis, especially when accompanied by difficulty of breathing. In cases of simple cardiac palpitation of neurotic origin, the importance of which is often enhanced by the imagination of the patient, a small piece of the plaster applied to the *opposite* side of the chest will often act advantageously by withdrawing the patient's attention from the heart. On theoretical grounds, the plaster should act beneficially in promoting the absorption of pleuritic fluid and in favoring resolution in phthisis, but I am not prepared to speak of its action in this direction. Dr. Porter has employed the plaster for a number of years past, and has extended its application to a much wider field than I have. He informs me that he holds it in high estimation. The irritating properties of thapsia rather disqualify it for use in children. Regarding its mode of action, thapsia may be classed among the most vigorous counter-irritants or derivatives."

**IODIDE OF SODIUM VERSUS IODIDE OF POTASSIUM.**—A recent leading article in the *British Medical Journal* thus sums up the advantages of iodide of sodium over iodide of potassium: (1) It can be used therapeutically for almost all, certainly the chief, purposes for which potassium iodide is used, and with similar beneficial results. (2) Sodium iodide is more assimilable than the iodide of potassium, both locally to the digestive organs and to the general system. (3) That as a result many of the local and general undesirable effects which are produced by potassium iodide do not follow the use of sodium iodide.

**THE TREATMENT OF MENORRHAGIA.**—In young girls, as a rule, a powerful tonic treatment is required. Sometimes the iron is not sufficient, and I have to resort to astringents and tonics not ferruginous. I have used bichloride of mercury and quinine in these cases. Occasionally we meet with cases of this kind in which the patient apparently is in robust health. Under such circumstances I know of nothing better than iodide of potassium.—*Dr. Wm. Goodell*.

**AN OINTMENT FOR USE IN ECZEMA.**—E. Vidal recommends the following: Oxide of zinc,  $2\frac{1}{2}$  drams; white vaseline, 10 drams. Apply night and morning.—*N. Y. Med. Jour*.

# The American Practitioner and News

"NEC TENUI PENNĀ."

Vol. II. SATURDAY, JULY 24, 1886. No. 2

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

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## MARRIAGES OF CONSANGUINITY.

About the most satisfactory statement of conclusions in regard to the question of marriage among blood relations, we find in a paper read before the late meeting of the Ohio State Medical Society, by Dr. E. S. McKee, of Cincinnati.

While it is not to be denied that the proportion of the offspring of marriages among blood relations presenting defects is greater than that found among those not so related, this is not due to the mere fact of such relationship, but to the fact that the contracting parties are more apt to have weak points in common which are transmitted to their offspring, often in an exaggerated degree, precisely as under laws of variation might happen were they not at all related. As far as health and soundness of offspring are concerned, when the parties are healthy and physiological opposites, the match is a safe one, no matter what the degree of relationship. Many times it happens that marriages are contracted among cousins because they lack the boldness to woo among strangers. In many others they have wealth beyond their personal or moral worth, and so

marry one another, because they can not negotiate unions in outside families of equal wealth. A few generations usually work such havoc with these classes, attained to begin with, that the evil brings about its own cure.

The real state of the case has been long known to intelligent and well-informed men, but the masses who do not think, as a rule, permit their opinions to be governed by ill-informed and arrogant would-be teachers. Still, on the whole, it is well that there should be a strong public sentiment, even if somewhat blind, against marriages of consanguinity. It will deter those who are not in a situation to reason rightly of the matter. It will cause all to ponder, and the very few among whom such marriages are quite appropriate, will disregard any merely prejudiced public opinion, and pursue with confidence and courage the course that seems to them to be proper.

D. T. S.

## A NEGLECTED DISEASE.

Notwithstanding the large number of able works on diseases of the nervous system now before the public, there still remains a malady that has been treated most inadequately, if at all. Yet it is as old as man, and as widespread as his dissemination. It is met with oftenest under two general forms, the hereditary and acquired, though it is frequently these two varieties are seen combined in the same individual. Its micro-organism, though one perhaps exists, has not yet been discovered. The microbes would be doing but a compensatory act, however, if they selected one of their number to stand for this honor, for it is certain that the victims of the disease under notice have added an enormous and very varied brood to the census of this tiny folk. Further, it is not yet known whether one attack of the disease confers immunity against a recurrence, as a single case generally lasts a life-time.

The differentiating features are not numerous but marked. The most prominent characteristic in the acquired form is that the subject of it seems to have voluntary control of the symptoms, and is in the habit of turning the



disease to profit—when he can. The subject of the affection is always aware when the attack is “on,” except where the seizures are so frequent as to be continuous, when the disease assumes a distinctly automatic state.

The disease, when in this form, is found to be curable to a certain extent—to a certain length, as it were; but even this requires extremely large doses of punitive measures in conjunction with full quantities of grace.

In the hereditary or constitutional form, the sufferer does not seem to be aware of his malady. The hereditary form is also sometimes curable by rigorous treatment practiced in early childhood.

The disease is rarely known to be fatal; from a scientific stand-point it does not effect a great deal; it is seldom really destructive, to others, until it takes the form of printer’s ink. When brought in every-day life and face to face with the world, it is usually easily detected—readily diagnosed. But when put in type—when the affection takes that shape, it often looks puzzlingly like its opposite—the truth. With due regard to the claims of religion and history (the law long ago learned the art of protective inoculation), we think medicine has been the greatest sufferer from the effects of the disease under notice. Fully one half of the time of the good and honest and true men in medicine has been consumed in correcting the statements, undoing the discoveries, unmasking the marvels so studiously and persistently, in season and out of season, heralded by the unfortunate victims of the affection.

A very deplorable fact in connection with the subject, as it affects medicine, is found in the circumstance that individuals who are the subjects of the malady in its more severe forms not only display and disport themselves in the journals of the day, but actually write books. But life is so short and art is growing so rapidly, that if such people must write, they must needs be forbidden to muddle the pure springs of science, and made to write novels only.

D. T. S.

**DISINFECTANT FOR THE MOUTH.**—Thymol, 5 grs.; benzoic acid, 3ss; tincture eucalyptus, 3iij; water, Oj.

## Notes and Queries.

*Editors American Practitioner and News:*

I hoped that while in Paris I would see enough of interest for my bi-monthly letter, but regret to say I was disappointed. Of the many peculiarities of this people, one that seemed to me especially odd was that the medical men have no signs “swinging in the breeze,” not even a door-plate. So you can imagine the difficulty a stranger has in finding a doctor. I had a letter to Dr. Landolt, and, on going to the house indicated in the address and failing to find any sign, I naturally imagined that the doctor had changed his abode since my friend visited him. But upon consulting the directory I saw the very address that had been given me, so I marched back to the house, and after much trouble I succeeded in ferreting out the doctor’s office, which was on the third floor of a very large building. Dr. Landolt is an eye-man, and from his surroundings I should say was doing well. He speaks English fluently; which, I was surprised to find, is a rare accomplishment among foreign medical men. The doctor seemed glad to meet an American and anxious to be of some service to me. He gave me a letter to Pèan, the foremost surgeon of Paris, which was the means of my being invited to one of his laparotomies the following day at the Saint Louis Hospital. Pèan is a very large man, with a big head, iron-gray hair and side whiskers, and I should say he is about fifty-five years of age. He speaks very little English. The laparotomy was on a private case. About a dozen visitors were present, and I the only English-speaking one. The patient was a large fat woman, over fifty years of age. Chloroform was the anesthetic used. Pèan sat in a chair at the foot of the table in his shirt-sleeves and a large rubber apron. The patient was brought to the edge of the table. After making an incision of about six inches down to the peritoneum, this was opened up, and an immense quantity of fluid flowed into the operator’s lap. When this had ceased Pèan filled the abdominal cavity with *linen napkins*, pushing the intestines well upward, so as to get them out of the way of the tumor, which turned out to be a fibrous

growth as large as a small cocoanut, growing from the broad ligament. This was now drawn out the abdominal wound and, its pedicle having been transfixed and tied with a stout silk ligature, was removed, and the stump dropped back into the cavity. The abdominal wound was closed with the interrupted silk suture passed through all the tissues.

Pèan's assistant is an older man than he, and yet during the operation he had to stand any amount of scolding and swearing from the operator. Pèan, as you know, arrests hemorrhage by the application of compression forceps, allowing them to remain on for some time after the operation. A gentleman told me of seeing him, after an amputation of the tongue, send the patient into the ward with more than a dozen pairs of forceps hanging out of his mouth. In the operation I witnessed he had within his reach over a hundred pairs of his compression forceps, a dozen of Spencer Well's ovariectomy forceps, such as are used in seizing the cyst, and half a dozen clamps. The antiseptic used, I think, was carbolic acid for the instruments. No spray. The sponges were cleansed in very hot water.

I went through the wards of the *Hôtel Dieu* with one of the attending surgeons, but saw nothing of interest. He had such a crowd following him that it was impossible to get at all near the beds. Not being very conversant with the French language, I took an interpreter with me, thinking I might gather some interesting points, but failed. I did not see the great Pasteur, as I was told that he was very much indisposed from overwork. I have no doubt he is worried almost to death by visitors, and so I did not care to swell the list. I can well understand the great frequency of hydrophobia in Paris, as I should judge that every family in the city must be supplied with one or more dogs—the majority of the canines being of the bull species. Having somewhat of a mania on the subject of dogs, I was constantly busy while on the streets in keeping out of their way.

From Paris I went to Munich, where I remained two days, and spent my time sight-seeing. I left for Vienna the day King Ludwig was drowned. Unfortunately I struck this

town during a church holiday (Whitsuntide) and found nothing doing at the hospital.

I was about the hospital two days before finding an English-speaking person, and when I finally came across one he knew very little German.

I do not doubt that Vienna offers enormous advantages to medical students who are conversant with the language, but why those who have only a slight smattering of German should come here when they can get all they may want in either London or Edinburgh, I can not understand.

At one of Billroth's clinics I sat between two Americans, who have been over here all the winter, and who told me that they understood the lecturer perfectly. When I asked about a case he had up, each gave me a different account of it. One said that the woman *had been operated on, two years ago*, for what was considered a malignant tumor of the stomach, and such infiltration of the mesenteric glands was discovered that she was sent out to die; the other said that the woman appeared at the clinic, *two months ago*, with what was considered an abdominal malignant tumor, and on account of the enlargement of the mesenteric glands no operation was advised, but she was sent out to die. And now she appears with not a sign of the growth present. My latter informant was certainly right so far as the operation was concerned, as I could see no evidence of laparotomy having been done, but whether he was otherwise correct I had no means of knowing. At Carl Braun's clinic at least a half dozen babies, about twenty-four hours old, tied up like papooses, were passed around the class like pathological specimens while the lecture was going on, but what it was all about I had not the slightest idea. Finally, a young woman, about twenty years of age, came in in her gown, and, after being put upon the table and her gown drawn up to her arms, had a vaginal speculum introduced—no sheet being used. In what the lecturer had to say, I caught frequently the name of Emmet, and, upon examining the case, I found it to be one of lacerated cervix. No operation was performed.

These hospital people clearly have no regard whatever for womanly modesty, and sometimes



I doubt whether the women themselves possess any. I confess I came away with a decided sense of disgust at the coarseness of things.

I heard Ultzman lecture on a bladder case, but understood so little he said I learned nothing. I saw Wölfler and Salzer each remove a cystic tumor of the neck, and was very favorably impressed with their method of operating. A free incision was made over the growth parallel with the sterno-mastoid, and when the sac was exposed it was tapped and partially emptied. The wound made in it was now closed with a pair of compression forceps. The jugular vein was ligated before it was divided. In dissecting out the sac, instead of catching the vessels as they were divided, an aneurism needle with a double thread was passed around all vascular adhesions and the tissues divided between the ligatures. In this way the operation was almost bloodless. Over a dozen ligatures were used by each, many of which might have been dispensed with, I think, if the adhesions had been secured with compression forceps and divided between them. Another surgeon, who did an amputation of the breast, removed the axillary glands and fascia in the same way.

All the surgeons here are firm believers in antiseptics. They use both carbolic-acid and bichloride solutions, and always dress their wounds dry with gauze well impregnated with iodoform—no spray. Silk is the universal ligature and suture. Deep sutures are tied over a bit of sponge. They operate in *clean* linen dusters, and are especially careful to cleanse their hands thoroughly with soap and nail-brush before commencing work.

I had not the pleasure of seeing Billroth do any cutting, but heard him deliver a clinical lecture. He has a student to come into the amphitheater and examine each patient, and then tell what he thinks of the case, which of course is little or nothing. When he is through, Billroth addresses this student—without once looking at the class—in a conversational manner, and says his say of the case. He talks in a tone so low that his voice does not reach the upper seats. The first case introduced was the woman before mentioned. The second case was a recent dislocation of the shoulder in a strong,

healthy man. Reduction was accomplished in a rather novel manner. The patient was seated on a chair, while an assistant, standing upon a stool behind him with a hand on each of his shoulders, made sufficient pressure to steady the scapulæ, when Billroth, by manipulation, threw the head of the bone into its socket. The manipulation was very gracefully done.

Case third was a stricture of the esophagus. A stomach-tube about as large as a No. 12 catheter, and made of rubber, was passed through the mouth into the stomach. And instead of allowing it to hang out at the mouth, where it would have been a constant annoyance to the patient, he slipped a flexible instrument through the nostril, and attaching it with a string to the end hanging out the mouth, drew it (the stomach-tube) through the posterior nares and out of the left nostril; then, to prevent its slipping, he tied it to the left ear. Through this tube the patient will be fed by means of a syringe. He of course intends that the tube shall remain in for some time. Whether or not he expects to gradually dilate the stricture, I could not find out.

Case fourth was a stricture of the urethra. Billroth introduced a series of steel sounds. His manipulation of these instruments, though above the average, was much less graceful and finished than that of Sir Henry Thompson.

The last case was a urinary fistula above the pubes in a young man on whom a supra-pubic lithotomy had been performed eighteen months ago. He had in the fistula a large catheter with its mouth corked. When the catheter was removed, a great flow of urine occurred through the fistula. Patient passes none by the urethra. This is the first time Billroth has seen the case. Patient states, so my linguistic friends tell me, that the fistula has been closed and has reopened eight different times. Billroth simply introduced a catheter in the bladder through the urethra, tied it in, and put a compress over the fistulous opening. Whether or not he intended resorting to operative interference to close the opening I did not learn. This matter of fistula is *one* of the great drawbacks to the supra-pubic lithotomy, and very likely is due in most cases to the drainage-tube being kept in too long after the operation.

By the way, I have heard a good deal of talk among English surgeons of the stand Sir Henry Thompson has taken in reference to the suprapubic operation. They can not understand why the perineal operation, which in most surgeons' hands is followed by so few deaths or bad results, should do so badly in Sir Henry's practice. The great operator is down for a paper on the subject for the British Medical Association, which I hope to hear.

Billroth is a large, fine-looking man, I should say he is nearing sixty years of age, fully six feet in height, and of aldermanic front; hair, originally sandy, is now mostly gray; very long, full beard; a good and intellectual face. He resembles your friend Mr. Sachs exceedingly. All the others I mentioned are large, fleshy men, except Salzer, who is of spare build. Carl Braun is the largest and plainest of them all. He sits in his chair while lecturing, and his delivery is very monotonous. I did not see him do any operations, but would imagine, from his appearance, that he must be very clumsy.

This is certainly the largest field in the world for the practical study of obstetrics. From ten to twenty cases of labor, I am told, occur here every day. One morning, in passing through one of the obstetrical wards, I counted six women in labor at the same time. When the patients make application for admission, their name, address, and date of expected confinement is taken, and in due time the hospital-wagon is sent out for them. I saw the ambulance bring four patients to the hospital in one morning. In the immediate neighborhood of the hospital (which contains over two thousand beds) is a large two-story building used as a polyclinic. There are three clinical lectures going on in this structure at the same time—all day—and the material is unlimited.

LONDON, ENGLAND.

W. O. ROBERTS.

St. Louis, Mo., July, 1886.

*Editors American Practitioner and News:*

**PISCIDIA ERYTHRINA AS A NEUROTIC, TONIC, EXHILARANT, ANALGESIC, AND HYPNOTIC.**—It is extremely difficult for a busy, practicing physician to do his full duty to his patients and to his professional brethren in the way of communicating. You know how this is yourself.

For a long time I have been intending to make a report on Jamaica dogwood in certain neuropathic conditions, but have postponed it for want of time, and now must forbear for the same reason, and because, as the warm days come work-impulses wane, and I shall soon be off where patients cease from troubling and my day-dreams will not be disturbed by remorseless fiends that cry, "Physic!"

But, before I go, let me say there is really something in the communication of Dr. Mayes, as I can attest from practical observation. Two years ago I became so well satisfied of the fact that I sent to P. D. & Co. for packages of *Piscidia erythrina* and fluid extract Jamaica dogwood, to try on patients who could not pay for the luxury and on whom I might experiment a little, and tried both on myself. I found the fluid extract of Jamaica dogwood to be slightly exhilarant and satisfying to the central nervous system in conditions of weariness. A slight sense of cerebral fullness followed its use in two-dram doses; a tingling sensation plainly perceptible when sought for, and diminished sensibility to esthesiometric tests followed by an inclination to rest and sleep.

In cases of exhaustion and delirium following drink and the long habitual use and withdrawal from opium, I have used it in a combination something similar to Dr. Mayes', but never got satisfaction from it uncombined, in very high degrees of pain or extremely low states of nervous depression.

The salutary psychical therapy of a physician's visit, and prescription following it, must be considered in discussing its power over the uterine contractions, but it undoubtedly has some power to effect central-nerve tranquilization as well in man as in fishes.

The piscidia is locally benumbing when taken on the tongue, and to abraded surfaces something like cocaine, but less powerful.

Coca, celery, dogwood, and Hoffman's anodyne make a happy combination for nervous depression, which I have often used with great satisfaction, differently proportioned, especially in the opium habit and the shattered nervous state following excessive alcoholic indulgence.



In the opium habit I use especially a formula, as follows :

R. Ext. coca, fluid..... $\bar{3}$ ij;  
 Celery, comp. (Morris)..... $\bar{3}$ i;  
 Extract dogwood, Jamaicae, fluid  
 (P. D. & Co.)..... $\bar{3}$ i;  
 Spt. eth. comp..... $\bar{3}$ i;  
 Tr. opii..... $\bar{3}$ i.

M. S: Tablespoonful every four hours first day, and once during night if required. The same way on second and third days, if absolutely necessary to maintain tranquility and sleep.

R. Ext. coca, fluid ..... $\bar{3}$ i;  
 Celery, comp..... $\bar{3}$ i;  
 Ext. dogwood (Jamaicae)..... $\bar{3}$ i;  
 Spt. eth. comp..... $\bar{3}$ i.

M. S: Tablespoonful—to replace each dose withdrawn, of the preceding prescription.

As soon as practicable withdraw coca from the prescription and then the Hoffman's anodyne, and finally all but the celery.

Quinine in ten-grain doses in the beginning, about ten A. M. and three P. M.; reduce to five grains twice daily; later, to one daily, and finally discontinue.

But I did not mean to write all this, and if I don't stop I shall get too deeply into the the subject for these hot days—and I have promised myself a rest, and now I shall take it. You probably wish I'd taken it sooner.

Piscidia has neither the good nor the bad properties in full of opium, but it will do to produce effects somewhat similar but in lesser degree, and it must be taken in very full doses to do that.

Yours very truly,

C. H. HUGHES.

ARSENIC IN SKIN DISEASES.—The editor of the Journal of Cutaneous and Venereal Diseases is desirous of ascertaining to what extent arsenic is used by American physicians in the treatment of skin diseases, and also the results of their experience as to its therapeutical value.

Information upon the following points is requested of every physician who reads this :

Are you in the habit of employing arsenic, generally, in the treatment of skin diseases?

In what diseases of the skin have you found arsenic of superior value to other remedies?

What ill effects, if any, have you observed from its use?

What preparation of the drug do you prefer, and in what doses do you employ it?

Will you kindly call attention to this in next number of your journal.

Address, Editor of Journal of Cutaneous and Venereal Diseases, 66 West Fortieth Street, New York.

LEMONADE TABLETS.—Take of powdered white sugar, 800 parts; bicarbonate of sodium, 100 parts; tartaric acid, 100 parts. These are intimately mixed, flavored with 5 drops of oil of lemon, and made into a mass with 200 parts of alcohol. The mass is now pressed into any convenient mold (previously well oiled with cocoa butter), and dried well in a drying closet. The lozenges must weigh about 20 grams, which will be sufficient for a tumbler of water. Other flavors may be obtained by substituting the above-mentioned quantity of oil of lemon with 2 drops of oil neroli, or 5 drops oil of sweet orange, or 2 drops attar of rose.—*Dieterich, in Pharmaceutische Centralhalle.*

THE POPULAR SCIENCE MONTHLY for August will open with a richly illustrated article of great economic value, entitled "Woods and their Destructive Fungi." The author, Mr. P. H. Dudley, a civil engineer of rising reputation, has for several years been studying the structure of those woods most commonly employed in the arts, with reference to the agencies concerned in their deterioration. The results of his investigations put quite a different aspect from the generally accepted one on the process of decay, and promise to be of vast industrial importance in their practical application.

"I AM just as much opposed to intemperance as any body," said Smith, "but, nevertheless, liquor rightly used is a blessing to humanity. When I was ill last year, I really believe it saved my life." "Very likely," said Brown, "but how does that prove that liquor is a blessing to humanity?"

OBSTETRICS IN SIAM.—Dr. Sturge, just returned from Siam, says that in delayed maternity the spirit doctor stands over the poor woman brandishing a large knife in each hand and shouting at each pain. They believe in the possession by evil spirits. Often children are tortured to confess, by having a tiger's tooth forced into their flesh, what family's spirit possesses them, and the family named by the child is ill-treated and banished. *After maternity the woman is made to lie on a hard plank for thirty days, in front of a large fire, until the flesh is scorched.* Measles are treated by pouring the coldest water over the body several times a day.

THE Senate has passed the yellow-fever commission bill, which was urged in person by Dr. Joseph Holt, of New Orleans, in behalf of the American Public Health Association. Some opposition on the part of some of the friends of the late National Board of Health, and some sentiments of frugality, induced Congress to amend the bill so that it now provides for the detail of two officers already in the service, but with the proviso that they must be skilled in bacteriology and microscopical research. No provision is made in the bill for the appointment of a member of the commission from civil life, but the employment of experts is allowed.

THE SOUTHERN BIVOUAC for August will contain an article by E. Polk Johnson, telling of a recent visit made to Mr. Davis at Beauvoir. The life at Beauvoir is pleasantly described, and Mr. Johnson gives at length conversations with Mr. Davis, in which he speaks of Albert Sydney Johnson, of Mr. Lincoln, of the Pilgrim Fathers, and of the principles involved in the Blair Bill. The article is accompanied by perhaps the best of recent portraits of Mr. Davis, a sketch of his house at Beauvoir, and one of his birthplace at Fairview, Kentucky.

DR. S. M. REDDING, of Josephine, Ky., died on the 8th instant, of consumption. Dr. Redding had accomplished a fine success as a practitioner, and gained an enviable place in public esteem.

DR. PRADET, of Paris, maintains in his thesis that alkalies, in large doses, constitute the best treatment for ulcer of the stomach. Since the acid of the gastric juice is very injurious to the ulcer, by neutralizing the acidity of this juice we favor the cicatrization of the ulcer. In fact, the ingestion of from three to six drams of bicarbonate of soda per day brings prompt relief of the distressing symptom, and permits alimentations with powdered foods. Many examples are cited in support of this new therapeutic measure.—*Le Progrès Médical.*

WE have received the initial number of the Alabama Medical and Surgical Journal, edited by J. D. S. Davis and W. E. B. Davis, of Birmingham, Ala. This new candidate for professional favor starts off with an excellent number and under fair auspices. We welcome it and wish it abundant success.

COCAINE is of no value in sea-sickness.

#### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Army, from July 4, 1886, to July 10, 1886:

*Lieut.-Col. Charles Page*, Surgeon, leave of absence further extended one month. (S. O. 156, A. G. O., July 8, 1886.) *Maj. William E. Waters*, Surgeon, ordered for duty as post surgeon, Fort Spokane, Washington Territory. (S. O. 112, Department Colorado, July 2, 1886.)

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from July 11, 1886, to July 17, 1886:

*Major Joseph R. Gibson*, Surgeon, granted leave of absence for three months, to take effect about August 1. (S. O. 158, A. G. O., July 10, 1886.) *Captain Richards Barnett*, Assistant Surgeon, leave of absence extended six months, on surgeon's certificate of disability. (S. O. 162, A. G. O., July 15, 1886.) *Captain Edwin F. Gardner*, Assistant Surgeon, granted leave of absence for two months. (S. O. 153, A. G. O., July 10, 1886.) *First Lieutenant William O. Owen, jr.*, Assistant Surgeon, ordered for duty at Ft. Schuyler, N. Y. Harbor. (S. O. 84, Division Atlantic, July 15, 1886.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the three weeks ending July 17, 1886:

*White, J. H.*, Assistant Surgeon, granted leave of absence for thirty days. July 12, 1886. *Pettus, W. J.*, Assistant Surgeon, when relieved at Charleston, S. C., to proceed to Savannah, Ga., for temporary duty. July 9, 1886.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. II.  
[NEW SERIES.]

LOUISVILLE, KY., AUGUST 7, 1886.

No. 3.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### SYPHILITIC IRITIS.\*

BY S. G. DABNEY, M. D.

*Professor of Physiology and Clinical Lecturer on Diseases of the Eye, Ear, and Throat, in the Hospital Medical College, of Louisville.*

Inflammation of the iris occurs in both hereditary and acquired syphilis. It rarely occurs alone in the hereditary form; when it does, it is usually within the first eighteen months of life, is of severe plastic character, and likely to lead to deeper-seated changes; much more commonly it is associated with diffuse interstitial keratitis, which appears about the time of the second dentition and points with great certainty to a syphilitic taint.

In acquired syphilis iritis occurs frequently in the secondary, less often in the tertiary period; in the latter it is occasionally seen as a sharp, nodular swelling of a small part of the iris with the inflammation limited to the tissues adjoining; the gumma is generally found near the pupillary border, and is then of no graver significance than the iritis of secondary syphilis. Under appropriate treatment it will either disappear by absorption or break down with the formation of pus in the anterior chamber. Much more serious is the case when the gumma appears partly in or near the ciliary body. The diagnosis of the disease at this point can only be made when there are accompanying symptoms of syphilis; a tumor of considerable size may form rapidly and possibly lead to perforation and loss of the eye.

In other instances we find in tertiary syphilis the ordinary diffuse iritis, distinguished only by the gummatous nodules which mark this period of the disease.

Inflammation of the iris is a common manifestation of secondary syphilis. If we exclude traumatic iritis, and that due to extension of the inflammation from adjacent structures, about seventy per cent of all cases may be attributed to syphilis.

There is nothing, however, in the local condition, in the secondary period, to point to syphilitic origin; this specific iritis differs in no way from severe plastic, non-specific form. In the majority of cases there are other evidences of the dyscrasia present, among the most frequent being a papular eruption of the skin, swollen cervical lymphatics, and mucous patches in the throat.

Occasionally the iritis is one of the first phenomena of secondary syphilis, and there may be nothing to indicate the nature of the inflammation. In such cases we are safe in pursuing specific treatment, the result of which will to some extent aid us in arriving at a diagnosis. Iritis usually appears within the first six months after infection; as a rule one eye alone is first attacked, and some weeks later the other becomes also affected.

The typical local symptoms are as follows: The cornea is somewhat cloudy from a grayish network injection of the lymph spaces; the iris itself is muddy, blurred, and shows a loss of its finely reticulated structure, its color is changed, as may be seen by comparing it with that of the normal eye (we must remember, however, that the difference in color may be natural); exudates are seen usually at the pupillary border; the aqueous humor is cloudy, and from it little flecks are deposited on the lower half of the cornea; occasionally there is pus in the

\*Read before the Louisville Medical Society, May 13, 1886.

anterior chamber; when ophthalmoscopic examination is possible we often find marked redness of the pupilla and some opacities in the anterior part of corpus vitreum, but if these are very decided we must expect something more than simple iritis; the pupil is usually very small and sluggish in its movement. We should test it by observing its reaction to light; for this the other eye must be carefully covered, since light falling upon it may contract the pupil of its fellow. If any uncertainty exists we should instill a few drops of a solution of atropine or homatropia, of strength of two grains to the ounce; if the ensuing dilatation is moderately rapid and complete, there can be no inflammation of the iris; if the dilatation is irregular and interrupted at certain points by sharp projections into the pupillary space, we recognize adhesions between the border of the iris and the anterior capsule of lens; when slight and recent, these may be ruptured by the mydriatic; finally, if no dilatation follows the use of atropine, we suspect complete union of pupillary border to lens capsule. In this case the peripheral portion of the iris is apt to be bulged forward by the accumulation of fluid behind it, presenting somewhat the shape of a funnel, and causing the condition known as secondary glaucoma, to be noted more in detail below; the pupil may be occluded by the inflammatory exudate.

Vision is always more or less impaired; the extent depending on the cloudiness of the cornea and deposits on its posterior surface, on the condition of the pupil, and on the presence of opacities in the vitreus.

Pericorneal injection is nearly always present, and is attended by photophobia and lachrymation. Pain is exceedingly variable; may be quite absent, and may be very severe, worse at night, and radiating into all the affected side of the head.

Left to itself or treated improperly, syphilitic iritis may lead to loss of sight, and even to atrophy of the eye, with great danger to its fellow also.

In the first place the inflammation may extend to the ciliary region or choroid; this is most likely to result from chronic iritis caused by the traction and limitation of movement

induced by posterior synechiæ. An involvement of the ciliary region is specially disastrous and tends to terminate in loss of the eye by phthisis bulbi. We are to suspect such a complication when we find tenderness to slight pressure in the circumcorneal zone; sight more defective than the condition attending the iritis alone would account for; a too intense pericorneal congestion and a retraction of ciliary border of the iris. If we can use the ophthalmoscope, diffuse opacity will be found in the anterior part of the vitreus; the tension of the eye, at first somewhat increased, later falls below the normal. Such a state is very grave and the outlook decidedly gloomy, for not only may the affected eye be lost, but the other is liable to be attacked by sympathetic inflammation.

In the next place iritis may lead to secondary glaucoma. To appreciate this mode of producing glaucoma, we must bear in mind that the natural flow of lymph fluid from the eye is from the vitreus through suspensory ligament into posterior chamber, and then through pupil into anterior chamber, from which it makes its exit at the sclero-corneal junction, passing into the spaces of Fontana. Now, the necessary consequence of complete adhesion of pupillary border to lens is obstruction to this outflow, and the accumulation of fluid resulting causes increased intra-ocular pressure and all the attendant train of phenomena known as glaucoma.

Thirdly, from intense or long continued inflammation, the tissue of the iris is liable to atrophy; this of course involves a loss of its contractile powers and a change of structure and appearance; the pigment is absorbed, and tendinous bands and often enlarged blood-vessels traverse the tissue, which may be either friable or tough; this result is most clearly manifested by the failure of mydriatics or myotics to alter the pupil; it rarely follows simple iritis, but is a common sequel of irido-cyclitis, when the whole posterior surface of the iris is usually united to the capsule of the lens by a false membrane.

Another sequel of iritis is capsular and later lenticular cataract. An exudate thrown out as a plug into the pupillary space causes, first,



opacity in capsule, and this by interference with the nutrition in adjacent parts of lens produces opacity in them also, and pyramidal cataract results. Finally, in cases of extension formation of false membrane, the lens is always affected and genuine cataract produced.

From what has preceded, it is evident that the prognosis in any case must depend upon the extent to which it has progressed and upon the presence or absence of complications when presented for treatment. In a simple case of syphilitic iritis, where synechiæ are either quite lacking or but slight, and where there is no reason to suspect ciliary or choroidal involvement, the prognosis is decidedly good; on the other hand, when there is complete or nearly complete union of pupillary border to anterior capsule of lens, decided tenderness in ciliary region, with great impairment of sight and much deviation from normal tension of eye, the prognosis is very grave.

*Treatment:* As regards constitutional treatment, authorities differ according to the views held as to secondary syphilis. Most maintain that mercury is of predominant importance, if not alone sufficient to control the dyscrasia at this period; its effect may be most rapidly obtained by the hypodermic injection of the bichloride, and it is claimed that, if given in a solution with common salt, this will not produce an abscess, though it is decidedly painful. Others prefer the inunction, while many recommend the administration of the drug by the mouth and combined with iodide of potash. This is the advice I have so far followed and found satisfactory—giving the bichloride or protoiodide in combination with iodide of potash. Frequently indications for tonics, such as quinine and iron, are also presented. Whatever course be pursued, it is clearly desirable to bring the patient under the influence of anti-syphilitic remedies as speedily as practicable.

Local measures are to be carried out as follows:

Darkness should be insisted on. Stay in a darkened room with rest for mind and body is preferable during the acute stage of the inflammation, but the use of a shade over the eyes and avoidance of bright light will suffice. This not only gives rest to the inflamed part,

but allows a much smaller quantity of the mydriatic to act than is otherwise required.

Dilatation of the pupil should be obtained as early and as completely as possible, and maintained until all signs of inflammation are past. Thus the muscles are set at rest, and, what is still more important, the border of the iris withdrawn from the lens capsule and the danger of formation of synechiæ lessened; or, if already formed, they may perhaps be ruptured. Finally, such an agent is indicated also for its soothing effect. In the great majority of cases sulphate of atropia will be the most efficient mydriatic, as well as the best borne. A few drops of a solution of four grains to the ounce should be instilled into the eye every few hours until the most complete dilatation attainable is procured, and then the application reduced to the amount necessary to maintain this, and so continued until all signs of iritis have been absent for a considerable time. No fear of permanent paralysis of the iris need be felt from long-continued use of atropine; when this misfortune occurs it is to be attributed to the atrophy above described, but such a sequel is rare.

In a few cases atropine will not be well borne—there may be an over-susceptibility to its constitutional effects; then we should be specially careful in making pressure on the tear duct at the moment of instillation and for a few moments afterward, or it may excite, when long continued, troublesome follicular conjunctivitis. Then we should have recourse to sulphate of duboisine in similar doses; it is said to produce no such irritation as atropine, and to be equally efficacious.

When the pain is severe, several means for controlling it are at our command—often the application of warmth, either moist or dry, will alleviate it; compresses moistened with a warm solution of extract of belladonna, of the strength of four or five grains to the ounce, are highly recommended, and cotton-wool, thoroughly heated by being held against a pot of boiling water, is found very useful by some.

Should these fail or be not easily obtained, a hypodermic of morphia may be injected in the temple. Blood-letting, either by the artificial leech or real leeches, is by some authorities

advised when pain is severe and atropine fails to dilate. I have seen no case in which it was necessary, and it seems to me desirable to avoid it if possible.

The measures already indicated will, if properly used and in a moderately recent case, be usually sufficient, but occasionally operative procedures are called for.

In general, we may say that no operation should be performed on the iris when it is acutely inflamed; indeed, not until all inflammatory symptoms have been absent for some weeks. By neglecting such a course and operating prematurely, we are extremely likely to increase the inflammation in the iris itself, and even cause its extension to the ciliary region or choroid.

Where old-standing synechiæ are present, the alternate use of atropine and eserine is said to sometimes break them up.

Accordingly, should the tension of the eye become decidedly increased during the acute attack, it would be best to perform simply a paracentesis corneal; and, should this be insufficient, a sclerotomy before resorting to an iridectomy. Paracentesis corneal is indicated also where there is a considerable accumulation of pus in the anterior chamber. This little operation is without danger and often gives great relief to pain.

The cases, however, which more often demand operation are those in which adhesions of pupillary border to anterior capsule of lens keep up a chronic iritis or excite frequent recurrences of the inflammation. Even in these cases constitutional treatment and the alternate use of atropine and eserine should be well tried before operating. If the synechia still causes trouble, we may get rid of it in several ways—its rupture may be effected by a hook introduced through a corneal opening and carried over the pupillary border. Such a method seems likely to injure the lens and be the starting point of cataract. Another and probably safer procedure is to carry an iris forceps through a corneal incision, seize the iris and pull it loose from its attachment to the lens. The operation more generally performed, however, and more usually efficient in preventing a return of the iritis is iridectomy. This only

can be of service in those cases in which the pupillary space has been obstructed by the inflammatory exudate and it is necessary to open a new avenue for the entrance of light. In any case the constitutional treatment should be long-continued to prevent a return of the iritis.

LOUISVILLE.

## "GENESIS OF ERYSIPELAS."\*

BY WM. L. RODMAN, M. D.

Erysipelas is an acute, specific, infectious fever, having for its chief local symptom an inflammation of the skin.

The tendency of all modern writers is to embrace under one head the very many forms of erysipelas, and to assign to them all one and the same etiological factor.

Formerly erysipelas of the face, or, as it was commonly termed, medical or idiopathic erysipelas, was held to be a different disease from the surgical or traumatic variety.

Under these two heads there were many subdivisions, such as erysipelas phlegmonosa when the inflammatory process was highly marked; erysipelas gangrenosum when accompanied with phlyctenæ and the inflammation terminated in gangrene; erysipelas edematosum when associated with infiltration of serum, and that interesting variety known as erratic or wandering erysipelas. There are also many other varieties which it will not profit us to mention. While these various terms may conveniently and properly be used by physicians in describing cases of erysipelas, it should be clearly understood that there is nothing in the etiology of any form to mark it as a different disease from the others. They are all one and the same disease, manifesting itself under different forms, owing to causes intrinsic and extrinsic. At times erysipelas assumes an epidemic form; this fact was noticed by Hippocrates.

During the middle ages a gangrenous erysipelas repeatedly ravaged France, where, from its excessive virulence, the disease was called "the plague of fire." It was first epidemic in the United States in 1843 (a fact which of it-

\*Read before the Louisville Medical Society, May 20, 1886.



self would demonstrate its specific origin), and it prevailed until the end of 1847. In the Southern and Western States it was called the "black tongue," and was a very fatal disease. Epidemics differ in severity.

We now come to the consideration of the general causes of the disease, and are to find that authorities are unfortunate in their disagreement. Few of them think alike. During the last quarter of a century much has been written upon this subject, and although it has been so attentively and thoroughly investigated, there are but few features of the disease upon which writers agree. Make what assertion you will of erysipelas, and there are many ready to contradict you. Those who have no fixed views concerning the etiology of erysipelas find more comfort from the authorities than do those who have settled convictions. The point upon which there is the greatest unanimity, is that the disease is contagious. Nearly, I had almost said all authorities admit that erysipelas is contagious, for those denying that it is so in one form admit that it is in another; and as I have taken the ground that erysipelas is one and the same disease, however manifesting itself, I am correct in saying that all admit its contagiousness.

This feature of the disease is so dwelt upon, and, I think, so satisfactorily demonstrated by authors, that a recital of instances proving it will be time not profitably spent. Those who have doubts upon this subject, I would refer to Trousseau's Practice, where the most striking and convincing proofs will be found.

True, there are cases of erysipelas that can not be explained by contagion; but do we not meet and fail to explain such a fact in sporadic cases of the undoubted contagious diseases?

It is not violently contagious like variola or measles, but in respect to the activity of the contagium is relatively like diphtheria.

Like these diseases too, a malignant case may supervene upon exposure to the poison when it exists in a mild form, and *vice versa*.

#### PREDISPOSING CAUSES—INTRINSIC.

1. Constitutional predisposition: This is said to be increased by a previous attack, and sometimes by heredity.

2. Disease of some important viscus, especially liver and kidney. It is said that Bright's disease especially favors erysipelas.

The following case is given by Mr. Ferguson, of St. Bartholomew's Hospital, London, as an illustration: "A woman of intemperate habits who had albuminous urine pricked her thumb; the wound soon grew painful and erysipelatous and the inflammation in a phlegmonous form spread rapidly to the whole limb, terminating fatally about the ninth day."

She was addicted to the use of alcohol, and it is probable that her intemperance had much to do with the type assumed by the disease.

Bright's disease and other cachexiæ, by depressing the general health, may induce erysipelas, but it is improbable that they exert any tendency to such an effect *per se*.

3. The presence of a wound: "Any wound, great or small, incised, lacerated or punctured, recent or chronic, healthy or unhealthy, suppurating or non-suppurating, is sufficient when exposed to the poison to admit it into the system." Thus says Stillé.

Equally true, the same author says, may a mucous membrane similarly exposed receive the poison and become the channel of its introduction. These facts, he says, must be considered before deciding upon the general causes which determine erysipelas.

4. Some say that all ages are liable, and equally so. While it is true that all ages are liable, it does not seem that they are equally so. During the first year of life the infant seems very liable to erysipelas. It is rare between the first and twentieth years; more frequent between twenty and forty than any other period of life; rare after forty.

5. Sex: Erysipelas is said to be more common in the female than male, in the former especially during the menstrual period. This is not admitted by all authors, or even a majority.

6. Intemperance and want of proper food are great predisposing causes. In my own experience, intemperance has apparently been a powerful predisponent to the disease.

#### EXTRINSIC CAUSES.

1. Meteorological conditions: East winds, low temperature, excessive moisture, cold, and

heat have all been considered causes. It is said to be most common in fall and winter. On all these points there are no reliable data.

2. General hygienic conditions: Overcrowding in hospitals, want of ventilation, dirt of all kinds, bad food, and impure water are all predisposing causes. Of all extrinsic influences, I believe that wet weather is the greatest predisponent.

During my service as Resident Physician in Jefferson Hospital, Philadelphia, in the fall of 1879, erysipelas prevailed to an alarming extent, and for a time all persons undergoing surgical operations, however trivial, suffered from attacks of the disease. Finally it was decided prudent by the hospital staff to postpone all operations when such a course was admissible. It rained nearly every day for weeks, and this was thought to be the cause of the trouble. When the rainy season was over, and cold weather set in, we had no more erysipelas. Such general conditions as are here mentioned undoubtedly in many instances favor the production of erysipelas, but it seems to me that we must go further in search of a cause, for no one of these is generally believed to have the power to originate erysipelas. They favor it, and that is all. I believe that all of them combined have no such power. One author says moisture develops it, another, dry heat, another, cold, and still another, warmth. Whom are we to believe? None of them; for if three of them are wrong, the fourth is probably as far from the truth as the others.

There is a theory which will reconcile all views and give us a satisfactory explanation of the origin of erysipelas: It is the existence of a specific poison.

Throughout time the theory has been held, under one form or another, that erysipelas is caused by a specific virus. The number of authorities maintaining this view has greatly increased in the past five years. It is the only theory which explains the fact that all infectious diseases reproduce themselves under uniform types. I repeat, it is the only theory which will do this. Leuwenhoek, nearly two hundred years ago, discovered bacteria, but it was not until recently that the existing theory, which asserts that every infectious disease de-

pends directly on a specific organic form, was advanced.

It is not my purpose to defend or attack the parasitic theory of infectious diseases. While it is somewhat fanciful in its conception, it is a beautiful theory, and I hope it will live to see a long and useful life.

In an address delivered by the late Prof. Austin Flint before the New York State Medical Association on medicinal and non-medicinal therapeutics, he used the following language: "Let the doctrine be established as may be expected, that all infectious diseases are parasitical, and let the class of infectious diseases be enlarged, as may also be expected, and the therapeutical problem will be to ascertain by clinical experience a parasiticide for each parasite. Let this be accomplished, and therapeutics will have undergone a revolution the extent of which it is impossible to foresee." It is most inspiring to think of the luster to be conferred on medicine, and of the boon to humanity, by the ability to control all the essential fevers, together with septicemia, epidemic cholera, influenza, pertussis, dysentery, and last, but not first in relative rank as a life-destroyer, pulmonary phthisis. Never before could the medicine of the future have appeared more bright and encouraging than at the present. Then let us hope that the parasitic theory of infectious diseases may be established, since it can bring nothing but good to us. The researches of the celebrated Koch have convinced him that the destructive micro-organism of erysipelas is a bacillus. Whether we accept the germ theory or not, we must, in order to have a theory upon which we can stand without apology, accept that which supposes a specific virus to be the true cause of erysipelas.

Warmth, moisture, filth of all kinds, bad ventilation, ill health, and constitutional predisposition all favor, but can not produce the disease. In this respect we but follow the rule laid down in other infectious diseases. Why make an exception against erysipelas? The fact of erysipelas delaying its appearance as an epidemic in the United States until 1843 is evidence of the specific nature of the poison. It shows the atmospheric conditions were not such as to favor the development of the disease



until that time. Further evidence is in the fact that only certain States were affected, and these were situated west and northwest of the Appalachian Mountain range, and extending from Lake Champlain in the northeast to the States of New York, Michigan, Indiana, Missouri, Mississippi, and Louisiana, while it was almost unknown in Southern New York, Eastern Pennsylvania and the other Atlantic States.

#### INOCULABLE.

The poison is unquestionably inoculable. Persons with wounds are frequently contaminated by contact with infected sponges, instruments, and the hands of medical attendants and nurses.

Tillmann, of Leipsig, inoculated twenty-five rabbits, obtaining a positive result in five cases, or twenty per cent. The inoculated fluid contained bacteria, and the addition of a two- to four-per cent solution of carbolic acid rendered a previously active inoculating fluid quite inert.

In the hospital at Rostock those patients recently operated upon were the only ones who had erysipelas. The pillows of the operating table fell under suspicion, and were replaced by new ones. No more cases of erysipelas occurred. From long use they had become saturated with blood. With hot water an extract was made from the pillows, and two rabbits were inoculated. One escaped infection; the other was attacked with some inflammation of the skin and connective tissue, which spread extensively and was accompanied with blisters, gangrene, and fever, from which, however, the animal finally recovered.

#### SEWER-GAS.

The poison of erysipelas is frequently developed in sewer-gas. The following language has recently been used by an English writer:

"There is now no more doubt that erysipelas is originated by sewer-gas than that typhoid fever is more often than not due to impure drinking-water.

"In many instances the disease has been coincident with choked drains, drains communicating with town sewers, or drains that had become permeable to fecal gas or liquid either by the corrosive action of their contents or

by the gnawing of rats, while the subsidence of such local epidemics has been coincident with the reformation of the existing defects in ventilation, sewerage, and water-supply.

"As an example of these agencies, the case of the Somerset County (England) Lunatic Asylum may be cited. Between December and the following spring thirty-two cases of erysipelas occurred, of which four proved fatal. On investigation it was found that none of the soil pipes were ventilated. One of them had a connection with the main sewer, most of them were lead, and several of them were eaten and riddled with holes; and the main drain had upon one occasion been blocked entirely to the extent of three or four yards."

The same authority tells us that in a large London hospital erysipelas and pyemia had prevailed to an alarming extent, and upon examination the means of ventilation were found to be very defective; and as soon as the defects were corrected and the pressure removed from the traps and lavatories no more fresh cases occurred.

In another instance an epidemic of erysipelas was distinctly traceable to the stopping up of a ventilation pipe by a careless workman.

In the Middlesex Hospital, London, it was observed that the only patients attacked with erysipelas in a certain ward were two patients who occupied adjacent beds; after a long search for the cause, it was discovered that a pipe from a water-closet, which ran behind the plaster on the wall, between the two beds, was defective. It was repaired, and no more cases of erysipelas occurred at the time. Ten years later the same beds were unhealthy with erysipelas, and fixing the pipe again arrested the disease. A perfectly similar case occurred in a Berlin hospital.

Whether the specific contagium produces the symptoms of erysipelas first by primarily acting on the blood and nervous system; or, first by affecting the tissues through which it passes; or whether it may act in both of these ways, according to circumstances, is a question upon which there is still much difference of opinion. It is reasonable to presume that the poison of erysipelas may enter the system through a wound on the skin, or by mucous surfaces,

just as does the poison of smallpox, measles, and scarlet fever. The rapidity with which it affects the blood will depend upon the activity of the poison, the general health and powers of resistance of the patient as well as the hygienic surroundings. I have never doubted the septic and constitutional nature of erysipelas. A careful study of the history of the disease in its epidemic form is well calculated, I think, to sustain and prove conclusively this view, while the study of isolated cases will, I admit, lead to nothing but confusion and uncertainty. To decide a matter of such moment as this—for it is necessarily the vital point to be determined—erysipelas should be studied in its epidemic form, where an opportunity may be had of seeing a number of cases each day and comparing them one with another as regards the natural invasion and progress of the disease.

It seems inexplicable to me how a disease capable of affecting the system in so many different ways as erysipelas can be any thing but a blood disease. We have it affecting skin, mucous membrane, serous membrane, and different organs as the larynx, trachea, bronchial tubes, lungs, diaphragm, etc., and changing from one to the other with almost the rapidity of lightning.

As long as the local nature of erysipelas was maintained nothing but confusion prevailed; it could not be understood how the disease reproduced itself under a uniform type, nor could it be believed that all its forms were manifestations of one and the same disease. It is doubtful if the poison of erysipelas is ever introduced by the skin when there is no lesion, for the skin is an exhaling and not an absorbing surface. It is the reverse with mucous surfaces, and the poison can be absorbed by an unbroken mucous membrane. This explains to us why the disease so frequently begins in the throat—the poison as it is inhaled first comes in contact with the throat in a concentrated form.

To my mind erysipelas and diphtheria are as much alike as two different diseases can be. Both are infectious, both epidemic, both having a peculiar tendency to attack wounds, in both the period of incubation is variable and

uncertain; and recent researches show that both frequently are caused by sewer-gas, and last, but first in relative importance, an attack in each predisposes to another. In this respect they stand out alone as exceptions to the rule that in acute infectious diseases one attack affords immunity to others. I use the word infectious as it is generally used in the United States, viz., to mean contagious, and not in the sense used by the Germans. The analogy between the two diseases can be carried further, and it will be found that in both, constitutional symptoms, and grave ones too, may appear before the slightest indication of local mischief. Further still, they resemble each other in what may be called their migratory tendencies, leaving one part to attack another. The analogy can be carried still further, even to their therapeutics; for in both we know that good food and stimulants as a plan of treatment yield us the best result. Medicinal treatment in both is of little use. The Germans would have us believe that the two diseases are local, and that constitutional symptoms are produced by decomposition of membrane and sepsis following. It is a pretty theory, but it fails to explain the fact that in a great majority of cases the constitutional symptoms are out of all proportion to the local trouble, and a still greater defect in the theory is that it offers no explanation at all of those cases in which the constitutional symptoms are the first to appear; and yet many such cases do occur. A great deal more might be said in defense of the constitutional nature of erysipelas, but the discussion of the subject does not properly come under the head of my paper.

LOUISVILLE.

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CALOMEL AS A DIURETIC.—Prof. Braun, Vienna Clinic, says: The use of calomel as a diuretic, which has been tried in other clinics, has given good results in Vienna. It is efficacious only when the kidneys are healthy. In some cases of heart disease, in which as yet no interstitial changes had occurred, calomel produced free diuresis where other means had failed. It was given in rather large doses, and salivation rarely followed. No explanation is given of its mode of action.—*Medical News*.



## Societies.

### CHICAGO MEDICAL SOCIETY.

Stated Meeting, July 6, 1886, the President, E. J. Doering, M. D., in the Chair.

Dr. Charles T. Parkes reported a case of urinary fistula of twelve years' standing, from gunshot wound of thigh. The track of the bullet had been such that the urine could escape through the wound on the thigh. Several unsuccessful attempts had been made to close the fistula. While examining the bladder with a sound Dr. Parkes discovered a stone. Lithotomy was performed, and now the patient urinates *per urethram*, and the fistula is closing. The calculus was the size of a pullet's egg, and the nucleus consisted of a piece of bone. Dr. Parkes also exhibited a thirty-pound multilocular ovarian cyst with jelly contents, which had been removed without enlarging original incision. He also exhibited specimens of hydatids of abdomen, connected with liver, spleen, and intestines. Exploratory operation had been made, but the hydatids were so numerous, large, and adherent that they could not be removed. Patient died of exhaustion. Hydatids of spleen measured twenty-three inches in circumference.

Dr. W. T. Belfield said: The case in which I am particularly interested is the one in which the stone was found in the bladder. I congratulate Dr. Parkes on his discovery of that stone, because the case had been a reproach to surgery for twenty years. I once saw the patient, who was kind enough to perform for my benefit and threw a stream some little distance through the fistula in the thigh. Probably the stone was overlooked from the fact that it was situated pretty high up, attached to the upper wall of the bladder. I recently had a case in which stones weighing two and a half ounces had been carried by the man for eight years; he had been sounded a number of times, once under chloroform, but with negative result every time. In that case I found one of the stones attached to the fundus of the bladder, the other ensconced behind an enlarged prostate.

Dr. J. S. Jewell said he had been deeply interested in listening to the cases reported by Dr. Parkes, but most especially in the case of urinary fistula. When one undertakes to explore the bladder for stone, cases like this ought to be held in mind. He suspected that in the case in question Dr. Parkes was pretty nearly giving up the examination with the sound when he made the last sweep that brought the stone to light. He was impressed with the necessity for more thorough work than is usually given in the matter of diagnosis. He was becoming more careful every day, as a matter of habit and duty.

Dr. C. T. Parkes, in closing the discussion, said, Dr. Jewell is correct in his supposition, it was by a mere accident that I found this stone. Perhaps I neglected to say, with reference to the hydatids, that there is no tissue in the body which is exempt from the parasite; there are only certain places in the body where it is found with the absence of an adventitious sac, but some, especially those found in the brain, are usually cysts with but two layers, the terminal membrane and the external layer. There are many things that seem to refer their formation and development to the circulation of the brood cells through the blood, and there are many things that seem to show that this can not be possible.

Dr. Henry T. Byford read a paper on the "Mechanical Treatment of Retroflexion of the Uterus." The means for correction of the retroversion are of four kinds:

1. Those which permanently fix the fundus in front of the pelvic axis.
2. Those which draw or fix the os back of the pelvic axis.
3. Those which place a barrier or obstacle to the forward displacement of the os and cervix.
4. A combination of two or more of these methods.

The fixation of the fundus forward has been done in four principal ways:

1. By the Alexander operation, in shortening the round ligaments. It was suggested by Alquié, recommended by Aran, experimented upon on the cadaver by W. A. Freund, and successfully performed and established as a therapeutic measure by W. Alexander.

2. The stitching of one or both round ligaments to the abdominal walls; as has been done with permanent success by William H. Byford while performing laparotomy for another purpose.

3. The stitching of one or both of the broad ligaments to the abdominal walls; as successfully done by Koeberle and Schroeder, and perhaps others, during laparotomy for other pathological conditions.

4. The stitching of the uterus to the abdominal wall, as recommended by Mueller and Tait, and performed by Heywood Smith by an especial laparotomy.

The drawing or holding of the cervix back has been accomplished by uniting the cervix to the posterior vaginal wall by adhesive inflammation or by operation, as recommended by Loewenthal. But the most available method is by the use of pessaries of the Hodge class, such as the Albert Smith, Thomas, Emmet, Hewitt, Hauks, Noegervath, Schroeder, Gehrung, etc., which hang up the cervix posteriorly and drop the fundus forward, and thus supplement or supplant the posterior suspensory ligaments. The modifications of the Priestly instruments, Cutter's, Lazarewitsch's, Thomas's and Scott's, are also useful. H. Marion Sims' new retroversion and Hodge's stem pessary may be classed here, although original in action. Peaslee's, Mayer's Dumont-Pallier's, the inflated rubber rings and bags, are to be taken out oftener than to be put in.

The cervix may be kept back by lubricated cotton plugs, changed every day, or by pessaries such as the Courty, the Gehrung retroversion, and the author's new instrument, which consists of a thick crescent held in front of the cervix by being attached to arms which work upon the lever principle. It looks something like a Thomas retroversion pessary bent so as to come in front of the cervix. It has been made to fill the following six requirements:

1. To place the uterus in a normal or nearly normal position.

2. Not to interfere with the natural supports.

3. To afford an elastic or yielding support.

4. Not to interfere with the use of a speculum.

5. Not to interfere with the marital relations.

6. The patient shall be able to introduce and remove it.

The Hodge varieties are generally faulty as to requirements 1, 2, and 6.

The patient in most instances has but to introduce the neck and shoulders of the instrument, assume the knee-chest position, and push it into place. It allows the vagina to collapse, and does not press injuriously upon the uterine supports.

Especial contra-indications to this form of pessary are: tenderness or induration in the vesico-cervical region, decided retroflexion, an insufficient projection of the cervix into the vagina, and an unusually short anterior wall of the vagina.

Especial indications are retroversion with subinvolution after abortion or labor, or with bilateral laceration of the cervix in which the traction of the other forms acts hurtfully, a lax vagina, and post-cervical tenderness.

In preparing a subinvolved uterus with bilateral laceration and eversion, but without retroversion, it is exceedingly useful for lifting the uterus off the pelvic floor. Latero-version may be corrected by raising one shoulder of the instrument.

The Fitch and Studley, Schultze's figure-eight and sleigh pessaries, the Hurd, Fowler, Fritsch, and Woodward are cited as examples of tractions behind combined with pressure in front of the uterus. Many of them are faulty in that they produce a rigid fixation of the cervix, and such should be avoided. Other combinations are mentioned.

The author recommends the mechanical treatment of retroflexions chiefly as an aid in their treatment, and would especially keep back operative measures as adjunctives, palliatives, last steps or resorts, or as the least among evils.

Dr. H. P. Merriman said: I think a great many physicians, when they find a retroversion, without stopping to consider its cause, at once feel that it is necessary to employ a pessary, and in a great majority of instances the use is followed by failure to cure. We all know that retroversion of the uterus has more than one cause; it is due in a great many cases to



pressure from above, to weight within the uterus itself, as in the case of a fibroid tumor. The use of the pessary in these cases is of no value; it is useful only when there has been a weakening of the supports. In the case of weakened ligaments the pessary is a valuable temporary expedient. When the retroversion is due to a weakened vaginal support, we find pessaries useful, though, as a rule, we should not depend upon them permanently, because we need to restore the vaginal supports by some kind of operation, such an operation as restoring the perineum and curing a rectocele or cystocele, or by general operative procedures. It strikes me that what we need in nearly every case is to examine the vagina and restore it to its proper shape and position. The uterus is retroverted because the vaginal support is gone, the wall of the vagina has become relaxed and is letting down the uterus, and we want to restore that wall of the vagina. If there has been a ruptured perineum, you must restore the perineum; if there has not been, we may be able to restore the uterus, and, by keeping it in place for six months or a year, regain the support of the rested vagina.

It always distresses me when I hear men speak of fitting a pessary to the uterus. I do not believe it should be fitted to the uterus. It should be fitted to the vagina. The object is to restore the vagina to its natural position, and we must choose a pessary especially adapted for that purpose, and it should lie easily in the vagina.

Dr. Franklin H. Martin asked Dr. Byford what advantages he claims for his pessary over the German sleigh pessary. If the fulcrum of this pessary is, as indicated in the large diagram, situated at a low point on the posterior vaginal wall, how is he going to get any support for his fulcrum in a case of lacerated perineum? His illustration represents the fulcrum resting very low in the vagina, and it would have no support if the perineum is even partially lacerated.

Dr. Fitch: I hold the pessary to be not only a support to the uterus, but a splint to the vagina, for if the vagina is kept in its normal position the uterus will necessarily be kept in its natural position. The ideal pessary, in

my opinion, is the pessary of Hodge. Emmet's pessary will fit more vaginas than Hodge's or Smith's, the latter differing from Hodge's in that its vulval extremity is narrow instead of broad, Hodge's is broad while Smith's and Emmet's are both narrow at the lower extremity and are supported by the walls of the vagina. Emmet's is much better than Smith's, is much larger, and therefore much less liable to press too hard upon tissues. The pessary of Dr. Byford, which he has introduced tonight, is the form which I have improvised extemporaneously for myself, and used in several cases. I had six cases where the tissues in the posterior vaginal junction were so sensitive that it was impossible to use a Hodge, Smith, or Emmet. So I took the ordinary pessary of Hodge or Smith, and bent it in the form of a Byford pessary, and found I could use it where I could not use the others. There is an objection to placing this pressure upon the anterior surface of the cervix with a firm unyielding instrument, and I don't believe that Dr. Byford's pessary will entirely remove that difficulty. He has stated in his paper that there is in a great many cases an absence of the anterior lip of the cervix uteri; there is not sufficient of it to be received on this instrument and to be held, it slips off and down in front of the instrument. This is not the only objection, I have found that while the pressure is brought upon the anterior surface of the cervix by the edges on my instrument, it so interferes with the circulation that the anterior lip will become swollen and edematous. In his instrument there is no ring for the cervix to become imprisoned upon; this is certainly a thing most to be desired where there is an ulceration or laceration existing. If the pressure could be divided between the posterior vaginal junction and the anterior surface of the cervix the edema would be much less than where the whole uterus is held up by the pessary. These pessaries, Byford's and mine, are certainly very strongly indicated in cases where there is great tenderness in the *cul-de-sac*. A prolapsed ovary with a retroverted uterus may fall down into the *cul-de-sac* of Douglass and no pressure can be borne there at all, and in such cases the only pessary that can be used

with success is one that brings the pressure to bear upon the anterior surface of the cervix uteri.

Dr. Henry T. Byford said, in closing this discussion, I think it is wrong to say that pessaries are fitted to the vagina; they may be fitted either to the vagina, uterus, or pelvic floor, or all three. In regard to the bearing of this instrument, it forms almost a semi-circle in which the cervix fits loosely and does not get directly pressed upon. It also makes a good support for a uterus that is not retroverted, but which rests on the pelvic floor. I have a case of bilateral laceration with eversion to the third degree, in which, after this pessary was applied to the extensive ulceration due to friction upon the pelvic floor, got well in three weeks. I have a case of fibroid tumor in which the uterus lay directly across the pelvic floor, the right horn on a level with the cervix, but which is held about straight by this pessary modified by having one shoulder lifted, thus giving the patient back her former comfort. In regard to Dr. Martin's question, in the case of laceration just mentioned the levator vaginæ portion of the levator ani seems ruptured or relaxed, and leaves a large vaginal outlet, and yet a good sized instrument is retained. A large instrument is, of course, required for a large uterus or a relaxed vagina. You can change the position of the fulcrum by changing the curve of the arms. The sleigh pessary, if reversed, looks very much like this one with the handle cut off, but it would require a change in the curve of the arms and in the neck before it could be similarly used. My pessary comes the nearest being a perfect representation of one of Dr. Fitch's instruments, which he devised some time ago, but has not exhibited until to-night, and which is a modified Courty's.

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**COD-LIVER OIL.**—Peptonoids, cod-liver oil and milk and liquid peptonoids, each eight ounces. Dose, one to two tablespoonfuls. This combination makes an elegant and highly nutritive mixture, and patients, who can not take cod-liver oil in any other form whatever, take this and relish it.—*Journal of Reconstructives.*

## THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The twelfth annual meeting of the Mississippi Valley Medical Association was called to order by Dr. Joseph Robbins, of Quincy, July 13, 1886, at 2:30 P. M. In the absence of its officers, Dr. I. T. Wilson, of Quincy, was elected temporary chairman, and Dr. E. B. Montgomery, of Quincy, temporary secretary.

Dr. H. M. Lane, of Carthage, Mo., read a paper on "Yellow Fever in Brazil," giving some of his own observations and experience on the ground, in the use of preventive vaccination by Freire's method, in dealing with this disease.

The President, Dr. Arch. Dixon, of Henderson, Ky., having arrived, took the chair; and a telegram having been received from Dr. H. J. B. Wright, Olney, Ill., stating his inability to be present, Dr. E. B. Montgomery, of Quincy, was elected Secretary.

Dr. Louis Bauer, of St. Louis, Mo., presented a patient on whom he had operated, performing laparotomy, for symptoms of ileus, but had discovered an abscess in the liver, from which he drew off a quart of pus, afterward opening more freely and washing out the abscess cavity with antiseptic fluids. In twenty-four hours there was a discharge of some semipurulent biliary fluid with several biliary concretions; a portion of gall-bladder sloughed out, and the large intestine was perforated, but no constitutional disturbance resulted. Dr. Bauer said he believed with Lawson Tait, in the frequent usefulness of laparotomy. The paper was discussed by Dr. F. W. Beard, of Vincennes, Ind., and Dr. A. C. Bernays, of St. Louis, Mo.

EVENING SESSION.—8:00 P. M.

A paper was read by Dr. A. H. Ohmann-Dumesnil, of St. Louis, Mo., on a case of lupus erythematosus in a farmer fifty-two years of age. The lupus involved the dorsum of the hand and arm. He had applied a concentrated solution of lactic acid in the treatment of the trouble. The essayist illustrated the pathology of the disease by several very fine mounts of sections of the skin in his case.



Dr. Robert Barclay, of St. Louis, read a paper on "Noises in the Head and Ears," giving some account of the pathological conditions giving rise to them and their treatment.

The President called F. W. Beard to the chair, while he read a paper on "Perineal Lacerations." He gave an account of Simon's method of repairing the lacerations, which he had used with much satisfaction.

#### SECOND DAY, WEDNESDAY, 9:00 P. M.

Dr. Love, of St. Louis, read a paper, in which he gave his experience and cited literature to prove the absorptive power of the rectum. Rectal feeding was an established fact. All were familiar with the histological structure of mucous membranes and the skin. There was nothing in this structure antagonistic to absorption. If a mucous membrane will absorb in one situation it will in another. The essayist held the vagina to be a ready avenue for the introduction of nutrients and medicines into the system, and reported several cases from his own practice in proof of the proposition. The skin is only a modified mucous membrane, a mucous membrane plus an extra thick layer of epithelial cells. With a little increase of effort, absorption of medicines and peptones or soluble foods can be secured through the skin. This paper gave rise to a long and spirited discussion.

Dr. Frank R. Fry, of St. Louis, read an able and practical paper on "The Etiology of Chorea."

The following resolution: That the Mississippi Valley Medical Association adopt as part of its organic law, and binding upon all its members, the Code of Ethics of the American Medical Association, gave rise to a heated discussion.

It was adopted with but two dissenting votes, whereupon one of the dissenters, Dr. Louis Bauer, of St. Louis, tendered his resignation and withdrew from the Association.

Dr. Henry M. Lyman, of Chicago, read a paper on "The Discovery of Anesthetics," giving many interesting documents connected with the early use and introduction of ether by Dr. Morton.

#### AFTERNOON SESSION, 2 P. M.

Dr. Robert Barclay, of St. Louis, presided in the absence of the President. Dr. Bernays, of St. Louis, related a case of epilepsy, in which one hundred and fifty attacks had occurred per diem. He tied both vertebral arteries at the request of Dr. Hazard, of St. Louis, under whose care the case had been. This was the first time that it had been done in St. Louis, although it had been done in Chicago five times. There had been thus far no attack in his case since the operation.

Dr. Frank R. Fry, of St. Louis, and Dr. J. L. Gray, of Chicago, discussed the tying of the vertebral arteries as a therapeutic measure in intractable cases of epilepsy. Dr. Fry did not think that there was much promise in the procedure; that owing to the copious collateral circulation, ligation could be of but little use in cutting off the supply of blood from those parts of the brain concerned in the production of epilepsy. Dr. Gray had seen all of the five cases in which the operation had been done in Chicago. He thought that the operation did good only where the attacks were due to irritation of the digestive tract. He gave the account of the cases in which the operation had been done in Chicago—three times by Dr. Edwin Andrews and twice by Dr. Christian Fenger.

The Committee on Nominations reported as follows:

For President, Isaac N. Love, M. D., of St. Louis, Mo.

For First Vice-President, Dr. Joseph Robins, of Quincy, Ill.

For Second Vice-President, Dr. Jacob L. Geiger, of St. Joseph, Mo.

For Third Vice-President, Thos. B. Harvey, M. D., Indianapolis, Ind.

For Secretary, J. L. Gray, M. D., 1558 Wabash Avenue, Chicago, Ill.

For Treasurer, Dr. A. H. Ohman-Dumesnil, St. Louis, Mo.

For Assistant Secretary, Dr. Edward Allcorn, Houstonville, Ky.

Committee of Arrangements: Dudley S. Reynolds, M. D., Louisville, Ky.; Louis S. McMurtry, M. D., Danville, Ky.; James H. Letcher, M. D., Henderson, Ky.; J. N. Mc-

Cormick, M. D., Bowling Green, Ky.; L. B. Todd, M. D., Lexington, Ky.; John Q. A. Stewart, Frankfort, Ky.; James M. Holloway, M. D., Louisville, Ky.; J. M. Mathews, M. D., Louisville, Ky.

Place of meeting: Crab Orchard Springs, Ky. Time of meeting: Second Tuesday in July, 1887.

Dr. Amos Sawyer, of Hillsboro, Ill., read a paper on "The Therapeutics of Bismuth and Asclepias Tuberosa."

Dr. Dudley S. Reynolds, of Louisville, Ky., read a paper on "Optical Defects in the Eye and their Correction," describing an instrument for the measurement of lenses which could be readily used without the possession of any great amount of technical skill.

Dr. J. L. Gray, of Chicago, Ill., showed a stomach pump with siphon attachments, which could be used for the purpose of introducing aliment, or for washing out the stomach with medicated waters.

Dr. L. H. Cohen, of Quincy, Ill., read a paper on "Electro-Therapeutics."

Dr. E. B. Montgomery, of Quincy, Ill., read a paper on "Therapeutics of Hot Water," detailing its uses in a great variety of conditions.

work seems, in the present state of the science, exhaustive.

The results of treatment as given in this book are more than usually encouraging. The author has seen fit to introduce to a less extent than many others an extensive study of the diseases of the nervous system in relation to pathological changes in the nerve substance, and has thereby made the work all the more entertaining and satisfactory to the general reader. In the present direction of progress in mental science more severe methods are coming into vogue, but the work has no doubt been adapted to the tastes and needs of the greater mass of students and physicians in this country.

D. T. S.

**Medicine of the Future:** An Address prepared for the Annual Meeting of the British Medical Association in 1886. By AUSTIN FLINT, sr., M. D., LL. D. New York: D. Appleton & Co. 1886.

The late Dr. Austin Flint was appointed to read the address on Medicine before the British Medical Association at its meeting in 1886. The manuscript was found among his papers, and the address is printed precisely as it was written.

The author assumes, to begin with, that medicine will not remain stationary, and he even believes that in the future improvement will go on at an increased ratio. After dwelling on the benefits that have been conferred by instruments of precision, he suggests the probability that at least one may, with the improvement of instruments for the conduction and intensification of sounds, study normal and abnormal conditions of the circulation in all the internal organs of the body.

After remarking the fact that clinical experience had demonstrated that many diseases formerly the subject of rigorous treatment were now found to be self-limited and but slightly amenable to treatment, he suggested the probability that, while a large part of the antiphlogistic measures formerly in vogue had passed away for good and all, the lancet would again be brought into use in the treatment of many diseases. Bacterial etiology of disease he characterizes as the crowning epoch in the

## Reviews and Bibliography.

**A Treatise on the Diseases of the Nervous System.** By WILLIAM A. HAMMOND, M. D., Surgeon-General United States Army (retired list), Professor of Diseases of the Mind and Nervous System in the New York Post-graduate Medical School and Hospital, etc. With one hundred and twelve illustrations. Eighth edition, with corrections and additions. 8vo, pp. 945. New York: D. Appleton & Co. 1886.

Eight editions of a work of the extent of Hammond's *Diseases of the Nervous System*, and translations into several foreign languages, attest in the highest terms its popularity.

Dr. Hammond has had immense clinical experience in the treatment of nervous diseases, and is surpassed by few in the field of literature in the power of graphic description. The author has, in addition to the results of his own experience, drawn from a wide range of accepted authorities, and in that respect the



medical history of the last half century, and thinks it simply a question of time as to the discovery of specific organisms for all the infectious diseases. He believes that, despite difficulties, means will be found for the destruction of the different species of parasitic organisms within the body; and, where this may not be done, means may be found to render the individual refractory to the parasitic influence, the soil may be rendered unfit for their growth and multiplication. The unknown or ill-understood functions of the liver, spleen, and various other glands, will be thoroughly understood and clearly defined.

Medical literature has rapidly increased, and this fecundity is likely to become greater rather than to diminish. At the present time, and more in the future, the range of reading and study must be restricted to a portion of the field of medical literature. Medical books and journals must be freed from what is superfluous, and not be written merely to advertise their authors. Voluminous encyclopedic works have probably had their day.

The practice of medicine will be divided more and more into specialties, and it will not be so closely as now connected with the use of drugs. There is the danger also in this subdivision into specialties that it may lead to the withdrawal of each specialist from the common interests of the profession. But the history of medicine has made the medical profession most honorable, and the author believes that it has a glorious future.

D. T. S.

**Social Ethics.** List of Officers and Trustees of the Society of Medical Jurisprudence and State Medicine for the year 1886.

**The Aim and Purpose of the Medical Man.** By Prof. J. B. Marvin, M.D., of the Kentucky School of Medicine. John P. Morton & Co., Louisville, Ky.

**Bright's Disease and Allied Affections of the Kidneys.** By Charles W. Purdy, M.D., Queen's University, Professor of Genito-urinary and Renal Diseases in the Chicago Polyclinic, etc. 8vo, pp. 288. With eighteen illustrations. Cloth, \$2. Philadelphia: Lea Bros. & Co. 1886.

**A Manual of Practical Therapeutics,** considered with reference to Articles of the Materia

**Medica.** By Edward John Waring, C. J. E., M.D., Fellow of the Royal College of Physicians, London, Surgeon-Major (retired) in Her Majesty's Indian Army. Edited by Dudley W. Baxton, M.D., B.S., London, Member of the Royal College of Physicians. Fourth edition. 12mo, pp. 666. Cloth, \$3; sheep, \$3.50. Philadelphia: P. Blakiston, Son & Co. 1886.

## Foreign Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

In my letter which was published in the *PRACTITIONER AND NEWS* of the 26th June, reporting the results of the commission appointed by the Medical Society of the Hospitals of Paris to inquire into the contagiousness of phthisis, I may have mentioned that the statements made by Dr. Vallin in his report have aroused the indignation of the doctors attached to the watering or thermal stations of France. Those of Mont-Dore have made themselves conspicuous in repudiating in a body the assertions of Dr. Vallin. This is not to be wondered at, as at Mont-Dore, more than at any other similar station, patients suffering from chest and throat affections are brought together owing to the reputed curative powers of the waters of that station, for which affections they are considered specific. The bulk of these patients are tuberculous, and all resort to the same drinking fountains and to the same halls for balneation and inhalation. The paragraph protested against was as follows:

"It is not necessary to say that Hygiene can not approve of the keeping up of inhalation halls common to every body, which still exist in certain stations frequented particularly by tuberculous patients, and where all promiscuously breathe, spit, and sneeze, in the midst of a heavy, damp atmosphere." The doctors of Mont-Dore affirm that the opinion emitted by Dr. Vallin is not confirmed by the cases daily observed in the halls referred to above, nor yet is it in conformity with the ideas now entertained on the veritable elements of infection in tuberculosis. The protesters against Dr. Vallin's assertion moreover state that Prof. Sormani, of Pavia, has shown that the

breath of phthisical patients does not contain the bacilli of tuberculosis. From numerous experiments instituted by Prof. Grancher, it results that the animals which he made to inhale the air expired by phthisical subjects never presented any tuberculous lesion. As to contagion by the sputa, it is little to be feared in the moist atmosphere of the inhalation halls, as the continual washing of the walls is sufficient to remove all the solid particles or contagious elements liable to penetrate into the bronchi. Nevertheless, Dr. J. Nicolas, of Mont-Dore, with the aid of Dr. Schlemmer, wished to satisfy himself by experiment as to the innocuousness of sojourning a short time in the inhalation halls. By different processes, these gentlemen collected the condensed vapor contained in the inhalation hall after each assemblage, and this liquid, that is, the condensed vapor which filled the room, as well as that sponged up from the walls was studied: (1) By the aid of the microscope; (2) by the mixture of the liquid with culture bouillons; (3) by the inoculation of animals with it. In these three series of researches the results were negative. No trace of the microbes of tuberculosis by microscopical examination was found in the liquids, nor in the culture bouillons; at the autopsy of guinea-pigs experimented on, no trace of tuberculosis consecutive to the inoculations practiced in the peritoneum with one cubic centimeter of vapor condensed on a cooler, and with one cubic centimeter of the liquid taken from the walls. The results of these experiments, concludes Dr. Nicolas, by their concordance with those of Messrs. Graucher and Miquel, appear to him to adduce a proof in support of the innocuousness of the exhalations of phthisical subjects, and to demonstrate particularly that the inhalation halls of Mont-Dore are safe from all danger of propagating tuberculosis. In a foot-note of his paper, Dr. Nicolas cites a statement of M. Miquel, that "the gases which are disengaged from animal matter in a state of putrefaction do not draw with them the microbes which destroy the subject."

In a paper which appeared in *La France Medicale* of the 26th of June, headed, "Note

on the Microbes at Mont-Dore," Dr. Jules Mascarel, also of Mont-Dore, combats with energy the ideas of M. Vallin. The following is a summary of the conclusions of the author: (1) That pulmonary phthisis does not exist among the inhabitants of Mont-Dore. (2) That it is unknown not only among the employes in the different hotels, villas and furnished lodgings, but also among the employes of the watering establishment. (3) That the contagion of phthisis at Mont-Dore does not exist and that it never did exist. (4) That contagion is almost impossible in the actual state of things; in the first place, from the fact of its altitude, 1,052 meters, or about 3,290 feet above the level of the sea, and also by the presence of arsenical vapors which envelop the patients every morning and render them invulnerable to the bacillus of Koch.

From what precedes, it will be seen that the physicians at Mont-Dore are, of course, endeavoring to uphold the long-standing reputation of the thermal waters of that station as a curative agent for pulmonary and chronic throat affections, but the theory of the contagiousness of pulmonary phthisis would somewhat militate against the practice adopted there, of bringing together a certain number of patients more or less tuberculous, and getting them to inhale, in common, in the same room, almost hermetically closed, the hot air with which it is filled, and which must contain myriads of bacilli floating in it. Barring this objectionable practice, Mont-Dore may be considered one of the best sanatoria for summer in France, and not only invalids, but persons in health only requiring rest of mind or body would be greatly benefited by a sojourn of six or eight weeks at this most delightful place, which has justly been termed Switzerland in miniature.

Dr. Henri Huchard, who has made a special study of heart and chest affections, warmly advocates the use of the iodide of sodium in angina pectoris, and claims by its means to have effected a cure in twenty-five cases. He administers the salt in a daily dose of from one to three grams for at least eighteen months, even after all symptoms of angina have entirely disappeared. He recommends extreme



perseverance in the use of this drug, and estimates that at least three years' treatment are required to effect a permanent cure. After each month, the remedy should be suspended for a week. Dr. Huchard prefers the iodide of sodium to potassic iodide, and the reasons for his choice are that the potassium salts are heart poisons and liable to produce weakness or even paralysis of its contractions. The iodide of sodium is also better borne as a rule, it is more active, as it contains more iodine, it is more harmless and more easily assimilated. During the paroxysms he administers the nitrite of amyl by inhalation in doses of from four to ten drops, which are poured on a handkerchief.

*Apropos* of the treatment of angina pectoris, Professor Germain Seè employs nitroglycerine or trinitrin in this affection. He prescribes a mixture composed of an alcoholic solution of this substance of the strength of one to one hundred parts of alcohol. Ten drops of this alcoholic solution are added to one hundred grams of water. Of this solution two to three tablespoonfuls are administered per day, which would represent one to two milligrams of nitroglycerine. The Professor also employs this remedy subcutaneously. The following is the formula for the injections: A one-per-cent alcoholic solution of trinitrin, ten drops; cherry-laurel water, five grams. Each cubic centimeter of this solution contains two drops of the medicament, or one milligram of trinitrin. He also prescribes, during the attacks, inhalations of the nitrite of amyl, which, however, should be used with great caution, as its action is very energetic. It is absolutely contra-indicated in apoplectic subjects.

PARIS, July 1, 1886.

### LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The annual reports of the Commissioners in Lunacy, of which the latest is just out, always seem to tell for the pessimist. Things may be getting better, but there is so much to improve. In England and Wales alone the veritable army of the simple is over 80,000 strong. In 1859 the total proportion of sufferers was 18

and a fraction in 10,000; in 1886 it was 28, and although there have been fluctuations, there has been a fairly ready increase from year to year. Perhaps they did not count quite so carefully in 1859 as they do now, but, that allowed for, our way of living seems to cost us dear. The causes vary and poverty would seem to be no longer one of the worst. It contributed 5.53 per cent to the total in 1863, and but 3.04 twenty years later. The percentage of recovery goes up. The mischief once done there is ever so much care in repairing it.

The report abounds in minute suggestions to promote the well-being of patients, and what promotes their well-being promotes their recovery. The first thing the commissioners seem to think of is the prevention of fire. They appear to have always before their mind's eye a warning picture from America of an asylum in flames. They ask innumerable questions as to water-supply, hydrants, fire-escapes, open corridors, and general vigilance. Reassured on this point, they pay commendable attention to the maintenance of decency and self-respect in the insane. Are the bath-rooms properly curtained? and so on.

Many precautions are suggestive of the infinite cunning of patients. In one place the gas brackets fall into recesses in the walls, and are locked up when the gas is not lit. In another the commissioners are glad to see that the knives are kept in boxes with locks that can not be picked. The silent, never-ending conflict between poor creatures determined to kill themselves and keepers determined to prevent them, is one of the grimmest things in civilization. One patient had been watched for twenty-three and a half hours out of the twenty-four, but the vacant half hour was enough. The keepers did not escape censure, for they might have known what they had to expect. Her certificate showed that she had experimented in self-destruction with every thing that came in her way. The watchers have to be watched in their turn. In one place the commissioners note that the tell-tale clocks are not placed at the end of the ward, so that the night watchmen might register without being compelled to pass right through the room.

Other watching too is needful; the witless beings often complain of brutal treatment. The commissioners do their best to investigate, but where there is a doubt, of course sanity and authority get the benefit of it. And there is often a doubt. "The charges were not so proven that we could take any action in the matter, beyond calling the attention of the medical superintendent to a strict watch being necessary against such treatment." Some complaints indeed obviously mixed fantasy with fact. One man tells the commissioners, year after year, that he is ill-treated because he is an Englishman. Yet in justice to him it ought to be said that he is shut up at Caermarthen in Wales.

The commissioners of course insist very much on cheerfulness of associations. They will have the patients dressed neatly even in the pauper asylum, and they note with approval the use of bright red coverlets in lieu of blanketings that look dull. The weekly dances at Macclesfield are implicitly commended; at Cornwall the billiard-table wants a new cushion and cloth, and this must be seen to. Their concern is not confined to the patients, there are the keepers to think of. The commissioners are fully aware of the depressing effect of much contact with the insane. How to take these healthy-minded men and women away for a few clear hours every day from all sight and sound and remembrance of their charges is an important question. So the commissioners note approvingly at the Bedfordshire and Huntingdon Asylum, "the provision of a very good sitting-room, nicely furnished, and supplied with a piano, for the use of the nurses in the evening, and suitable means of recreation for the men in charge. Where no such humane, not to say sanitary measures are taken, the attendants seem to fly in terror from the place. In Berkshire the staff is always changing. Eleven out of the twenty men in charge, seventeen out of the twenty-six women, have not been there a year, and only five altogether can count over two years' service. The asylum is in a dull and solitary spot; the keeper's rooms are furnished on the strictly economic principles, and there is nothing to shut out the thought of what

is going forward on the other side of the partition. It is very much to the credit of the attendants that Berkshire can not hold them long, for it shows that they have one qualification for their office in sensitive and feeling minds. All these observations apply chiefly to the public asylum, but the private asylum develops peculiar difficulties of its own. The keepers sometimes seem just as cunning as the lunatics elsewhere. Mr. S., who has had charge of a certificated patient, procures the "colorable discharge" of the patient in order to be able to take her back without a certificate—that is to say, without supervision—as a mere inmate of the house. Mr. S. is very properly tried at the assizes for it, and ordered, to put the judgment freely, to come up for punishment whenever she may be caught again. Mr. Holloway's paradise for the insane at Chelsey does not, it seems, entirely commend itself to the experienced mind. The site is much too limited and too near the railway. The building was not designed most suitably or conveniently for its purpose.

Dr. G. W. Hambleton recently wrote to Mr. Gladstone pointing out the enormous number of deaths from consumption, stating that the disease is within our control, and asking whether the government was prepared to grant funds for investigating the matter. In reply Mr. Gladstone thanks Dr. Hambleton for his work on consumption, and says he can not advise application to Parliament for a special grant for the investigation of the doctor's theory. The Right Honorable gentleman adds: "Four thousand pounds a year is annually placed by Parliament at the disposal of the Royal Society as a grant in aid of scientific investigations, and there seems no reason why you should not address the Society with a view to the application of some portion of this fund to the purpose you have in view."

The total receipts of the hospital Sunday fund were £28,500, being upward of £5,000 more than was received during the corresponding period last year.

LONDON, July, 1886.

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The French Army Medical Corps contains 1,837 souls.



## Translations.

**THE THERAPEUTIC VALUE OF COCA PREPARATIONS IN CHILDREN.**—In a paper read before the association of German physicians and philosophers in Strasburg, Dr. Richard, pathologist, of Halle, presented the following conclusions from his experience in the use of coca with children:

The tincture of coca, in doses of from five to twenty drops every two hours, according to the age of the child, has proven of advantage in stomach and bowel diseases; and even in doubtful cases of cholera nostras the vomiting and purging cease after from fifty to a hundred drops have been given. The diet is not to be neglected. Doubtless in these cases the alcohol contained in the tincture is to be credited with part of the success.

In diseases of the respiratory organs tincture of coca is without influence.

The extract of coca, given in conditions of spasm not caused by anatomical derangements of the nerve centers, as in hysteria and epilepsy, is in some cases of advantage and in others of none.

The extract of coca is more active than the tincture. After the use of the extract children complain of dullness and a peculiar feeling about the head, with costiveness.

Great service was rendered by penciling the pharynx with a five- to ten-per-cent solution of cocaine in different forms of angina. Pain and difficulty of swallowing ceased, and reflex irritability is considerably lowered. In whooping-cough remarkable success was obtained, where penciling the pharynx three times daily with a five-per-cent solution has been sufficient to reduce paroxysms coming on twenty times a day to three or four in the twenty-four hours.

**REMARKS ON THE TREATMENT OF TYPHOID FEVER.**—In a paper read before the Association of Military Physicians in Berlin, Dr. Oskar Fränzel insists that though typhoid fever for the last ten or more years has doubtless taken a mild course as a rule, he yet believes that the lowered mortality is largely due to the present therapeutics of the disease, the

improved hygienic conditions and the more correct rules in regard to diet during the fever.

The cold-water treatment had been tried in a milder form before the publication of Brande, the baths being used twice a day at the highest, with good results; on the other hand, the energetic use of the method of Brande had not been so satisfactory, and he had had to recede from its use in the military hospitals of Berlin.

Fränzel does not prize the cold bath as an antipyretic—the fever alone and on its own account is not the thing to consider in typhoid—but as a cold stimulant or excitant, the use of which must not be carried to excess.

Marked lowering of temperature may well be the aim of the physician who seeks after effect, but value for the sick it has none. On the contrary, in most cases, in consequence of the administration of antipyretics, lasting disturbances are produced as well also as heart lesions and renewed exacerbations of the pulse frequency, which are of more doubtful prognosis than the mere elevation of the fever. In addition to this there supervenes also an unfavorable influence on the subjective condition of the patient through collapse due to the sinking of the temperature, which rises again after chills, all of which are grounds for rejecting antipyretics.—*Deutsche Med. Zeitung.*

**ARSENIC IN CHOREA.**—Friewald recommends the employment of Fowler's solution in chorea minor. He combines it in equal proportions with water, and begins with one minim a day, which he runs up to eight or ten, and then downward again to one. In order to avoid abscesses deep injections are made. Toxic accidents have in no case been observed. Cure follows in from three to four, and sometimes from one to two weeks.—*Ibid.*

**LEMON-JUICE IN MALARIAL FEVER.**—Dr. Maslenikow, of the Russian army, reports as follows his experience with lemon-juice in malarial fever:

The writer had prepared the lemons according to the well-known method of Maglieri and treated a large number of patients with the decoction, with the result that only thirty per cent of the cases were relieved after treat-

ment of from one and a half to two weeks. The enlarged spleen was not in the least influenced by it. The writer concludes that this method of treatment possesses no particular value.—*Ibid.*

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## Abstracts and Selections.

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**SUBCUTANEOUS INJECTIONS OF CITRATE OF IRON.**—Dr. Mori recommends very highly the hypodermic administration of citrate of iron in anemia. In a pregnant woman with very marked anemia great improvement followed daily injections of a syringe of a one-per-cent solution into the gluteal region. At the end of two weeks the patient was practically cured. In another pregnant woman eight injections sufficed to bring about a very great improvement. In a woman, fifty-four years of age, suffering from a very severe degree of anemia, induced by hard work and poor food, twenty-five injections were required before any satisfactory amelioration was to be noted.

**THE DESTRUCTIVE ENERGY OF THE TINCTURE OF THE CHLORIDE OF IRON UPON THE TEETH.**—Geo. W. Weld, M. D., D. D. S., read before a recent meeting of the Odontological Society of the State of New York a paper with the above title, which contains much that is new and of great interest.

Dr. Weld declares (Medical Record) that the clinical operation shows that water increases the destructive energy of the tincture of the chloride of iron upon the enamel of the teeth more than any other fluid; and, as an illustration, he states that the effect of adding water to a simple solution of chloride of iron, *devoid of free acid*, is to give basic salts of iron and the separation of free hydrochloric acid.

Dr. Weld showed conclusively that the tincture of the chloride of iron of official strength had but little if any effect upon the enamel structure of a tooth when immersed in the same for a period of twelve hours; but that, when immersed in a solution of the tincture and water, in proportion of one ounce of water to one dram of the tincture, the enamel was materially injured in five minutes.

Dr. Weld called attention to two specimens of teeth\* which had been immersed in the tincture and alcohol, and compared them with teeth which had been immersed with the tincture and water. Here it was observed that, though

the alcoholic solution used contained the same quantity of the tincture, and possessed apparently the same relative strength, and the teeth immersed for the same length of time, yet no injurious effect was produced upon their lime salts. The reason is attributed to the fact that alcohol is a dehydrating compound, and the peroxide which is formed in the alcoholic solution is of the anhydrous form, and in character very compact, adhering closely to the surface of the tooth, thereby preventing immediate chemical action; while on the other hand, in the presence of water, the peroxide, which is precipitated in the hydrated form and is flocculent in character, does not so well adhere to the surface of the tooth, leaving the free hydrochloric acid in the solution to unite with the lime salts with greater facility.

The teeth immersed in an ounce of the elixir of the pyrophosphate of iron, with one dram of the tincture of the chloride added, for a period of twenty-four hours, produced apparently no chemical effect on the enamel, but with the same quantity of water and the tincture the enamel was completely destroyed. The elixirs are composed of nearly twenty-five per cent of alcohol, the presence of which, as observed in the strong solution of the tincture and in the alcoholic solution, affords a protection to the enamel of the teeth in the manner described. But it is to be noted that when a tooth is immersed in a solution of the tincture and simple syrup, in the above proportions, the enamel is but little affected. This is due to a mechanical reason or a condition of fluidity of the solution, that is, the presence of the sugar in solution coats the surface of the enamel, preventing the chemical affinity between the acid, or perchloride of iron, and the lime salts in the teeth.

The manner in which syrup modifies the destructive energy of the tincture on the enamel was beautifully illustrated by the effect produced upon the specimens of teeth which had been immersed in three different weak solutions of phosphoric acid. Two of these were proprietary medicines and contained water, and the effect was to injure the enamel of a tooth in one hour; while the third, a syrup solution (each fluid dram containing two grains of free phosphoric acid), produced but little if any injurious effect upon the enamel in twenty-four hours.

Equally interesting was the effect produced upon the enamel of teeth which had been immersed in a solution of the tincture and the weak alkaline waters (notably Vichy).

When a dram of the tincture is added to an ounce of the Vichy water, a slight effervescence occurs, indicating that the bicarbonate of soda contained in the water has neutralized a part

\* A glass case presented to the Odontological Society, containing sixty-four teeth, showing with various modifications the destructive energy of various acids and iron compounds on the enamel.



of the free acid contained in the tincture. In consequence, when a tooth is immersed in such a solution, the destructive energy of the iron is to a great extent modified. Unless the specific nature of the tincture of the chloride of iron is materially affected (and the peculiar odor of the tincture remains), there seems to be no reason why this preparation, at least in all cases of anemia, should not be administered in combination with Vichy water.

There are, then, three menstrua which may be employed to modify the destructive energy of the tincture of the chloride of iron on the enamel of the human teeth. The first is alcohol in some form; the second is Vichy water, which neutralizes to a slight extent the free acid contained in the iron; and the third is some form of an elixir or simple syrup.

**FATAL RESULTS FROM "SPLITTING THE CERVIX."**—Dividing the cervix at the external, or at the internal os, or in the intervening portion, though not long since a comparatively frequent operation for dysmenorrhea or sterility, is now very rarely done. Most operators now turn to dilators for the treatment of cases where incision was formerly done; one wing of the army of gynecologists still fights under the same banner of mechanical uterine pathology, only in place of hysterotomes, its enthusiastic soldiers use dilators. Possibly it is only a question of time when many of the dilators will be placed in the grave beside the hysterotomes, if the teaching of men like Duncan, Schultze, and Williams prevails, and the mechanical theory of uterine disease is cast aside.

However this may be, we have been somewhat astonished to know of the mortality which Sims had from this operation. Pajot states, in a recent lecture, that he knew of at least four deaths of women upon whom Sims had performed his operation of division of the cervix, and he believes that other similar accidents happened to him. In the light of these facts, the profession is to be congratulated upon the fact that the operation has fallen into disuse.—*Medical News.*

**SOAP AS A HYGIENIC MATERIAL.**—The general conception has hitherto been that the secretion collecting on the surface of the skin, "*die Hautschmiere*," originates in the sweat and also in the sebaceous glands, and that the mixture of dried sweat and sebum covers the skin as "uncleanness."

I have shown, however, in my investigations with lanolin, that the secretion of cholesterine fat, hitherto unknown in the human organism, takes place direct from the tissues containing keratine. The epidermis and also the epider-

mis of the hair can directly secrete fatty material. According to the earlier views, it was assumed that no formation of fat took place in the epidermis. One imagined the keratine structures, epidermis, hair, nails as properly only consisting of resisting keratine. We now know that to the tissue itself fat comes which is not prepared by the glands, but which is formed within the tissue itself. That under pathological conditions an excessive secretion of the sebaceous glands takes place has been proved by Dr. Lassar.

The secretion may, moreover, attain very considerable dimensions—*e. g.*, in the case of wool. In the spines of the hedgehog the epidermis excretes a considerable quantity of fat, while the sebaceous follicles belonging to them are starved.

How large the amount of fatty contents of the horny tissues may be up to the present nothing definite is known. Apparently there may be great oscillations. But the important point in respect of hygiene is the fact that cholesterine or some analogous fat is always present in the horny tissues, although often only in small quantities.

In the question of cleansing of the skin in a hygienic sense, the above-described condition of the skin is to me naturally of the greatest significance.

The skin should undergo cleansing without the chemical, and still more the physiological, properties suffering any change thereby. The skin should remain intact. If it were simply a matter of cleansing a keratine covering of the products that are deposited on it, the use of rather sharp cleansing material would not so much matter; the surface might be slightly cauterized without injury to the lower layers. But if we make use of sharp material the fat is withdrawn from the horny tissue of the hair, the epidermis; the epidermis is destroyed—at any rate, rendered more absorbent; and the lower layers, the stratum lucidum and granulosum, and farther in the cells, are given up to destructive action.

I believe no better example can be given how carefully and delicately the surface only of the horny tissue must be cleansed than to call to mind the processes that are gone through in a wool-cleansing establishment. Here the wool is to be freed from the natural cholesterine fat. The aim of the cleansing is to remove the fat carefully from the hair without attacking the substance of the hair. Even with the employment of soda one has to proceed with the utmost caution, as the wool is easily rendered brittle; the wool can not then be spun.

In the process of washing, then, only that

fat is to be removed that is on the surface of the wool hairs. Free alkali or other sharp chemical substances extract the fat from the keratine tissues, and without it the wool becomes brittle, and therefore unusable. If we keep this point in view, from the very commencement all extracting materials are to be rejected, such as ether and sulphide of carbon, that indeed extract more fat, but which completely lixiviate the horny tissue.

The cleansing of the skin is to be considered in an exactly similar manner. We wish to remove the impurities that are deposited on the skin without attacking the epidermis, and above all the fat contained in the epidermis must not be removed. For this purpose, above all things, a neutral soap is required. There should be no question of dissolving the secretions present on the skin. Soap acts only as an emulsifying agent. It is an old experience that when tar has to be removed from the skin the tarry spot is to be rubbed with fat, because then the soap acts as a better emulsifier on the tar.

Soap should be perfectly neutral, and free from foreign substances or "complimentary" material. I would certainly reject the various kinds of soap in general use as hygienic toilet articles; the only reliable kinds of neutral soap fit for toilet use are those manufactured in accordance with the method published by him in the *Barichte des Vereins für Gewerbflaiss*, vom 3, November, 1884, in which the impurities and excess of alkali are got rid of by a twice-repeated centrifugal process. For the purpose of securing an excess of fat in the soap I recommend the addition of lanolin.—*Dr. Oscar Liebreich, London Medical Press.*

**WATER AS A DIURETIC.**—Dr. Brunton says, in the Practitioner, that water is, perhaps, the most powerful diuretic we possess, although fewer experiments have been made with it upon animals than with the others. The diuretic action of water drunk by a healthy man is very marked, and it appears impossible to explain its elimination by a mere increase in blood-pressure, whether general or local. It has the power of increasing tissue-change, and thus multiplying the products of tissue-waste which result from it, but it removes these waste products as fast as they are formed, and thus, by giving rise to increased appetite, provides fresh nutriment for the tissues, and acts as a true tonic. In persons who are accustomed to take too little water, the products of tissue waste may be formed faster than they are removed, and thus accumulating may give rise to disease. Many gouty persons are accustomed to take little or no water, except

in the form of a small cup of tea or coffee daily, besides what they get in the form of wine or beer. A large tumbler of water drunk every morning, and especially with the addition of some nitrate or carbonate of potassium, will prevent a gouty paroxysm. Still more numerous, possibly, in the class of people who arise in the morning feeling weak and languid. Many such people are well fed, they sleep soundly, and it seems almost impossible to believe that the fatigue which they feel in the morning can result from imperfect nutrition, more especially as one finds that after moving about the languor appears in a great measure to pass off. It seems that this languor must depend upon imperfect removal of the waste products from the body, as we know that the secretion of urine in healthy persons is generally much less during the night than during the day. Such people should drink a tumbler of water before going to bed, in order to aid the secretion of urine and of the waste products during the night.

**REMOVAL OF FOREIGN BODIES FROM THE EAR.**—In the British Medical Journal Dr. J. H. Granshaw suggests the following method for removing foreign bodies from the ear:

"A large syringe, holding four or six ounces, a basin of rain-water soap-suds as hot as can be borne, and a steady hand, are all that is required. With this simple apparatus, I have, over and over again, removed cherry-stones, beads, buttons, slate-pencils, etc., from the ears of children, and always without pain; nor has it ever failed me. The injection of a few syringe-fuls will generally suffice."

**THE TREATMENT OF FRACTURES BY MASSAGE.**—At the Société de Chirurgie, Paris, M. Lucas Championnière read a paper on the treatment of fractures of the radius and the fibula by massage. Of all the cases treated by him, not one gave disappointment. The massage caused the pain to cease, and considerably shortened the duration of the treatment, while it proved a good guarantee against articular stiffness.—*London Medical Press.*

**ETHOXYCAFFEINE IN THE TREATMENT OF MIGRAINE.**—M. Dujardin-Beaumetz uses the following formula:

Ethoxycaffeine.....	} <i>aa</i> 4 grains.
Salicylate of sodium...	

To be taken in a single dose as soon as the pain begins to be felt. By adding a sixth of a grain of hydrochlorate of cocaine, gastric irritation will be prevented.—*New York Medical Journal.*



# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. II. SATURDAY, AUGUST 7, 1886. No. 3.

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

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## HOMEOPATHY.

In April last Dr. Vincent Y. Bowditch, by invitation, gave a lecture before the Hahnemann Society of the Boston University School of Medicine, in which, in a most elegant, respectful, and dignified manner, he offered replies to several questions that had been proposed to him by the faculty, bearing upon the differences between the regular and homeopathic systems of medicine.

Thorough as is the treatment of the subject by Dr. Bowditch, there are still certain points bearing upon the doctrines taught by Hahnemann, and the intellectual and ethical features of homeopathy viewed in the light of the present state of science, that under the circumstances were very properly passed over.

In the time of Hahnemann it was natural enough that one should imagine that by manipulation energy could be actually created. The doctrine of correlation and conservation of force had not then been enunciated. Even learned chemists of the times were yet seeking to discover the art of transmutation. But, with the establishment of the doctrine of the persistence

of force, homeopathy lost in reason its right of existence. The doctrine of similars, being a matter of experimental proof, needed to be settled by the test of experiment.

The law of the correlation and conservation of force is so conclusively established that there is not in the world to-day a single scientific man who pretends to deny it, and it is safe to say that no one who comprehends the doctrine can deny it. It is further safe to say that no one can occupy an advanced position in science without understanding it. As soon, then, as an honest, candid man advances to this fundamental basis of modern science, he must surrender homeopathy. It is in the nature of things, then, impossible for a man to be thoroughly scientific and at the same time a candid follower of Hahnemann.

Another error of homeopathy as a scientific system is the adoption of a creed. As soon as this is done its votaries must cease to advance, eventually to be lost sight of by those who are ready to adopt whatever is proven to be true.

We ought not to deny that homeopathy has been the source of great good to humanity. By showing how patients could be spared the heroic treatment in vogue at the time of its origin, it changed for the better the whole system of therapeutics. Transported back to his day, we would prefer taking the pellets of Hahnemann to the severe prescriptions of the regulars. But homeopathy had its creed, while the regular profession was free to adopt whatever approved itself. Hence homeopathy has become antiquated; and if not antiquated, then necessarily insincere.

Persecution, as well said by Dr. Bowditch, has never resulted otherwise than in finally exciting popular prejudice in favor of the oppressed, and there can be little doubt, if the two leading branches of the medical profession had a more kindly understanding, and could be brought to friendly tests of the strength of the various elements forming the armamentarium of each, no great measure of time would elapse before the dividing line would be obliterated.

S.

The University of Brussels, on the 7th ult., was damaged by fire to the amount of £40,000.

### IS PNEUMONIA CONTAGIOUS?

Under the growing belief in micro-organisms as a cause of disease, there is a tendency to attribute to contagion many diseases that were thought to arise spontaneously in each case. In many quarters the bacterial origin of croupous pneumonia is maintained, and the quite natural deduction is made that the disease is contagious. But even admitting that croupous pneumonia is of parasitic origin, it seems quite unnecessary to attribute its origin to contagion, and in many cases impossible to do so without greatly stretching probabilities.

If we were to limit ourselves to densely populated localities, we would perhaps find it difficult to exclude the idea of contagion in any class of diseases, but in sparsely settled districts we find it equally difficult to justify the idea of origin from that cause. This is especially the case with pneumonia. From Kansas to the Gulf of Mexico a whole summer and fall may pass in which one will rarely hear of a case of this disease. Winter sets in, and after a succession of severe northerners from one end of the whole district to the other there is the evident prevalence of pneumonia. If from germs, they must have remained latent and retained their vitality for the greater portion of a year, unless it should be that the germs of pneumonia, like those of malaria, are ever present and await only a proper condition of the lung for their development. Whether this is or not the true state of the case, we are not in the present state of knowledge in a condition either to deny or affirm with confidence.

S.

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### Notes and Queries.

LONDON, July, 1886.

*Editors American Practitioner and News:*

After seeing my letter from Edinburgh in print, I find that a portion of it, someway or somehow, went amiss, and the miss related to the way in which Mr. Keith managed the sponges and towels he uses in doing an ovariectomy, besides one or two lesser matters. Allow me to reproduce it here: Mr. K. uses two tin buckets, one, the smaller, placed in the other, the larger of the capacity of four

gallons, made just like a minnow-bucket, minus the perforations. All the sponges and towels the operator expects to employ are first wrung out of carbolized water and put in the inner bucket, the outer meantime being filled with hot water to keep the sponges, etc., warm. Mr. K. places the bucket in easy reach, and the supply of sponges and towels is so large that he has no occasion to use either a second time in the same case.

I saw Mr. Annandale do a harelip, simple case. Tissues were brought together with wire sutures. He puts no dressing on the lip—leaves it (wound) bare. In cases where there is a depression of the ala of the nose, he claims to overcome it by *not* detaching the portion of the lip on the *undepressed* side from the gum, but leaving it *fixed*, and detaching the other portion and drawing it over to the fixed portion. I saw him reduce, by a new method, a dislocated shoulder which had been out for two weeks. He first flexed the fore-arm to a right angle to the humerus, then grasping the wrist and elbow he forcibly rotated the humerus outward at the same time that he brought the arm across the chest, when the head of the bone slipped into its socket.

In resections of the knee, Mr. Annandale follows Volkmann's practice of sawing through the patella *transversely* and wiring the pieces together after removing the diseased structures of the joint; and I may remark that in looking up the subject of resection of the knee, I find that the operation done by Mr. Allingham, and described in a previous letter, which he told me was, so far as he knew, original with him, is nothing more nor less than Ollier's method.

London has just passed through "hospital week," as it is called by reason of its being utilized for securing contributions to the hospitals, and I hear that the amount realized this season exceeds that of last year by a good round sum. I have previously mentioned that all the hospitals in the Dominion are supported by voluntary subscription. One week of each year is set aside by the churches for contributions to the fund, and, in addition, boxes are placed in all the hotels, restaurants, bar-rooms, theaters, and other public places, and



carried about the streets by men soliciting subscriptions. All moneys received are put into a general fund which is divided out among the different hospitals, each of the various charities getting its *pro rata*, according to the number of beds, etc., it contains. In addition to this general fund, nearly every hospital has its own special patrons who are very liberal in their donations. The result is that all the hospitals, great and small, are supplied with every thing necessary for the comfort of both patients and visiting staffs.

Since my return from the continent I have witnessed six laparotomies done by various prominent men, viz., Thornton, Bantock, Meredith, Fancourt Barnes, Carter, and Holland. Two of them were for removal of fibroids, by Mr. Bantock. One tumor weighed a trifle over twenty-five pounds, the other was about half that size. The abdominal incision in the former extended nearly to the ensiform cartilage, the entire omentum being adherent to the growth. There were no other adhesions. The omentum, instead of being stripped from its attachment to the tumor, was ligated by a series of silk ligatures and divided. The tumor was then lifted out and the pedicle, which was about two and a half or three inches in diameter, and springing from the posterior surface of the uterus, was encircled by a wire ecraseur, which was tightened sufficiently to cut off the circulation. Two long steel pins were then passed beneath the wire to prevent the pedicle from dropping back into the cavity, and the tumor removed by an incision made an inch in front of the wire. In order to prevent any slipping of the pedicle tissues beneath the wire, the cut surface of the pedicle was stitched by a continued suture. The abdominal wound was closed by interrupted silk sutures extending close to the pedicle. No antiseptics were used, except iodoform well sprinkled over the stump. Before applying the dressing the ecraseur was again tightened; no drainage-tube. The ecraseur and steel pins will be allowed to remain until the slough comes off; the ecraseur will be tightened as it becomes loosened by the ulcerative process. The other fibroid case was managed in like manner. Had it been neces-

sary to remove the uterus, it would have been done in the same way.

Mr. Keith treats the pedicle in such cases extraperitoneally also, while on the continent it is treated subperitoneally. There, instead of an ecraseur or a clamp, as used by Mr. Keith, an Esmarch rubber-cord is passed around the pedicle to control the hemorrhage; and after the removal of the tumor, the peritoneal surfaces of the pedicle are brought together by continued silk sutures passed deep in the tissues, which also tends to prevent hemorrhage by compressing the vessels; the rubber cord is then removed and the pedicle dropped back into the cavity.

The ovarian tumor removed by Mr. Carter, of Soho Square Hospital, was a dermoid cyst, containing some bone and a considerable portion of hair. None of these operations were done with the two-inch abdominal incision, of which we hear so much now, though several operators here make the incision as small as is compatible with easy manipulation. On the continent, however, the incision is always quite free; in fact, in Berlin ovarian cystic tumors are frequently removed without being first tapped. I find that opium is given after laparotomies here only when absolutely necessary for relief of pain, and then in small doses.

At Guy's I saw Mr. Lucas cut down upon a kidney with the view of removing it for what was supposed to be an encysted calculus. The patient, a man in his fifties, had passed a urinary calculus in his youth, and for some months had complained of great pain in the left lumbar region and along the course of the left ureter. After reaching the kidney the operator felt a number of hard nodules, which he supposed to be embedded calculi; but upon examining these with an exploring needle, and failing to get any grating, and from the enlargement of lymphatic glands in the neighborhood of the kidney, he concluded that he had struck a malignant kidney; and, on account of the enlarged glands and the great adhesions of the organ, he decided not to attempt its removal. The operation was done under the spray, and lasted over an hour. The man's urine was quite bloody, but I did not hear what the microscopical examination of it revealed.

From Mr. Lucas's room I went into the operating theater just as Mr. Davis-Colley was completing an operation upon a case of malignant disease of the anus and rectum. He dissected out the anus and lower two inches of the rectum, then threw a cord ecraseur around the gut before dividing it. No stitches were used. The wound was simply sprinkled with iodoform and dressed with gauze. Mr. Davis-Colley said to the class that he had failed to get out *all* the diseased tissue, but thought the patient would certainly be more comfortable. I do not know whether or not he expected, before commencing the operation, to get beyond the disease. If *not*, it certainly seems to me a most extraordinary proceeding. If to do any thing simply for comfort, why not a colotomy? Mr. Reeves, of the London Hospital, does colotomy in the iliac region anteriorly. He claims that it is just as safe, that the gut is found with much greater ease, while the patient can attend to himself better afterward, and that it is never followed by prolapse of the bowel, as is so common after lumbar colotomy. I have seen him do the operation in one case. He claims to have done quite a lot with no evil results.

At St. Bartholomew's I have seen a batch of operations during the past two days. Mr. Marsh closed a recto-vesical fistula which had resulted from a perineal lithotomy done some time ago. After passing a silver catheter into the bladder through the urethra, he thoroughly dilated the sphincters and introduced a Sims' speculum, which brought the fistula perfectly into view. Its edges were then well pared and approximated by silver sutures. Mr. Savory opened up a perinephritic abscess by a good free lumbar incision, and let out sixty-four ounces of pus. No drainage-tube was used. A sponge was applied to the wound, and this covered with a thick gauze pad confined by a roller bandage. Mr. Waltham removed a wedge piece from the tarsus in an old club-foot that could not, as the operator thought, be treated successfully otherwise. He made a two-and-a-half inch incision on the outer side of the foot, raised the tendons with an elevator and made a counter-opening on the opposite side of the foot. He then passed through the first incision Richard Davy's "kite" (which is a triangular-shaped

grooved director, made of two pieces of steel, each as large as an ordinary director, and their ends coming together at an acute angle, thus, <). This was carried beneath the tendons to the counter-opening; then with a metacarpal saw he removed the wedge of bone. The grooved director is for the top of the saw to work in, so as to prevent jaggings the tissues. After removal of the wedge the bony surfaces of this triangular wound were driven together by an ivory peg, which will be allowed to remain. The skin wound was closed with wire sutures, a short drainage-tube being placed in the cut on the outer side of the foot only. Iodoform gauze was applied and the limb dressed as I have described in cases of fracture of the leg. This was Mr. Waltham's seventh case, and he tells me the others got well with no untoward symptom. Mr. Thos. Smith laid open an old bursa of the patella that had been tapped a number of times, and had several fistulous openings, often emitting a very offensive purulent discharge. After making a free crucial incision, he scraped out the cavity with a spoon, and then dissected out considerable of the thickened tissue. The cavity was filled with a sponge, this covered with gauze, and over all a bandage applied sufficiently tight to control the oozing of blood. The following morning the lips of the incision are to be approximated and dressed with a gauze compress and bandage. After the operation I went through the wards with Mr. Smith, and saw many interesting cases. The suprapubic lithotomy, mention of which I made before, still has urinary fistula, and Mr. Smith says he is going to stop fooling with it and operate for its closure this week. He has been trying to effect this by keeping a catheter in the bladder and using a compress over the fistula. The drainage-tube was kept constantly in the bladder for three weeks after the removal of the calculus.

Mr. Smith is trying a new method for forming an arch or bridge in an artificial nose. He makes two flaps from the cheeks (sides of the nose), and passes through these and well into the tissues of the cheek a large silver wire, using from two to three wires, as the case demands. These are allowed to remain permanently. I saw one case that he had



recently operated upon; it was doing splendidly. Mr. Smith has done several, and I hope will soon publish an account of the method. After the wound heals he shapes the nose by means of a silver catheter introduced into the nostrils. He does a great many cleft-palate operations, with wonderful results. I regret that I have as yet failed to witness any.

Dr. W. E. Steavenson and Mr. W. Bruce Clarke are busy working with electrolysis in stricture of the urethra, and express themselves greatly pleased with Newman's method. You have seen the discussions on the subject had at several of the societies, both here and at home. I copy a portion of an abstract of the paper recently read by these gentlemen at the Royal Medical and Surgical Society, and kindly furnished me by Mr. Clarke.

The paper is based on six cases of urethral stricture treated by electrolysis, and the advantages are thus summed up:

"There is usually no bleeding. If hemorrhage does occur it is accidental, and usually shows that too strong a current has been used. No anesthetic is required. If pain or discomfort is produced it is trifling. The patient can, in the case of slight strictures, pursue his ordinary occupation during the period of treatment. No antiseptics are required, as the process itself is aseptic. In the majority of cases there is no contraction or return of the stricture.

"Eschars produced by caustic alkalies are said to heal with less contraction than wounds produced in any other way, and electrolysis with the negative pole of a battery is a means of applying the same destructive action as is caused by the caustic alkalies to parts difficult of access in a way which is impossible by any other method. Probably other chemical decompositions and combinations take place at the negative pole besides those characteristic of the caustic alkalies, but they have not up to the present time been thoroughly made out."

I am glad that our distinguished countryman, Dr. Emmet, is taking his summer vacation over here, and do hope he will be afforded an opportunity to show these clever surgeons just how he cuts and stitches a lacerated cer-

vix. For in that operation he is certainly as skilled, as graceful and as brilliant as Sir Henry Thompson is in lithotripsy. Such operators here as I have seen attempt trachelorrhaphy clearly have not mastered the method of its originator.

To-morrow I go to spend a week in Birmingham, and see Messrs. Tait, Gamgee, Fourneaux, Jordan, and others.

W. O. ROBERTS.

THE INTERNATIONAL MEDICAL CONGRESS.—A well-known American physician writes to us from Berlin, under date of June 30th, that he has lately come in contact with prominent members of the profession in that city, Bremen, Hamburg, Dresden, Munich, Vienna, and Breslau, and that every where the leading questions were: "What about the Congress of 1887? Will it be held? Will it be a success? Will you be there? How much reduction will there be in the passage rates? Is it to be managed by homeopaths? Have the dissensions which threatened to wreck the Congress been adjusted? Whom shall we meet; whom shall we know?" etc. To these queries he felt it his duty to answer: "The Congress will surely be held. Whether it will be a success, can not now be foretold. I shall not be there. So far as I know, there will be no reduction in fares to America. The homeopaths have nothing whatever to do with the Congress. The dissensions have not been adjusted in any sense whatever. You will be likely to meet chiefly men whom you do not know by name or fame, since the majority of the best-known men in the United States have withdrawn from the Congress because they do not approve of the way in which it is managed." "With but few exceptions," he adds, "I found very little inclination to incur the trouble and expense of a trip across under such discouraging auspices. My replies only corroborated previous impressions."

RUSH MONUMENT COMMITTEE.—At the meeting of the American Medical Association at Washington, in 1884, it was remarked that while that beautiful city was adorned with statues of patriots who have aided to establish the American nation and in themselves have

made the name American honorable among men, there was no representative of the profession of medicine among those who had been thus commemorated. . . .

While painters and sculptors, presidents and law-makers, generals and admirals, the scientist and the discoverer, the philanthropist and the teacher, the jurist and the divine, are all appropriately commemorated, the profession of medicine ought not to delay longer in erecting its enduring testimonial of one who was not only a great physician, teacher, and investigator in medicine, a philosopher, philanthropist, eloquent lecturer, and accomplished writer, but also a fearless patriot and founder of the Republic, a member of the Continental Congress and signer of the Declaration of Independence, the first Surgeon-General of the Army of the Revolution for the Middle Department and Physician-General of Military Hospitals, and a member of the Convention for the adoption of that Federal Constitution under which we now happily live.

Benjamin Rush, of Pennsylvania, whose active, honorable life was crowned by his heroic death on the 19th of April, 1813, in the sixty-eighth year of his age, when, while trying to save other lives, he fell, like a soldier on the battle-field, a victim of the prevailing epidemic of typhus.

Seventy years ago it was written of him, "Considered in relation to the entire composition of his character—as a practitioner, a teacher, a philosopher, and a writer—Dr. Rush must be acknowledged to have been the most distinguished physician that America has produced;" and a later author has said, "The loss of no individual of this country, excepting Washington and Franklin, has been lamented with more universal and pathetic demonstrations of sorrow. As a physician he has left upon the age in which he lived the impress of his character and genius; in the minds of his countrymen he holds an undisputed pre-eminence; and amongst foreign nations it is acknowledged that the fame of Sydenham has been rivaled by that of Rush."

The committee to whom has been intrusted the execution of this great work are happy to state that it has met with unqualified approba-

tion from every part of the country, and they accordingly announce that they are now ready to receive subscriptions and donations.

The existing statues in Washington have ranged in price from \$15,000 to \$50,000, that of Prof. Henry having cost \$15,000, and that of Chief Justice Marshall \$40,000, both civic statues by Story. It may be approximately estimated that \$40,000 will be sufficient to erect a monument that will be fitting and unexceptionable as a work of art, and it does not admit of question that this sum can be speedily raised among the 106,000 physicians and students of medicine in the United States. That no one may be debarred the privilege of contributing, a subscription rate of one dollar from each individual has been determined, and you are accordingly solicited to remit that amount to the member of the committee representing the State, territory, or national service to which you belong, who will also receive voluntary donations of such other sums as may be tendered by persons interested in this national undertaking.

For the committee, Albert L. Gihon, M. D., Chairman; George H. Rohe, M. D., Secretary; Joseph M. Toner, M. D., Treasurer. The committee consists of one representative physician from each State and territory and the United States Army, Navy, and Marine Hospital service. Dr. J. Steele Bailey, of Stanford, has charge of the work in Kentucky.

**PASTEUR'S LABORATORY.**—The Pall Mall Gazette says: "A most extraordinary museum has just been opened in the Rue Vauguelin. It is difficult to say whether it should best be called a museum, or a factory, or a farm, or a menagerie. It is in fact all four combined, and grouped together for a purpose hitherto untried, and presenting an appearance hitherto unparalleled. These are the new headquarters of M. Pasteur, and here are to be found cow-houses, sheep-folds, fowl-walks, rabbit-hutches, and dog-kennels. They are all, moreover, fully occupied. On one floor is a laboratory, where the vaccine soups and preparations are made up. Above it a museum, where specimens connected with the new cure are exhibited. There are operating-rooms and



rooms for *post-mortem* investigations and dissecting purposes. Two of the kennels are devoted to dogs in various interesting stages of early or advanced rabies. 'Hen cholera' is communicated, watched, and cured in the fowl-house. The cattle exhibit various stages of vaccination. Human beings have also their provided quarter. A spacious waiting-room is set apart for patients, who troop in daily in picturesque groups—according to the French press—representing all nationalities. In the mean time the great savant occupies the former quarters of the Pasteur Institut in the Rue d'Ulm, and devotes himself in dignified seclusion to scientific research."

**MEDICAL EXAMINING BOARD IN TEXAS.**—The Medical Examining Board for the 24th Judicial District, State of Texas, met in Goliad on Tuesday, July 6, 1886, for the purpose of organization. The following gentlemen compose the Board: Drs. A. J. Hodges, Yorktown; A. C. White, Cuero; J. B. P. January, Victoria; R. A. Nott, and T. H. Nott, Goliad.

In an address to the citizens of the 24th Judicial District (*Goliad Guard*, July 3, 1886), Dr. T. H. Nott, the President of the Board, handles the question of licensing quackery in a forcible and sensible manner, as the following will show:

"The law under which the Medical Examining Board is called to organize was passed for your protection and not ours. Good physicians need no laws to protect them. Their merit is sufficient. Quacks, charlatans, and irregular practitioners may deprive us of some money, while they deprive you and your loved ones of your lives. We can stand the loss if you can. In many of the States the citizens have protected themselves by passing good laws and having them rigidly enforced. Our law is very deficient and too leniently applied. This has caused hundreds of quacks (murderers) to flock to our State to ply their murderous vocation. They have been driven out of most of the States as incompetent to take charge of human life. But they find a hearty welcome in Texas, and may put out their signs and go to work any where. Are our lives and our loved ones less dear to us of Texas, that they

should be thus sacrificed by the thousands every year to support incompetent physicians who have been driven out from other States, or in many instances from one portion of our own State, where the law is enforced, to some other portion where it is a nullity? . . . You have more at stake in enforcing such a law than all the other laws combined. The six-shooter with all its ravages pales into insignificance when compared with the homes made desolate, hearts bereaved, wives made widows, mothers childless, happy children made destitute orphans, noble husbands made despondent drunkards or reckless desperadoes—all by quacks and quackery. Think of it, citizens; take it home and sleep on it. And then if you don't have your representatives to every legislative body put a plank in their platform pledging themselves to use their utmost endeavors to have laws passed to protect you and your families from such outrages—I say, if you don't have this done, then take the consequences, and may a just God not visit your sins upon you in your children's blood at the day of final accounts. Our profession need no protection, and ask none. We are at your service, and will heartily co-operate with you in framing, passing, and executing such laws as will keep from our midst quackery or yellow fever, charlatany or cholera, humbuggery or pestilence, pretenders or any other plague."

**THE CHRIST-LIKE WORK OF THE HOSPITALS.** For many a long year, while, step by step, we try to remedy, we must also try to heal. That is the work of these our great hospitals, with their clean bright wards, their faithful medical staffs, their devoted nurses, their loving Christian visitors. I know no institutions which the Lord Christ would have more deeply loved. Not a day passes but what deeds are done in them which He would have approved more than 20,000 daily services, more than 500 fasting communions, if they bring forth no fruit of love. To provide the poor worn mother with a room where, skillfully tended and lovingly cared for, she may recover or die in peace; to surround the poor workman, whose limb has been shattered, with such trained ministrations as shall save him from

becoming a helpless burden on those whom he best loves; to help the poor lad, maimed by some accident, to bear more easily the anguish of a boyhood which has thus been blighted; to re-illumine the dulled light in the eyes of children, and on their cheeks the faded rose, and where it is beyond us to give back life's lost sunlight to poor sufferers, at least to tinge with the moonlight colorings of resignation the clouds which have darkened our human lives; this truly is an angel's, this truly is a Christ-like work. And it is the work of hospitals. We are asked to-day to support them. If we are beneath every appeal but that of selfishness, even on selfish grounds we ought to help them liberally. For if their direct ministrations are mainly for the poor, their resultant blessings flow largely back upon every class alike. It is in them that our surgeons and physicians learn the art of healing. It is in them that our nurses acquire their skill, and pass cheerfully from the dying bed of a great noble to the dying bed of some poor sufferer in Clare Market or Drury Lane. It is through them that there has been so vast a diminution of the annual mortality of London. It was in them that the use of anesthetics was perfected which exempts our minds from some of their deadliest terrors. It was in them that the antiseptic treatment was developed, which has already saved thousands of lives. It was in them that men have learned how cholera is caused and typhoid multiplied. My voice is feeble and insignificant, but may you not hear, even in my voice, the millionfold reverberation of countless pleading agonies—yea, the cry of Charity herself, the voice of your Savior Christ? To you who know what sickness is, I appeal by the sad fellowship of human pain; to you who know it not, I appeal by your gratitude to God for the priceless boon of health, by the sacred name of those who suffer, by the awful mystery of human anguish, by the withered strength and the throbbing nerve, by your own dear children whom you shelter so tenderly, by those other little ones the shorn lambs of Christ's flock, by the strong man's agony, by the brave man's tears, by the hectic flush upon the young man's cheek, by all the sacredness of human sympathy—ay,

and far more in the name of Him who dropped the awful plummet of his Godhead into the fathomless abyss of human woe and pain, for His sake, in His name, I plead with you for this, and for all good works. He that soweth plenteously shall also reap plenteously; or, as it is more forcibly and beautifully in the original and in our Revised Version, "He that soweth with blessings shall reap with blessings." *The Rev. Canon Farrar, London Lancet, July 3, 1886.*

PASTEUR'S RECORD.—M. Graucher, Pasteur's assistant, in a recent lecture, said: "Of 1,335 persons who were inoculated to June 21st, he found that of 96 patients who belonged to the first or experimental category—viz., of those in whom the existence of rabies was indisputable—there was only one death, or a mortality of 1.04 per 100, or, in round numbers, 10 per 1,000; and of 644 persons of the second or clinical category, 3 succumbed to rabies, or 0.46 per 100 of the mortality, or 5 per 1,000 in round numbers. In comparing these statistics with those of the department of the Seine, it will be seen that the average mortality from hydrophobia has been reduced from 160 per 1,000 to 7.5 per 1,000. These figures apply only to those bitten by mad dogs. As regards the 48 persons bitten by mad wolves before April 22d, there were 4 deaths; but a calculation based upon eight documents communicated to M. Pasteur indicates a mortality of 82 per 100 after the bites of mad wolves. A paper published by Professor Brouardel, in the *Dictionnaire Encyclopédique des Sciences Médicales*, on rabies, gives a mortality proportion of 67 per 100. Thus it may be seen that the difference between the two results is considerable."

MICROCOCCLUS PRODIGIOSUS.—In using the potato as a growth medium for micro-organisms, Koch imitates the priests who in old times scratched some religious symbol with a needle-point upon a potato, and presented it to the people, who were astonished some days after to find the symbol in blood letters on the surface of the potato. The priests made use of a fungus known as the prodigiosus, whose chief



characteristic is a purple, blood-like growth. Cut open a potato and, with a needle dipped in the fungi, trace a line upon the newly-cut surface; some days later the line will appear in dark purple. Koch uses the potato for various growths.—*Medical Record*.

**PASTEUR'S DISCOVERIES.**—Dr. Hime lectured in London last week, at the Sanitary Institute, on the subject of Pasteur's experiments, before a critical audience. Dr. Hime has himself been studying the subject of hydrophobia under Pasteur, and is enthusiastic in his views of the discoveries made; he has himself, moreover, been severely wounded during the past few days while conducting a *post-mortem* on the body of a rabid dog, and has now returned to Paris to place himself under treatment. Dr. Hime considers that the efficacy of Pasteur's treatment for wounds inflicted on the hands or face, the most exposed parts of the body, is shown by the fact that the mortality was only 1.8 per cent, whereas it was known to have been as much as 88 per cent among persons bitten previously to his discoveries. The value of his system in protecting dogs had been proved beyond a doubt by the commission appointed by the French Government. Out of twenty-three dogs presented by Pasteur, after treatment, for the experiments, the commission had not succeeded in making a single one mad, whereas out of nineteen operated upon without previous treatment fourteen had died mad. No scientific man of standing had made any objection to Pasteur's method, and his own opinion from practical knowledge was conclusive. In conclusion, he said it was a fortunate thing that M. Pasteur was not an Englishman; for if he had been it would have been impossible for him to embark in this country upon the work which he had so successfully prosecuted for the benefit of mankind, owing to the mawkish sentimentality of the anti-vivisectionists, who would be the first to avail themselves of the discoveries if the necessity arose. *London Medical Press*.

DR. T. H. NOTT, of Goliad, was elected President of the Texas State Medical Association at its late session in Dallas.

**HYPODERMIC SOLUTION OF QUININE.**—Where it is necessary to administer quinine subcutaneously, the following formula is recommended by Dr. S. Burt as being as little irritating as possible:

Quiniae bisulphatis ..... dram j;  
Acidi borici ..... gr. ij;  
Morphiæ sulphatis..... gr.  $\frac{1}{4}$ ;  
Aquæ destillatæ..... ounces j.

Sig: For hypodermic use. One dram contains seven and a half grains of quinine.—*Medical and Surgical Reporter*.

**THE MAD MONARCH.**—The *post-mortem* examination of the late King Louis, of Bavaria, was confirmatory of the view expressed by the alienists as to his mental condition, and of their unfavorable prognosis. Extensive changes were found in the skull, the brain and its membranes, consisting in part of abnormal development, partly of chronic inflammations of old and recent date.—*Boston Medical and Surgical Journal*.

**LONGEVITY OF INTELLECTUAL WOMEN.**—Hannah More died at 88; Joanna Baillie, 80; Mary Russell Mitford, 70; Agnes Strickland, 74; Mrs. S. C. Hall, 80; Madam de Sevigne, 70; George Sand, 72; Mrs. Siddons, 76; Mary Somerville, 92; Caroline Herschel, 98; Fanny Kemble is living at 73, and Harriet Beecher Stowe at the same age.

**"THE DANGERS OF KISSING."**—Dr. Samuel Adams' paper on this subject, read before the American Medical Association, calls forth the following from the Norristown Herald: It has long been known that kissing causes a species of heart disease which terminates in matrimonial fever, and the victim dies sooner or later. Generally later.

**OSMATE OF POTASSIUM.**—Merck, of Darmstadt, has prepared the osmate of potassium to obviate the use of osmic acid, which is so irritating to the respiratory organs, and so hygroscopic. The British and Colonial Druggist is informed that an English firm has also manufactured the sodium and lithium salts. The potassium compound is said by Wildermuth to have proved beneficial in some cases of epilepsy,

the daily dose being one dozen pills, each containing one sixty-fourth of a grain in combination or alternation with bromide of potassium. A one-per-cent solution of the potassic osmate has also been recommended in the treatment of goitre, neuralgia, tumors, and other diseases.—*Medical and Surgical Reporter.*

DR. OGLE, the Registrar of Statistics in England, has found that the mortality among English physicians for three years, from 1880 to 1882, was 25.53 per thousand, while that of barristers was 20.23, and clergymen 15.98 per thousand.

SURGEON-GENERAL ROBERT MURRAY, of the United States Army, will be sixty-two years of age in August of the present year, when he will be placed on the retired list.

CORRECTION.—In AMERICAN PRACTITIONER AND NEWS, No. XV, page 83, first column, lines thirteen and fourteen from top, for 3j read 3j, and for 3ss read 3ss.—*The Author.*

IODIDE OF ETHYL is recommended by Dr. Bartholow in the treatment of brain syphilis when a prompt action of the iodine is desired.

A REMEDY FOR CORYZA.—Muriate of cocaine two grains, roasted coffee and white sugar, of each one ounce. To be taken as snuff.

DR. OLIVER WENDELL HOLMES has been given the honorary degree of LL. D. by the University of Cambridge, England.

THE AMERICAN RHINOLOGICAL ASSOCIATION will hold its fourth annual meeting at St. Louis, Mo., on the 6th of October next.

PRESIDENT CLEVELAND vetoed the bill legalizing dissections in the District of Columbia.

### SPECIAL NOTICES.

BROMIDIA.—I have tried Bromidia in two cases, one patient having a slight febrile affection and the other a victim of acute insomnia. In the latter case various preparations of opium had proved useless, and the administration of chloral was followed by lassitude and congestion in the head. Bromidia produced sound sleep in both of these cases, unaccompanied by any unpleasantness on awakening. In my opinion, this preparation is destined to render good service.—*Maurice Hache, 8 Rue de Tournon, Paris.*

### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from July 18, 1886, to July 31, 1886:

*Col. Glover Perin*, Assistant Surgeon General, leave of absence extended one month. (S. O. 165, A. G. O., July 19, 1886.) *Maj. Wm. H. Gardner*, Surgeon, granted four months leave, to take effect August 10th, or as soon thereafter as his services can be spared. (S. O. 165, A. G. O., July 19, 1886.) *Maj. Calvin De Witt*, Surgeon, assigned to duty at Fort Sully, Dak. (S. O. 66, Department Dakota, July 14, 1886.) *Capt. John M. Dickson*, Assistant Surgeon, ordered from Alcatraz Island, Cal., to Fort Mason, Cal.; *Capt. John J. Cochran*, Assistant Surgeon, ordered from Ft. Mason, Cal., to Presidio of San Francisco; *Capt. A. J. Gibson*, Assistant Surgeon, ordered from Fort Winfield Scott, Cal., to Alcatraz Island, Cal., on return from leave of absence. (S. O. 56, Department California, July 8, 1886.) *Capt. J. J. Kane*, Assistant Surgeon, ordered from Ft. Ringgold, Texas, to Ft. Hancock, Texas. (S. O. 85, Department Texas, July 13, 1886.) *Capt. Wm. F. Carter*, Assistant Surgeon, ordered from Fort Concho, Texas, to Fort Ringgold, Texas. (S. O. 85, Department Texas, July 13, 1886.) *Col. Joseph B. Brown*, Surgeon, retired from active service July 20, 1886. (S. O. 171, A. G. O., July 26, 1886.) *Maj. J. R. Gibson*, Surgeon, ordered from Department East to Department Missouri, on expiration of leave of absence granted in S. O. 158 c. s., A. G. O. (S. O. 168, A. G. O., July 22, 1886.) *Maj. Edwin Bentley*, Surgeon, ordered for duty as post surgeon, Fort Davis, Texas. (S. O. 92, Department Texas, July 22, 1886.) *Maj. M. K. Taylor*, Surgeon, granted leave of absence for one month, with permission to apply for one month's extension. (S. O. 77, Department Missouri, July 24, 1886.) *Maj. Passmore Middleton*, Surgeon, ordered to Department East from Department Missouri. (S. O. 168, A. G. O., July 22, 1886.) *Capt. Joseph B. Girard*, Assistant Surgeon, granted leave of absence for three months, with permission to go beyond sea. (S. O. 170, A. G. O., July 24, 1886.) *Capt. Samuel Q. Robinson*, Assistant Surgeon, ordered for duty as post surgeon, Fort Brown, Texas. (S. O. 29, Department Texas, July 22, 1886.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for two weeks ended July 31, 1886:

*Carmichael, D. A.*, Passed Assistant Surgeon, granted leave of absence for thirty days. July 24, 1886. *Magruder, G. M.*, Assistant Surgeon, to proceed to Cairo, Ill., for temporary duty. July 22, 1886. *Long, W. H.*, Surgeon, granted leave of absence for fifteen days. July 30, 1886. *Sawtelle, H. W.*, Surgeon, to proceed to Portland, Oregon, and Port Townsend, W. T., as inspector. July 29, 1886. *Devan, S. C.*, Passed Assistant Surgeon, granted leave of absence for ten days. July 26, 1886. *Fattie, J. B.*, Assistant Surgeon, granted leave of absence for twenty-nine days. July 26, 1886.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. II.  
[NEW SERIES.]

LOUISVILLE, KY., AUGUST 21, 1886.

No. 4.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.*—RUSKIN.

## Original Articles.

### ACUTE EXACERBATIONS OCCURRING DURING THE COURSE OF CHRONIC ECZEMA.\*

BY J. CLARK M'GUIRE, M.D.

*Dermatologist to the Louisville City Hospital, Masonic Widows  
and Orphans' Home, etc.*

It is not infrequent for an acute attack of more or less general eczema to occur in patients who have long suffered from a chronic form of the disease. This may be due to a variety of causes, such as overindulgence at table, "taking cold," fatigue, or local irritants. Under such circumstances, when there is intense itching, heat, burning, and rapid cell changes, if the patient has been taking arsenic, its administration should be immediately suspended; for, as is well known, this drug exerts its chief influence upon the mucous layer of the skin, stimulating it, when in such cases rest is most needed.

The following case will illustrate the importance of bearing in mind the possibility of such an occurrence; for the soothing plan of treatment, which is applicable in the acute form of eczema, is useless in the chronic stage, while the stimulants which are demanded in the chronic stage will only do harm in the acute.

Mrs. S., sixty years of age, apparently in good general health, had been suffering for two weeks with an acute exacerbation of vesicular eczema. The eruption was situated about the

throat, neck, and shoulders, the intra-scapular space, the buttocks, and legs. In the latter situation the eruption had existed for two years, being better and worse at times, but never entirely absent. There were small varicose veins in both legs. The patient complained of itching and burning, which was so intense that she could not obtain a moment's rest. She would walk the floor all night, scratching and tearing the skin.

I advised warm alkaline baths—four ounces each of carbonate potash and carbonate soda to thirty gallons of water—followed by inunctions of the glycerite of starch. Internally, laxatives and diuretics were given, and the galvanic current was tried, as it will at times in such cases almost instantly relieve the itching.

By the next day the patient had experienced but little relief. The alkaline baths were continued night and morning, and the following lotion sprayed upon the parts by means of a hand atomizer was prescribed:

R. Acid carbolici ..... 3 ss;  
Glycerinæ..... 3 j;  
Aquæ..... Oj.

After the bottle of the atomizer had been filled with the lotion, five drops of the oil of peppermint were added. Within a short time the patient experienced the most decided relief from the itching, and on the next morning stated that she had had complete rest during the night. Before retiring, oxide-of-zinc ointment, with five grains of carbolic acid, was applied to the parts. Under this treatment the inflammation was subsiding and the eruption had begun to fade away. The third day after beginning treatment it had entirely disappeared, the skin presenting a smooth, slightly pigmented surface, covered with fine furfureous scales. The fourth day the skin was every

\*Read before the Medico-Chirurgical Society, July 30, 1886.

where in a normal condition, except about the legs; here the eruption had suddenly grown worse in a few hours. On inquiry it was ascertained that the attendants had disregarded explicit directions, and had applied the ointment spread on cloths, covering this with a woollen stocking, and over all an India-rubber bandage. On the ninth day the eruption had all disappeared; the patient doing well, except for slight itching and pain in the legs.

Several weeks later the varicose condition of the veins was relieved by means of perforated adhesive bandages, advised and applied by Dr. D. W. Yandell.

It is of especial importance to observe the method of treatment in such cases. The spray has the advantage over other methods of local application, in being more cleanly, less troublesome, less irritating, and in giving more speedy relief.

LOUISVILLE.

## ULCERATION OF THE SIGMOID FLEXURE\*

*Inversion of the Trunk, Electric and Reflected Light in Diagnosis and Treatment.*

BY J. G. CARPENTER, M. D.

The object of this paper is to report a case of ulceration of the sigmoid flexure—a sequel of acute dysentery.

J., aged twenty years, of good family history, had enjoyed good health until August, 1885, when he suffered an attack of acute dysentery under which he was confined to bed one week; at this time the pain, tenesmus, and bloody discharges had in a great measure ceased. Being of industrious habits and eager to make money, the patient concluded to resume work and wear out his ailment, but one or two weeks of active life convinced him of his error.

From September 1st to December the patient had been treated for chronic dysentery by his physician. In December I was called to see the case and found present the following conditions:

The patient was pale, weak, and anemic; the tongue had a yellowish-white coat; the

bowels were tympanitic and painful in the left iliac region, especially on pressure. Dysentery had been present since August, the stools averaging from three to six per day, and containing a little muco-pus with some blood. Each stool was preceded by pain in the tract of the sigmoid flexure. The pulse was ninety-six; temperature and respiration normal. Digital and ocular examination found the anus and rectum in a normal condition, though the latter contained an abundance of scybalæ, broken-down pus, epithelium, and blood. A rectal injection of warm salt and water, as hot as could be borne, half a gallon in quantity, was given, the trunk being inverted at an angle of from seventy to eighty degrees with the bed. The object of this procedure was to wash out the descending colon, sigmoid flexure, and rectum. The injection was retained for twenty minutes, when the patient resumed the sitting posture and passed it. The bowel having been cleansed, the patient was placed on his left side and the trunk again inverted to an angle of seventy to eighty degrees, whereupon the abdominal and pelvic contents gravitated toward the diaphragm. Sims' speculum was now inserted into the anus, which being dilated and the nates widely separated, the patient was directed to make prolonged expirations. Under these maneuvers the rectum became inflated, the distension being so great as to temporarily efface the folds of its mucous lining. An electric lamp was now introduced into the rectum, and an ulcer, one inch by two, was seen in the sigmoid flexure, ten inches by measurement from the anus. This was swabbed with absorbent cotton, and to it nitrate of silver, grs. xl to water ʒj, was applied. During the next six days, injections of water, as hot as could be borne, were given night and morning, with the trunk inverted but inclined toward the left side. These were for cleansing and soothing effects. In each instance after the first injection had passed, another of tannin, grs. x, laudanum, gtts. xx, was administered for its astringent and anodyne effects, and to give rest to the ulcerated bowel. These injections were given invariably with the trunk inverted. Applications of nitrate of silver, grs. lx to water ʒi, were made every six or

\*Read before the Kentucky State Medical Society, June Meeting, 1886.



eight days, the injections being continued during the intervals until restoration was complete.\*

All subsequent ocular examinations were made with reflected light from the head mirror of a laryngoscope, sometimes by the sun, sometimes by the coal-oil lamp, both of which illuminated the ulcerated surface and lining of sigmoid flexure and rectum sufficiently for all practical purposes.

The constitutional treatment consisted of liquid nutritious food, rest in a recumbent posture, and massage night and morning.

Mr. Allingham speaks of making rectal examinations with the hips elevated, the trunk in the prone position, and by aid of reflected light from the head mirror of a laryngoscope; but neither Erichsen, Bryant, Holmes, Ashhurst, nor Ashton mention inversion of the trunk at an angle of seventy or eighty degrees, and the use of the electric lamp for exploration of the rectum and sigmoid flexure. Mr. Bryant, however, states (Surgery, p. 566) that Mr. Allingham advises the prone position with the hips well elevated upon hard pillows to such an inclination that the intestines will gravitate toward the diaphragm, so that when expiration takes place the rectum will become patulous, and the surgeon can see distinctly as far as the sigmoid flexure. This mode of examination, he informs us, was suggested by Dr. Marion Sims' "Diseases of the Rectum, 1882."

I was not aware of the fact that Dr. Sims had resorted to this mode of examination until my patient had recovered, when I found the above item in a search of the literature of the of various methods of rectal examinations. But it should be noted that, in addition to reflected light, I used the electric light. I have employed this means of illumination in oral, throat, nasal, aural, and rectal examinations with such entire satisfaction as to convince me that no other light can surpass it. Sunlight reflected is to be accorded the second place in the order of excellence.

In obscure cases of diseases of the rectum and sigmoid flexure, inversion of the trunk seventy to eighty degrees, dilatation of the anus with Sims' speculum, inflation of the

bowels, and electric or reflected light (the former is preferable), are indispensable to a thorough ocular examination and diagnosis.

When the ulcer is situated in the descending colon, a rubber tube can be inserted into the bowel through the anus, to the distance of one or more feet, and a medicated injection passed through it to the diseased surface. In such cases I have used a rubber tube, eighteen inches long, with good results.

#### ADDENDUM (JULY 30TH.)

The AMERICAN PRACTITIONER AND NEWS, July 10, 1886, Vol. II, No. 1, page 34, errs in stating that the writer saw twelve inches within the bowel by measurement; it should be ten inches; but the cavity of the sigmoid flexure was seen. By inversion of the trunk seventy or eighty degrees, the pelvic and abdominal contents gravitate toward the diaphragm; a vacuum is formed in the rectum which becomes inflated with air under forced expiration; the mucous folds are effaced, and the bowel has almost the appearance of a straight tube; on inspiration the bowel collapses and presents a curved tube, the mucous folds resuming their normal position. The upper end of the rectum is much smaller than any other part of it, and presents a cavity closed from the sigmoid flexure by virtue of the fact that the circular muscular fibers of the later act as a sphincter, except, during forced expiration and defecation; at such time the rectal cavity and lower part of the cavity of the sigmoid flexure seem one. Gray's Anatomy, page 806, states that the sigmoid flexure is the narrowest part of the colon. It is situated in the left iliac fossa, commencing at the termination of the descending colon opposite the crest of the ilium, and ending in the rectum opposite the left sacro-iliac symphysis; the distance from crest to the symphysis is three or four inches on the skeleton. The rectum is the terminal part of the large intestine, and extends from the sigmoid flexure to the anus; it varies in length from six to eight inches, and has received its name from being less flexuous than any other part of the intestinal canal. It commences opposite the left sacro-iliac symphysis, passes obliquely downward from left to

\*July 30th, the patient having exercised too much and eaten imprudently had suffered a relapse.

right to the middle of the sacrum, forming a gentle curve to the right side; it then descends in front of the lower part of the sacrum and coccyx, presenting a curve with its concavity forward, and near the extremity of the latter bone inclines backward to terminate at the anus.

The rectum is cylindrical, not sacculated like the rest of the large intestine; it is narrower at its upper part than the sigmoid flexure, gradually increases in size as it descends, and immediately above the anus presents considerable dilatation. It is capable of acquiring enormous size; *when distended it is funnel-shaped.*

The bill of Sims' speculum is two to four inches long, convex on the outer, concave on the inner surface; the lower third of the rectum is one to one and a half inches long; after passing forward in the manner of the middle third, it passes backward to the anus; it is therefore easy to see, if the sphincter ani is dilated or weak and dilatable, how with the speculum the anus and lower part of rectum can be retracted posteriorly, making the posterior wall *comparatively straight*; then a blunt sound or applicator (*the bladder being empty*) may be passed along the anterior wall of the rectum, pressing it forward, thus removing the convexity of its posterior surface, which naturally or during normal respiration fits into the concavity of the anterior surface of the posterior rectal wall, and making the anterior or recto-vesical wall straight; still holding this wall forward and out of the way, the sound is passed on higher up into the sigmoid flexure. The anterior wall of the flexure may now be pressed forward, *it being quite mobile*, and, holding it also out of the way with the recto-vesical wall at the same time, light is readily reflected into the rectal and sigmoid cavities. "The sigmoid flexure has great mobility; with the hand introduced into the bowel a point above the umbilicus has been reached."

In the discussion of the case of ulceration of the sigmoid flexure reported by me at Winchester, Kentucky, Dr. Pinckney Thompson "thought the claims of the reporter almost impossible," viz., that he could see the

sigmoid flexure or pass a tube or bougie beyond this point.

Mr. Wales, in Gaillard's Medical Journal, p. 385, Vol. xxxvii, No. 4, April, 1884, states that O'Bierne, Rilliet, Cadge, and Simon concluded that a bougie could not pass into the descending colon. Wachmuth, on the other hand, claims to have reached a depth of one hundred and sixty-six to one hundred and ninety-six centimeters, or five feet five inches to six feet five inches. Storer reported cases in which he believed he had reached the cecum, after five feet (one hundred and fifty-one centimeters) of a bougie had passed into the anus. Mr. Wales furthermore states, "I have rarely failed to pass it through the sigmoid flexure to near the termination of the descending colon, and on the cadaver I have demonstrated the practicability of penetrating beyond this point; the difficulty arises from the meso-colon fastening the lower end of descending colon almost immovably in the lumbar region, while the sigmoid flexure from this point curves sharply to the right before plunging into the pelvis. When the bougie attains a depth of forty centimeters, its point can be felt in the neighborhood of the umbilicus, especially if the flexure, as sometimes happens, is unusually long and mobile, far away from the locality where the flexure merges into the descending colon. The bougie has, in fact, stretched the sigmoid curve upward and to the right, thus rendering the angle it makes with the colon altogether sharper and quite impassable. In order to arrive at this angle with the bougie, it is necessary to depress its point into the left lumbar region by one hand externally to the abdomen, while using the other hand to propel the instrument."

Dr. George Hunn, of Junction City, Kentucky, had a patient, a boy, with intra-pelvic tumor. The latter pressed on the sigmoid flexure, making it impossible for the patient to pass a stool or even gas without having passed a hollow tube into the colon daily to give temporary relief. Injections were given through this tube, and all gases, liquids and feces escaped through it. The tube on its distal end, or head, had the form of a snake's head, was slightly flexible, and curved so as to



readily take the direction of the descending transverse and ascending colon, after passing the sigmoid flexure; it was three feet six inches long, and half an inch in caliber. Dr. Hunn continued this treatment daily for many weeks, the colon and sigmoid flexure were greatly distended, one or more times the normal caliber of each. The tube passed easily and could be felt in different parts of the colon, even to the cecum, by the hand on external palpation. The patient finally died of exhaustion.

*Ocular examination of the cavities of the rectum and sigmoid flexures, though one is expert in handling instruments and focusing reflected light on the parts to be seen, is no easy feat to accomplish.*

The subject to be examined should be slender and lean or emaciated, and willing to bear some slight pain and discomfort in the accomplishment of inspection; the sphincter ani should be previously dilated or relaxed and dilatable, as was the case with my patient. If sunlight is reflected into the rectum, the head of the patient should be toward the sun, if gas or coal-oil light be employed, it should be to one side—the left is preferable. The trunk must be inclined to the left side and inverted to an angle of 70° or 80°, and the thighs flexed; both should be supported on hard pillows. The speculum (Sims') is introduced into the anus and rectum, retracting the former, the lower and about half of middle third of the latter, with the coccyx. The nates must also be retracted. The anterior rectal-wall, or rectovesical wall, and anterior-wall of sigmoid flexure are to be pressed forward by the blunt-pointed sound or applicator, out of the way, the retraction of the anus and rectum pressing the anterior rectal-wall and anterior wall of sigmoid flexure forward. *The reflection of light or use of the electric lamp introduced within the bowel must be done simultaneously with forced and prolonged expiration.*

Mr. J. was examined in all ten times by this method; the last examination was on the 1st of April, 1886. After my return from Winchester, Ky. (Kentucky State Medical Society) the patient was again examined. Neither sunlight nor electric were available this time, and lamp-light had to be reflected into the bowel. The afternoon was hot, and the room had to

be darkened, which increased the heat. The patient was much stronger and fleshier than on previous examinations. The sphincter ani was also stronger and more difficult to retract. Mr. J. complained greatly of heat, pain in anus, difficulty in breathing, and had profuse epistaxis as well as free diaphoresis. *This inverted position of trunk in persons who are old or have atheromatous blood-vessels, diseased lungs, or heart, might lead to disastrous consequences.* The examination was not completed, and no more will be made in this way during the hot weather.

Frequent examinations of the above reported case justify the following statements: (1) The function of the sigmoid flexure is a receptacle for the feces as they pass from the descending colon, being closed at its lower end by circular muscular fibers separating the sigmoid cavity from the rectum. (2) The shape of the sigmoid flexure lessens or breaks the force of gravity in the feces downward; if the bowel at this point was a straight tube, the intestinal contents would descend at once to the anus and cause continual inclination to defecate in the sitting or erect position. (3) When the sigmoid flexure becomes filled normal reflex action by the spinal nerves is produced, causing contraction of the circular muscular fibers and retraction of the longitudinal muscular fibers, by which the length and lumen of the bowel are made less above; the circular muscular fibers of the lower end of the sigmoid flexure and those of the rectum, the sphincter ani included, relax, and with the volition of the patient defecation is accomplished, the lungs being inflated, and the diaphragm and abdominal muscles contracted, thus lessening the contents of the abdominal cavity. (4) Physiologically the rectum is a closed and empty cavity (except during forced expiration and defecation), and separated from the sigmoid cavity above by contraction of the circular muscular fibers of the latter at its lower end. (5) The rectum has the following mucous folds, viz: the longitudinal fold at the lower part of the bowel, and Houston's folds, each being a half inch wide and semilunar in shape, generally three or four, sometimes only two. One is situated on the right side of rec-

tum near its upper end; one on the left side lower down. The anterior and largest one on the anterior rectal wall, opposite the base of the bladder, the posterior fold on the back wall of the rectum an inch from the anus. (6) These folds, with the circular muscular fibers of which the sphincter ani is composed, together with the levator ani and coccygeus muscles, support or act as a pillar to the sigmoid flexure when it is filled with fecal matter. (7) When defecation is postponed, though the desire is present and urgent, and feces have passed into the rectum, the latter by contraction of its circular and longitudinal muscular fibers (the mucous folds acting as valves or elevators) returns the feces to the sigmoid cavity. (8) After the desire to defecate is passed, the rectum is found to be empty. (9) But, should defecation be habitually postponed from day to day, or two or three times a week, though demand is urgent, the bowel gets habitually distended after a time, fails to contract or retract, and the rectum then, instead of being physiologically empty, becomes pathologically distended and relaxed. (10) Constipation or diarrhea would then cause the same relaxation of the involuntary muscular fibers. (11) Distension of the bladder causes its posterior or recto vesical wall to project far into the concavity of the sacrum and rectum. (12) When the suprapubic operation of lithotomy is done, the rectum is filled with sponges to push the floor of the bladder (recto-vesical wall) up, or raise the bladder upward and forward, thereby causing the distended viscus to rise high above the pelvis, drawing the peritoneum out of the way and increasing the space for the suprapubic incision. Both of the latter conditions prove the ease with which the anterior wall of the rectum can be moved and held out of the way in ocular inspection of the bowel.

STANFORD, KY.

QUININE is now fifty-two cents an ounce—about a sixth of what it was three years ago. As a result many of the Ceylon plantations have been destroyed to make way for more profitable crops. Opium is reduced to \$1.75 a pound, against nearly \$5.00, its price a short time since.

## MICROBIAN NATURE OF THE CUTANEOUS EFFLORESCENCES OF SYPHILITIC ORIGIN.\*

On the Treatment of Psoriasis Palmaris and Plantaris by Means of Sublimate Baths.

BY GILES DE LA TOURETTE.

The considerations which I am about to present have above all a therapeutic bearing. Nevertheless, the same view which was our guide in researches undertaken five years ago will show that I have never lost sight of the hypothesis that the lesion is of local parasitic character.

I have taken a roundabout way of furnishing my contribution to this demonstration. If the question of the morphology of the microbe is not found to be cleared up, perhaps the therapeutics of the lesion may be somewhat benefited by my efforts.

As early as 1880 I was struck with the excellent results obtained by my lamented master of the St. Louis Hospital, M. Hillairet, while employing sublimate baths in the treatment of generalized papulo-squamous syphilides. While I was interne at the Midi and at the Lourcine, MM. Simonet and Gougenheim kindly permitted me to apply this treatment to numerous cases of papular, palmar, and plantar syphilides, improperly known under the name of syphilitic psoriasis, which presented themselves often both in the wards and in the outpatient department.

This lesion, called psoriasiform, for some cause or other—by reason, perhaps, of the frequent rubbings of those who are the subjects of it, or on account of exposure to the air—is much more tenacious than the same lesion generalized, with which it often co-exists. It is necessary to know that in a large number of cases it exists as an isolated local lesion. Also I have often observed that when the papules of the trunk and of the limbs treated by the baths had been cured, the hands and feet were still diseased. When, at my instigation, the patients carried into the ward a certain quantity of medicated water, and soaked the extremities morning and night in it, they were speedily cured. I thereupon made some researches, and

\* A communication to the Society of Biology. Translated from *Progrès Medical* by D. T. Smith, M. D.



easily ascertained that this mode of treatment had already been prescribed. Kaposi, in particular, advised for the lesion in question a bath of five grains of sublimate to five hundred of the vehicle.

M. Fournier, in a remarkable article upon psoriasis palmaris, recommends the bandelettes of Vigo. The solution of Kaposi appeared to me very irritating. The bandelettes of Vigo applied at night constitute a veritable infirmity—nocturnal, it is true—while the traces of the plaster are made to disappear with difficulty in the morning. It might be that a better result was attainable, and in this view I was confirmed by the observations made by Klotzsch and Aufrecht, from which it seemed to result that there really existed a microbe in syphilitic papules, and in those of psoriasis in particular.

The results which I am about to exhibit are drawn from sixty-five cases observed in special hospitals, or in the general medical service where I have labored as interne.

Syphilitic psoriasis is not at all rare in the out-patient service. Its mode of development is well known. In the first six or eight months following the disappearance of the chancre it most frequently appears; and when the syphilis has been well treated it is relatively a benign lesion. Nevertheless, even where internal treatment has been rigorous, it may be singularly aggravated. These complications are especially marked when the lesion appears after the fifth, sixth, or even the eighth year of a syphilis that has been neglected at the beginning. The psoriasis becomes then a unique affection. The palms of the hands and the soles of the feet especially become covered with hard crusts (corneous syphilides), the natural furrows crack and ooze. The lesion is painful, not only when subjected to traumatism, but also spontaneously.

There exists at night in particular a sensation of tension and heat, very painful and much aggravated by the heat of the bed. I might already have said that the treatment is the same in the two varieties, precocious and tardy. Yet in the second class, when the diagnosis is well established, which is not always the case, it is of importance to remove the crust with

meal poultices, in order that the parasiticide may act with complete certainty.

It was very easy for me to proceed in my researches in an experimental way. In fact the left hand was left free from all treatment in some experiments, in others it was dressed with a sublimated ointment, in others again it was covered with the bandelettes of Vigo; it was plunged in ordinary tepid or cold water, alcoholized or not, while the right hand was bathed in various styles of sublimated solutions, and the same for the feet. I shall content myself with setting forth the results I have obtained while proceeding in this way. In comparing thus the two hands and the two feet, we speedily recognized that the local sublimated baths surpassed all procedures hitherto approved. They calmed almost immediately the pains both provoked and spontaneous, when they existed, and brought about in a very short time a radical cure of the affection. A local bath of ten minutes, morning and evening, sufficed to cure in ten or twelve days a psoriasis of a month and a half's duration, and which seemed disposed to last indefinitely in the case of a syphilitic submitted to internal treatment alone.

The solution of Kaposi, 5-500, has seemed to me too strong with a large number of patients; it irritates the skin very sharply, and in case of cracks it is almost intolerable. Van Swieten's liquid, with the addition of half the quantity of water—that is .25 to 500—is quite sufficient. As it might be thought that it was perhaps the alcohol which acted in these cases, powders were prescribed, composed of sublimate and chlorhydrate ammoniæ, each fifteen grains, three and a half pints of water, to put into an ordinary wash-basin. In case patients are very sensitive the strength may still be diminished one half; on the other hand, it may be increased without exceeding the standard of Van Swieten: one one-thousandth in certain cases of inveterate psoriasis, especially at the beginning of treatment.

In three very stubborn cases, one of which had lasted for two years and a half, and in which all treatment (not anti-syphilitic) had failed, the employment of local sublimated baths enabled me to affirm by reason of the cure the specific nature of the disease, hitherto

ignored. This treatment then is at once a curative and diagnostic procedure which is not to be neglected in doubtful cases. In three months, including five days spent in removing the crusts, this affection of two and a half years' duration was radically cured without the employment of internal treatment, which I should have felt constrained to prescribe under this confirmation.

The patients, all three accustomed to the out-patient consultation, did not interrupt their ordinary occupations, which had been especially hindered under other circumstances; the first result—the immediate result, one might say—was the complete suppression of the pains.

If the general treatment—which, in tardy recurrent cases, ought always to embrace the sublimate, or other mercurial preparations internally—is an excellent adjuvant, it has appeared to me indispensable only to prevent a second breaking out of the affection.

Syphilitic psoriasis is a lesion which, once originated, may continue to live and fructify in its place, as is the case with colonies of infectious germs. The local application, then, of parasitocides must in the nature of things be very favorable to its cure.

It has been known for a long time that therapeutic agents of this order act decidedly better when the liquid in which they are dissolved is applied of a temperature somewhat elevated, not too much so to be supportable by the tissues of the human body. In taking account of all considerations, it is permissible to inquire if psoriasis palmaris with oozing fissures is not contagious, and if one may not conceive of the transmission of an affection generated in this way exposed to every sort of contact and at all times. As for myself, I do not doubt the possibility of this contagion. When psoriasis palmaris or plantaris is accompanied by a generalized efflorescence, it forms the papulo-squamous lesions of the skin, and the papulo-erosive lesions of the mucous membranes.

But, provided one does not care to deny the contagiousness of mucous patches, it seems very difficult not to admit that of the oozing fissures of psoriasis palmaris, since they are lesions of the same origin presenting the

same order and the same nature. I must conclude that even from the point of view of prophylaxis, this lesion, its site being considered, ought to be actively treated.

The sublimate solution by local applications with the aid of tarletan compresses is likewise very efficacious in certain rebellious syphilides of the face, the forearm, etc.; it succeeds, in short, in all similar syphilitic lesions.

In conclusion, I will say that, guided by the same theoretic idea, and at the instigation of M. Brouardel, I have employed this local application of the sublimate in a case of lupus erythematosus of the knee, dating from six years previously, the subject being a maid of eighteen years. The cure was complete at the end of two and a half months. M. Brouardel has communicated to me a second case of the same kind drawn from his practice. These first experiences deserve, I think, to be followed by physicians who are often called to treat this affection, so rebellious, and of which the parasitic nature appears to-day to be well-nigh completely demonstrated.

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## Societies.

### LOUISVILLE MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, July 30, 1886, the President, H. A. Cottell, M. D., in the chair.

The topic for the evening, Chronic Prostatorrhea, was opened for discussion by Dr. E. von Donhoff. He said that cases of this disease were divisible into two classes. In the first class there is simply enlargement of the gland; in the second, there exist such local conditions as may give rise to discharge in any mucous-lined passage, viz., inflammation, passive congestion, structural alteration of the tube, etc. Chronic porostatorrhea is frequently the result of an ill-treated or incurable gonorrhea, which may or may not be complicated with stricture; less frequently it is due to or rather associated with enlargement of the middle lobe of the prostate gland, calcareous degeneration of the gland, cancer and chronic cystitis.

The symptoms are usually a scanty viscid



discharge, visible in the morning on rising, and agglutinating the lips of the meatus urinarius; painful micturition, sometimes followed by hemorrhage with changes in the character of the stream; involuntary seminal emissions, and a sense of weight in the perineum. Each case must be submitted to a searching examination, with a view to determining the character and seat of the disturbing lesion.

Treatment after the method laid down in the books has, in the speaker's hands, been most unsatisfactory. In a case recently seen he had tried (by injection) nitrate of silver, thirty grains to water one ounce, restricted diet, electrolysis, and perineal counter-irritation by actual cautery, with but little success.

The case is now improving under the passage of large steel sounds, and a salve consisting of nitrate of silver, thirty grains, lanolin, one ounce, carried into the prostatic portion of the urethra by means of a catheter fenestrated near its end and furnished with a piston.\* Other cases at times resist every known remedial measure. In cases due to chronic clap, internal urethrotomy, as recommended by Prof. Otis, though a severe measure, is no more formidable than others which have received the sanction of high authority, while in skillful hands it is more likely to secure satisfactory results. This operation, in the opinion of Erichsen, should be held as a *dernier ressort*.

Tunneling of the prostate, especially in those cases associated with enlargement of the middle lobe, has been successfully resorted to in a number of instances by American surgeons. The German operation for the same condition consists in a perineal section of the urethra, in which the finger is introduced and used as a gouge for the removal of the enlarged portion of the gland.

De Somereaux claims to have accurately located the seat of disease in the prostatic urethra by means of the endoscope, treating it with applications of nitrate of silver. The general constitutional condition must also receive its due share of attention, since various diathetic influences are plainly associated

with prostaticorrhea chronica, such as gout, rheumatism, syphilis, alcoholism, etc.

#### DISCUSSION.

Dr. A. M. Cartledge: In all cases characterized by chronic discharge from the urethra, the surgeon should be careful to determine whether or not the latter depends upon stricture. Persons suffering with stricture always suppose themselves to be the subjects of gleet or spermatorrhea. The former, if depending upon stricture, is in most cases amenable to treatment; the latter is a rare affection. True prostaticorrhea, or a catarrhal state of the follicles of the gland, is well nigh incurable. In such cases constitutional treatment is often of more efficacy than local measures.

It is now my custom to use locally cold sounds only, and to administer ferruginous tonics (muriated tincture of iron being preferable) and baths at appropriate intervals. Small doses of cantharides are often useful in these cases.

Dr. F. C. Leber: In cases of spermatorrhea, the vesiculæ seminales empty periodically, and for this reason an examination of the urine will often fail to reveal the existing condition.

I have recently seen a case of chronic prostaticorrhea treated with marked benefit by means of cold sitz-baths and ice-plugs in the rectum. I can not see why tunneling the prostate should have any curative effect when there exists a chronic enlargement of the gland. In this disease the gland ducts are sacculated—a condition which can not be relieved by any known remediable measure. In such cases extirpation of the organ would alone avail.

Dr. Cottell: Relative to diagnosis, it has been claimed by urologists that shreds of mucin in the urinary sediment, which under the microscope appear studded over with aborted epithelia, are pathognomonic of prostatic inflammation. This sign, though of great diagnostic value is, in my experience, not infallible; I have once seen it in the urine of a woman.

Dr. Donhoff: Gout is sometimes a cause of chronic prostaticorrhea. This was the case, I think, in the patient mentioned by Dr. Leber. In cases

\*Fourteen days after this report the case was discharged cured.

due to this cause, constitutional treatment is of first importance.

Tunneling is a radical method of treatment, and for this reason should be held as a last resort. It acts by setting up an active inflammation. The direct and final result of this is a neoplasm, the known tendency of which is to contract and thus secure the very end desired, namely, a diminution in the size of the prostatic body, and, *pari passu*, an obliteration of, or at least a diminution in the size of the sacculations. This measure is regarded with favor by high authorities in urinary surgery.

For my own part, I should recommend the procedure in the case reported by Dr. Leber, and shall certainly practice it in a case now under my observation, in which futile efforts at cure have been made for a period extending over a year.

With reference to the treatment by ice-plugs in the rectum, I can not understand how the beneficial effect of the measure can be more than temporary.

Dr. J. Clark McGuire read a report of a case of acute exacerbation in chronic eczema.\*

Dr. W. Cheatham reported a case of glioma of the retina; patient, a child nineteen months of age.

He also reported the following: A patient supposed to have some foreign body in the ear called at his office a few days since. The symptoms were, pain, noises in the ear, and a bloody discharge from the external auditory canal. Inspection revealed a candle-moth in the canal. There was also a hole in the membrana tympani of the same size as the moth, leading to the inference that the insect had penetrated the drum.

He had recently seen in his practice two cases of neuro-retinitis albuminurica. One of the patients (a male aged fifty-five) had symptoms of locomotor ataxia. In this case the urine, as reported by Dr. Cottell, contained sugar to the amount of five per cent, and albumen one half per cent, but no renal derivatives.

Dr. Ap M. Vance reported two cases in which he had done osteotomy; both patients were young adults.

The first was for the relief of an old articu-

lar osteitis. The chisel was used in the usual manner; but before the instrument had fairly penetrated its tissue the bone fractured transversely, as a direct result of the impact of the mallet. In the second case, he noted that the bone broke with far less difficulty than is encountered in similar operations upon children.

Dr. William Bailey reported a case in which the new physical sign of tricuspid regurgitation,† (as unfolded during the past year by Dr. Pasteur, of London) was well marked. The patient was a child, seen in the practice of Dr. J. M. Holloway; auscultation revealed a regurgitant murmur synchronous with the first cardiac sound. Firm pressure exerted over the liver, in the direction of the spinal column, gave rise in every trial to distension of the superficial veins of the neck.

Dr. Bailey also reported the case of a man who had for some time suffered from insomnia, with a gradual development of symptoms of insanity. Various remedies had been tried without avail. Hydrobromate of hyosine (trituate one one-hundredth grain each, dose, three at night) was given, with the result that the patient slept for several hours. Two trituates at bedtime, on the second evening, gave the patient a good night's rest. After exhibition of the drug for four days, the patient is able to sleep naturally six hours out of the twenty-four, while the mental functions are almost completely restored.

Dr. von Donhoff: The fact that the liver is congested and enlarged in some forms of cardiac disease was known to Hippocrates.

Dr. J. A. Larrabee reported two cases of typhoid fever in which he had used antipyrine with good results. It acted by diaphoresis without depressing the heart and brought down the temperature in a marked manner.

Dr. Larrabee also reported a case of probable mediastinal tumor. The patient, a young man, was attacked with what he supposed to be pleurisy some time during last March. Dr. Larrabee first saw him on the night of the 25th inst. He was able to make out the presence of fluid in the left pleural sac, and on the fol-

†See report on the Progress of Practical Medicine, by J. W. Irwin, M. D., AMERICAN PRACTITIONER AND NEWS, Vol. II, No. 1, p. 1.

\*See page 129.



lowing morning drew off three pints of serum. Soon after this the patient's face became swollen and edematous; the hand, arm, shoulder, and neck of the affected side grew cold and livid; the heart was pushed to the right side, the apex beat being heard under the right nipple. A bruit was heard over the great vessels, and there was evidence of tricuspid insufficiency. There was also a peculiar heart sound, which he believed to be due to mechanical changes in the great vessels, such as lessening or change in the contour of their lumina. There was dullness over the chest in front and a bulging of the wall. The patient had a cough in character like that of bronchial phthisis.

Dr. Bailey: Inasmuch as in this case there was a history of pleurisy, with effusion and displacement of the heart, the lung being probably bound down by old adhesions, the symptoms may be accounted for without resort to the hypothesis of mediastinal tumor.

Dr. Larrabee cited some further points in his case which would make against the theory of pleurisy with adhesions, hydrothorax, etc., viz: The voice was early affected; the patient had worked in a coal mine during the attack of supposed pleurisy, and four months ago he passed successfully an examination for life insurance.

J. M. RAY, M. D.,  
Secretary.

## Reviews and Bibliography.

**The Student's Manual of Venereal Diseases:** being a concise description of those affections and their treatment. By BERKELEY HILL, M. D., Professor of Clinical Surgery in University College, London, and ARTHUR COOPER, M. D., Surgeon to Westminster General Dispensary. Fourth edition, revised. 16mo, pp. 132; cloth. Price, \$1.00. Philadelphia: P. Blakiston, Son & Co. 1886.

This modest little book, whose popularity is attested by its having run through three editions in a few years, lays before the reader such items as are essential to an understanding of the natural history of venereal diseases, the points involved in their diagnosis and their proper treatment.

The following quotations, when viewed in the

light of recent research and current discussion, may give the reader a savor of their manner of writing and a fair view of the authors' position with regard to some of the mooted problems in syphilology.

"The dualist theory is the one adopted in this book. The term chancre will be applied solely to the local contagious venereal ulcer [known in this country as chancroid]. Contagion is not repeated. By this it is meant that a man who has once suffered from syphilis thereby gains immunity for the future, and further inoculations have no effect upon him. This law, though commonly true, is not absolutely so; undoubted instances exist of patients who have had syphilis, and who, after the lapse of years, again contract the disease.

"The essential nature of the virus is unknown. Certain observers, especially in Germany, claim the discovery of a *bacillus* peculiar to syphilis; but the question at present remains unsettled.

"*The physiological secretions* of a syphilitic person—for example, saliva, sweat, tears, milk, semen—have not been proved to be inoculable when free from admixture with syphilitic secretions or with blood."

After speaking of direct contact, they say, "More rarely syphilis is conveyed through the medium of drinking-vessels, spoons, pipes, towels, or other articles that have been used by syphilitic persons. Dentists and surgeons instruments have also acted as media of contagion—as, for instance, in vaccination."

"There are those who believe that syphilis may pass from father to child, while the mother escapes. It is most probable, however, that the mother of a syphilitic child never escapes, for under such circumstances she never catches the disease from the child after its birth." "The natural course of the disease is to recovery."

"Having made this progress [that is, to the full development of the second stage] the disease may subside completely, and never revive." *As soon as a diagnosis of syphilis has been made, mercurial treatment should be begun.*

"*Mercury.* If given early, it promotes the dispersion of the induration at the point of contagion and of the enlargement of the glands;

it delays and lessens the severity of the cutaneous eruptions and of all the symptoms which accompany them."

"In small doses it is tonic, promoting the action of the liver and digestion generally. *The aim should be to limit its action to the tonic effect.*"

"*Prognosis.* In many persons syphilis ends spontaneously, and in the great majority the disease subsides completely within two years. The incurable cases are comparatively few."

Indeed the simple statement, without argument, of facts, so far as they have been brought to light, is the aim, if not in all cases the attainment, of the authors, and had they named the work *Aphorisms of Venereal Diseases*, the admirably condensed contents would have justified the title.

**Diseases of the Stomach and Intestines.** A Manual of Clinical Therapeutics for the Student and Practitioner. By Prof. DUJARDIN-BEAUMETZ, Physician to Cochin Hospital, etc. Translated from the Fourth French edition by E. P. HURD, M. D. With illustrations and one chromo-lithograph. 8vo, pp. xvi and 389; cloth. Wood's Library of Standard Medical Authors. New York: William Wood & Co. 1886.

This book is the first volume—with the omission of the first part, pertaining to diseases of the heart and aorta—of Prof. Dujardin-Beaumont's great work entitled *Leçons de Clinique Thérapeutique*. The third volume of this work, On the Treatment of Diseases of the Nervous System, General Diseases, and Fevers, which last year was issued in English dress by Mr. Geo. S. Davis, of Detroit, under the title of *Clinical Therapeutics*, is already familiar to many of our readers. The fame of the great therapist has spread over the civilized world, and nothing falls from his pen that is not worthy of careful study.

The present volume is of vital interest to the general practitioner, since it deals with a class of affections which are common in daily practice, and in the treatment of which he is ever constrained to own the inadequacy of the therapeutic measures hitherto in vogue.

Dr. Dujardin-Beaumont attacks the intricate problems here presented from the side of phy-

siological medicine, and having with marvelous erudition laid before the reader every fact and factor in the given case, advances to his conclusion with the caution of the philosopher and the confidence of the experienced clinician. Of course many of the diseases discussed remain in his hands incurable; but many more which, under routine methods of treatment, have baffled the practitioner, are found to yield to his superior measures in a manner which promises great things for the future of therapeutic science.

The success of the author lies in the thorough study and understanding of every feature of the given case, remarkable invention in devices for its management, and the skillful exhibition of remedies old and new.

If the reader should be inclined to charge us with having exhibited undue enthusiasm in the foregoing remarks, we beg that he will suspend judgment until he has read the work, or at least that part of it which treats of dyspepsia and other gastric ailments.

The only feature of the volume which would seem to detract from its value, is that it is published in the form of lectures, and without the sub-headings which so much enhance the finding of any particular topic in hasty reference; but the index is ample and compensates in great measure for this deficiency. The liberal annotations (in solid type at the end of each lecture) which contain every important formula, and a careful analysis of the opinions of other writers, display great research and add materially to the value of the volume as a book of reference.

**? Quiz Compend ? No. 11. A Compend of Pharmacy.** By F. E. STEWART, M. D., Ph. G., Quiz Master in Chemistry and Theoretical Pharmacy in the Philadelphia College of Pharmacy, etc. Based upon Prof. Joseph P. Remington's "Text Book of Pharmacy." 16mo, pp. 196; cloth. Price, \$1.00. Philadelphia: P. Blakiston, Son & Co. 1886.

The eleventh number of Messrs. Blakiston, Son & Co.'s, excellent series of compends is devoted to a portion of the legacy of medical science in which the physician can at best expect to inherit the "younger brother's share."



While the voluminous works in this department must stand for the most part as an ornament to his shelves, a book in the form of a brief compendium will serve as a ready means of acquiring, as time will allow, much useful knowledge relative to the strength, miscibility, and compatibility of the ingredients of his prescriptions, to enlargement of his reputation with the apothecary and the comfort of the patient.

The work under notice contains in brief form nearly every essential item of the classic work upon which it is founded, and, coming from the hand of one whose business it is to follow Prof. Remington's lectures in the College Quiz, may be trusted for accuracy of statement in theory and in fact.

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**A System of Practical Medicine by American Authors.** Edited by WILLIAM PEPPER, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania, Assisted by LOUIS STARR, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Volume v: Diseases of the Nervous System. Royal 8vo, pp. 1326. Philadelphia: Lea Brothers & Co. 1886.

It is not to be expected that the limitations of each subject could be preserved when many writers are employed, as in a work where a single author performs the entire task. But it is not easy to perceive how the editor could better have laid off his work, or his co-adju-tors have performed it better than is here done.

In presenting this closing volume to the public, the editors and publishers of Peppers' System of Medicine may well rest from their task with pardonable pride. They have placed the medical profession of America under double obligations of gratitude, first, for the honor they have done American medicine, by securing from American authors a work so eminently creditable, and second, by placing within their reach an attractive, well-written, and sufficiently exhaustive treatise practically covering the field of medicine. The fifth volume is the culmination of a task competently and honestly done. There is great temptation to

single out special articles for commendation, but it would hardly be fair where all are so much deserving of praise.

Taken altogether, Pepper's System of Medicine under present conditions is a work that can ill be dispensed with, and the physician is unfortunate who can not, and unwise who will not, add it to his library. D. T. S.

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**Hydrophobia: M. Pasteur and his Methods. A critical analysis.** By Thomas M. Dolan, M. D., F. R. C. S., author of "The Nature and Treatment of Rabies or Hydrophobia," etc. London: H. K. Lewis, 136 Gower Street.

**The Genuine Works of Hippocrates.** Translated from the Greek, with a preliminary discourse and annotations. By Francis Adams, LL.D., Surgeon. Volume II. Being VII of Wood's Library for 1886. New York: William Wood & Co.

**New Medications:** By Professor Dujardin-Beaumetz. Translated by E. P. Hurd, M. D. Parts first and second, with appendices and illustrations. Pages 320; paper. (The Physician's Leisure Library.) Detroit, Michigan: Geo. S. Davis.

**The use of Electricity in the Removal of Superfluous Hair, and the Treatment of various Facial Blemishes.** By Geo. Henry Fox, A. M., M. D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York, etc. Pages 67; paper. (The Physician's Leisure Library.) Detroit, Michigan: Geo. S. Davis. 1886.

**The Classification and Treatment of over two thousand consecutive Cases of Ear Diseases at Dr. Sexton's aural clinic, New York Eye and Ear Infirmary.** By Samuel Sexton, M. D., Aural Surgeon, and W. A. Bartlett, M. D., and Robt. Barclay, M. D., Assistant Surgeons. Pages 95; paper. (The Physician's Leisure Library.) Detroit, Michigan: Geo. S. Davis. 1886.

**Analysis of the Urine, with special reference to the Diseases of the Genito-Urinary Organs.** By K. B. Hoffman, Professor in the University of Gratz, and R. Ultzmann, Docent in the University of Vienna. Translated by T. Barton Brune, A. M., M. D., and H. Holbrook Curtis, Ph. B., M. D. Second edition, revised and enlarged. 8vo, pp. 310, with six chromolithographic plates. Cloth, \$2. New York: D. Appleton & Co. 1886.

Journal für Zahnheilkunde. Vereins-organ der Deutschen Verlinigung in Amerika graduirter Doctoren der Zahnheilkunde redigirt von Dr. Erich Richter. Redactions-bureau, Breslau.

A Manual on Inhalers, Inhalations, and Inhalants, and guide to their discriminating use in the treatment of common Catarrhal Diseases of the Respiratory Tract. By Beverly Robinson, M. D., Clinical Professor of Medicine at the Bellevue Hospital Medical College, New York. Pages 72; paper. (The Physician's Leisure Library.) Detroit, Michigan: Geo. S. Davis. 1886.

Diseases of Digestion, Urinary and Generative Organs. Illustrated by one hundred and six fine wood engravings. Being volume II of the Hand-book of Practical Medicine. By Dr. Hermann Eichhorst, Professor of Special Pathology and Therapeutics and Director of the University Medical Clinic in Zurich. This is volume VI of Wood's Library for 1886. New York: William Wood & Co.

### Translations.

DIABETES INSIPIDUS.—Desmange says, in *L'Union Medicale*, that diabetes insipidus is best treated by valerian in doses of two to four drams of the powder *per diem*. This drug was highly praised by Trousseau, and its use has been since revived by Bouchard.

EGGS IN ALBUMINURIA. — The question whether or not, in the generality of cases of albuminuria, an augmentation of food rich in nitrogen is useful or dangerous again agitates the bosom of the medical body.

Formerly, in chronic cases, the rule was to seek to restore to the body a sufficient quantity of albumen to make up the loss, and this in the form of food, such as eggs and the like.

To-day, in accordance with the experiments of Senator, the profession has receded from that position, for, contended that author, a very small quantity of albuminoid substance suffices to compensate for the loss suffered.

In order to test the result produced by a large quantity of albumen, and in a great number of cases Loewenmeyer has undertaken a series of experiments, from which it

resulted that the copious ingestion of the white of eggs does not increase the quantity of urine secreted. Nevertheless the author does not consider the case definitely settled, and proposes to renew his experiments.—*Journal de Med. de Paris*.

MYRIATCHJE.—Dr. Jankousky reports, in *Zeitschrift Wratsch*, an epidemic of myriatchje (from the Russian word *miriatchize*, to play the fool), which he had observed in a West Siberian battalion of infantry. One day suddenly fifteen soldiers were brought into the hospital as crazy. As Dr. Jankousky asked the nearest one, "What is the matter here?" the whole body repeated his words, and besides every thing that was said in their presence.

Examination revealed increased sensibility to the esthesiometer, brisk pulse, increased sensibility of the skin, widening or narrowing of pupils, and a disposition to laugh without cause.

After the exhibition of an emetic and a purgative a quiet sleep followed, and next morning the patients were all in a normal condition, and possessed only a vague remembrance of what had transpired. As he learned, later, the soldiers had been in company with a Korean merchant who was a sufferer from myriatchje.

A very similar disease, found in Java, in which the necessity of imitation is observed, but extends also to movements, is the so-called *lata*.—*Deutsche Med. Zeit.*

SULPHATE OF SPARTEINE AS A DYNAMIC MEDICAMENT AND REGULATOR OF THE HEART. M. Germain Sée reports three constant effects as resulting in his experience from the use of this medicament.

1. The strengthening of the heart and pulse, more persistently and effectually than digitalis and convallaria.

2. The immediate regulation of the disturbed heart rhythm, in which it is surpassed in efficacy by no other medicament.

3. The acceleration of the heart-stroke in cases of severe atony accompanied with excitement, similar to the action of belladonna. The influence manifests itself immediately after the exhibition of the remedy, and lasts



for three or four days. During this time the general strength increases, and the breathing is essentially lightened more certainly than by iodide of potassium.

The agent seems not to exert any favorable influence upon the secretion of urine. It is especially indicated in cases of disease of the heart muscle.—*L'Union Medical*.

## Abstracts and Selections.

THE RELATIVE VALUE OF POTASSIO-MERCURIC IODIDE AND PICRIC ACID AS TESTS FOR ALBUMEN IN URINE.—Dr. George Johnson writes, in the *British Medical Journal*, July 17th: I am surprised to find that the Albumen Test Committee of the Clinical Society, and the author of the leading article in the *Journal* of June 26th, in speaking of the extreme delicacy of the potassio-mercuric iodide-test, make no mention of the fact that this reagent, with acetic or citric acid, without which it fails to indicate the presence of albumen, causes, in all normal urines, an opalescence which can not be distinguished from that which is given by a minute trace of albumen. This unquestionable fact renders the test in question not only useless, but dangerously misleading. The only use that I now make of this test is to demonstrate to those who are unaware of its action the opalescence which it causes in every normal urine.

And now that I am writing, I may, perhaps, be allowed to say that I differ from the committee as to the best mode of using picric acid in testing urines which contain only a minute trace of albumen.

First, as I understand, they recommend the combination of acetic or citric with picric acid; but this is quite unnecessary, except when the urine is so highly alkaline, that an equal volume of a saturated solution of picric acid is insufficient to acidulate it. Then it is a well-known fact that, while picric acid alone gives no opalescence with mucin, acetic and citric acid both coagulate mucin; and when acetic or citric acid is combined with picric acid in urine-testing, the yellow picric acid renders the mucin opalescence more conspicuous, and so might mislead an unpracticed observer into the belief that a trace of albumen is present.

The slight mucin opalescence, however, which a mixture of acetic or citric with picric acid often causes in normal urine, may be certainly distinguished from albumen by the fact that, while the mucin opalescence is not in the

slightest degree increased by heat, a slight albuminous opalescence is always apparently doubled when the specimen is heated to near the boiling point. And this leads me on to remark further that I differ from the committee in their suggestion that the picric-acid solution should be rendered specifically heavier by the mixture with strong brine, so that, like nitric acid, it may be made to rest below the column of liquid.

Introduced in this way, the supplementary boiling test is less readily applicable. On the other hand, the low specific gravity of the unmixed picric-acid solution facilitates its application in a mode which renders it at once the most delicate and absolutely trustworthy test for a minute trace of albumen that we possess. The following is the method to which I refer: Into a test-tube about six inches long is poured a four-inch column of urine, and upon this, the tube being somewhat inclined, is gently poured an inch column of picric-acid solution. The result is a diffusion of the reagent through the upper half of the column of urine, when, if albumen is present, an immediate opalescence occurs, more visible when looked at with a dark background, the opaque yellow mixture above contrasting with the transparent unmixed urine below. The application of heat to the upper stratum at once increases the opalescence. So constant and decided is the effect of heat thus applied, that when, from the small amount of albumen present, the opalescence resulting from the mixture of the picric acid with the cold urine appears somewhat doubtful, the subsequent heating greatly increases the opalescence, and places the presence of albumen beyond all doubt. By the application of heat to the upper part alone, we may obtain three distinct layers in the column of liquid: First, below, the unmixed transparent urine; second, next above this, a slightly opalescent layer of picric acid and cold urine; third, at the top of the column, a layer which has been rendered more decidedly opalescent by the application of heat to the mixture of urine with picric acid.

OPHTHALMIA NEONATORUM — ITS TREATMENT.—Dr. J. E. Weeks, of New York, one of the resident staff of the Ophthalmic and Aural Institute, writes, in the *Medical Record*, on ophthalmia neonatorum, that the plan of treating this affection he has found most rational is as follows, for the careful carrying out of which a trained nurse or a careful attendant is essential:

If only one eye is attacked, the well eye must be carefully guarded against the possibility of infection from the diseased eye. This

is done by cleansing both eyes frequently with absorbent cotton or clean sponges, and clean, cool water, weak solutions of sublimate, boracic acid, etc. Sealing the eye in infants is very unsatisfactory; it may be done with benefit in adults. *Constant* cold applications to the lids should be made. I find the following method most efficient: Pieces of linen, twelve or eighteen in number, are folded into three layers, so as to form squares of an inch and a half. These squares are dampened and spread on a cake of ice. The nurse in attendance changes the pieces of linen to and from the eye sufficiently often to have a cold piece *always* resting on the lids. These applications are kept up *constantly* until the swelling of the lids subsides, and until the discharge has almost entirely ceased, usually from three to seven days. The plan of making the cold applications at intervals of two or more hours is certainly not advisable in these cases, as the temperature of the lids rises as soon as the cold is removed, and the development of any living germ in the tissue of the conjunctiva is resumed. I have witnessed the increase of inflammatory action in cases of this kind when the intermittent plan was followed. The secretion is removed from the conjunctiva by careful washing with cold or cool water, a clean sponge or absorbent cotton, usually every twenty or thirty minutes—more or less frequently according as the secretion is more or less profuse.

In these conditions applications of a one- to two-per-cent solution of nitrate of silver are made to the surface of the conjunctiva every morning and evening, care being taken not to make the solution sufficiently strong to cause an increase in the inflammation of the lids when it is applied. The applications are made in the following manner: The lids are everted, and the solution of silver is brushed upon the conjunctiva freely with a soft camel's-hair brush. After the silver has remained in contact with the conjunctiva from fifteen to thirty seconds, it is washed off with a very weak solution of sodium chloride or simple water.

The above-mentioned applications may be made in all stages of the disease, without regard to the condition of the cornea. If corneal ulcers exist, one or two drops of a one-per-cent solution of the sulphate of atropine should be instilled between the lids two or three times a day. I find that the gonococci are present so long as the purulent discharge continues.

If the above plan of treatment be carefully carried out, I am confident that no eye need be lost by any form of gonorrhoeal ophthalmia, if the treatment is commenced before the cornea becomes involved, and that corneal complications will be very rare. In nearly every case

the progress of the disease will be arrested from the moment that treatment is begun. Canthotomy, Critchett's operation of a perpendicular incision through the middle of the upper lid, or scarification, I deem harmful and entirely unnecessary.

**DOES THE PRECOCIOUS CHILD MAKE THE DISTINGUISHED MAN?**—The idea that genius reveals itself early in life does not at once recommend itself to common sense. Observation of Nature as a whole suggests, first of all, perhaps that her choicer and more costly gifts are the result of a long process of preparation. And, however this be, there is certainly more of moral suggestiveness in the thought that intellectual distinction is the reward of a strenuous adolescence and manhood than in the supposition that it can be reached by the stripling at a bound through sheer force of native talent. And it may not improbably have been a lively perception of this ethical significance which fostered in the classic mind so wide-spread a disbelief in early promises of great intellectual power. We find a typical expression of this sentiment in the saying of Quintilian: "*Illud ingeniorum velut præcox genus non temere umquam pervenit ad frugem.*" That is to say, the early blossom of talent is rarely followed by the fruit of great achievement.

It is evident that this saying embodies something like a general theory of the relation between rank of talent and rate of development. Where superior intellectual ability shows itself at an early date, it is of the sort that reaches its full stature early, and so never attains to the greatest height. On the other hand, genius of the finer order declares itself more slowly.

In order to estimate the soundness of this view, two lines of inquiry would be necessary. We should need to ask, first of all, what proportion of those who had shown marked precocity have afterward redeemed the promise of their youth; and, secondly, what number of those who have unquestionably obtained a place among the great were previously distinguished by precocity.

These two lines of investigation are, however, in a measure distinct. It may turn out that a large proportion of clever children never attain to any thing but mediocrity in later life, and yet that the majority of great men have been remarkable as children. Hence, we may confine ourselves in the present essay to the second branch of the above inquiry, the retrogressive search for signs of precocity in the early life of those who have attained distinction.—From "*Genius and Precocity.*" by James Sully, *Popular Science Monthly* for August.



**TREATMENT OF STRICTURE OF THE URETHRA BY ELECTROLYSIS.**—The subject is one of great interest. At a recent meeting of the Royal Medical and Chirurgical Society six cases were brought forward which had been treated by this method, in none of which had recontraction taken place, though it must be admitted that a sufficient interval had not elapsed to permit judgment to be passed as to the permanency of cure.

In the first case rigors occurred, but this can scarcely be wondered at when it is remembered that both gentlemen were employing this method for the first time.

The *modus operandi* employed was as follows: A gum-elastic or celluloid bougie, with a wire running down to the center terminating in a metal end, forms the electrode; this being connected with the negative pole is held gently pressed against the stricture, and should be of a size larger by two or three millimeters than is the stricture's caliber. To the positive pole is attached a pad electrode which is placed over the sacrum, the patient lying upon it. The battery used is Stoeher's 30-cell. A current strength of from five to eight milliampères is found requisite, which is gauged by means of a galvanometer.

In cases of eccentric stricture a funneled electrode can be used, passed over a long cat-gut bougie which has previously been passed through the stricture, or a filiform guide bougie may be passed, to which is screwed the electrode. By this means the electrode can not fail to traverse the proper course.

After the passage of the electrode through the stricture, which may take from two to twenty minutes, the patient goes home and the urethra is left untouched for fourteen days. The treatment can then be repeated if necessary. Speaking generally, from two to three applications are required.—*S. Swinford Edwards, Annals of Surgery.*

**EXPERIMENTS IN THE PNEUMATIC CABINET.** Drs. Martin and Donaldson report the results of a large number of experiments upon animals placed in the pneumatic cabinet. Rabbits chloralized were used, and so arranged as to admit of a correct study of the changes in the circulation and respiration. Their results are thus:

When the animal is breathing air from outside the cabinet, rarefaction of air within the cabinet causes a marked fall of general arterial pressure, but has no influence on the pulse-rate. The fall of pressure lasts only a short time, and is followed by a temporary rise above the normal.

This fall of systemic arterial pressure de-

pends upon two factors, greater flow of blood to the skin when the air about the animal is rarefied, and greater accumulation of blood in the lungs when they are distended.

Of these two factors, accumulation of blood is the more effective; for if the animal breathes air from the cabinet and not from the outside, rarefaction of air within the cabinet has but a trivial effect in lowering arterial pressure. When the animal is breathing external air, rarefaction of the air within the cabinet usually has no effect upon the respiratory acts unless the fall of blood-pressure is considerable. If it is considerable, symptoms of anemia of the medulla oblongata are seen. In most cases there is more forcible dyspneic breathing; in some there are dyspneic convulsions similar to those which occur when an animal is bled to death, and due to the same cause, viz., deficient blood-flow to the respiratory center.

The rapid recovery of general arterial pressure while the animal is still in a rarefied atmosphere but breathing external air, is probably due to the excitation of the vasomotor center, which, as is well known, is excited whenever its blood-supply is defective. The brain, inclosed in a rigid box which is practically unaffected by variations in atmospheric pressure, has its circulation more disturbed in the pneumatic cabinet than any other organ except the lungs.

Compression of the air within the cabinet while the lungs are in communication with the external air causes a considerable but transient rise of blood-pressure. This is probably mainly due to the forcing of blood from the cutaneous vessels.

Compression of air within the cabinet while the lungs are in communication with the external air slows the pulse as the arterial pressure rises. This is probably due to excitation by increased intracranial pressure of the cardio-inhibitory center. In certain cases, when the air within the cabinet is rarefied, and the animal is breathing external air, the respiratory movements cease altogether for several seconds.—*New York Medical Journal.*

**APONE, A NEW PREPARATION OF CAPSICUM.** Dr. V. Paulet gives the name apone to a preparation made after the following formula:

Capsicum,  $6\frac{1}{2}$  ounces; ammonia water,  $3\frac{1}{4}$  ounces; essence of thyme,  $2\frac{1}{2}$  drams; chloral hydrate,  $2\frac{1}{2}$  drams; Alcohol, sixty per cent, 2 pints.

The capsicum is macerated for a month in the alcohol mixed with the ammonia-water. It is then expressed, the chloral and essence of thyme are added, and the product is to be kept

in a well-stopped bottle. Stress is laid on the formation of a soapy substance by the combination of the ammonia with the capsin, and, as this change takes place slowly, a pone should be prepared long before it is to be used. [Of course the chloral hydrate will be decomposed into chloroform and formic acid by the action of the ammonia.—Ed.] It is most adapted for external use, pure or diluted with oil, and acts as an anodyne revulsive. The author recommends it highly for muscular rheumatism, certain neuralgias, hysteria, seasickness, and inflammatory affections of mucous membranes. Internally the dose is from ten to twenty drops, in a little water, and half a glass of water or cold tea should be swallowed at once. The remedy has been used internally with success in the treatment of hemorrhoids. The addition of a few drops to the drink is said to aid the system in bearing up under the influence of excessive solar heat.—*American Lancet*.

**THE FATE OF EXTRAVASATED BLOOD: AN EXPERIMENTAL RESEARCH.**—The object of research was primarily to determine the share taken by the liver, the spleen, and the bone marrow, in the disposal of extravasated blood. The method of research was the transfusion of large quantities of blood into the peritoneal cavity, the blood being, in all cases, derived from an animal of the same species. The animals used were the rabbit and dog.

1. *Local Fate.* 1. The part taken by cells in the local changes going on around extravasated blood is of the greatest importance; the cells being of two kinds—those of leucocyte, and those of connective-tissue origin.

2. The formation of blood-pigment from the red blood-corpuscles is mainly a "cellular" process, being effected through the agency of cells, either by inclosure of the corpuscles bodily within them, or by disintegration of the red corpuscles and then inclosure of their fragments.

3. In the process of so-called "organization" of blood-clot, both varieties of cells play an important part; but, while both leucocytes and connective-tissue cells are concerned in the disintegration of the red corpuscles, the former, in addition, effecting the removal of the *debris* from the seat of extravasation, the connective-tissue cells alone are concerned in the process of formation of fibrous tissue by which ultimately the clot becomes replaced.

II. *Absorption.* 4. The absorption of extravasated blood applies not only to the serum of the blood, but also to the great majority of the red corpuscles which remain unentangled amidst coagula or the surrounding tissues.

5. This absorption is extremely rapid, both

from the subcutaneous tissues, but especially from the larger serous cavities.

6. In the case of the peritoneal cavity, the absorption of the serum and red blood-corpuscles is effected almost entirely through the lymphatics of the diaphragm.

7. Under such circumstances, the increase in the number of corpuscles within the circulation is observable one hour after injection, and steadily rises till it reaches a maximum about the second or third day, the time varying according to the quantity injected.

8. Extravasation *per se* does not affect the vitality of the red blood-corpuscles; if absorbed back into the circulation within a day or two, they continue to live as before.

9. Their longest duration of life under such circumstances (in the rabbit) varies from two to four weeks, this duration applying naturally to only a few of them.

10. The probable life-duration of the red blood-corpuscle in man is about three weeks.

III. *Ultimate Fate of the Absorbed Corpuscles.*

11. The three great seats of blood-destruction within the body, under pathological as under physiological conditions, are: The liver, the spleen, and the bone marrow.

12. The nature of the process of destruction in the liver, differs essentially from that in the spleen and bone marrow.

13. In the latter the process of blood-destruction is mainly a cellular one, comparable in all respects with, although much more rapid and complete than, the similar processes taking place locally at the seat of extravasation; in the former, the destruction is much more rapid than in the spleen and bone marrow.

14. After increased destruction of blood-corpuscles within the body, the local evidences obtainable are—in the case of the liver, increased richness of its substance in iron and the presence of granules containing free iron within the liver-cells; in the case of the spleen and bone marrow, increase in the amount of pigment containing free iron found within these organs.

15. In health, a definite relation is maintained between the amount of blood-destruction which takes place in the liver on the one hand, and in the spleen and bone marrow on the other.

16. Any disturbance of this relation on the part of the liver is of much greater consequence than on the part of the spleen or bone marrow.

17. The former is, in all probability, the pathological change which lies at the root of progressive pernicious anemia; as the latter is the probable cause of the anemia of leucocythemia.



18. The rapidity with which blood-corpuscles introduced into the circulation become destroyed is very great, a number equivalent to about 4 or 5 per cent of the animal's own blood being destroyed daily.

19. The small quantity of blood transfusable into the organism in the case of man is therefore entirely removed from the body in a few days at most, probably not longer than three or four.

20. Transfusion of blood in the human subject, in cases of pernicious anemia, with the object of increasing the number of corpuscles, is devoid of all physiological basis, and is simply adding fuel to the flame, since the fault in this disease is not one of defective formation of blood-corpuscles, but one of excessive destruction of those already present.—*William Hunter, M. D., Edin.; British Medical Journal.*

**TREATMENT OF PUERPERAL SEPSIS.**—Prof. Carl Braun has recently adopted a mode of treatment in cases of puerperal sepsis which has generally proved most efficient. As soon as a marked rise in temperature occurs the interior of the uterus is thoroughly curetted and disinfected by an antiseptic fluid, usually thymol. The curette removes masses of decidua, blood clots, and often pieces of membrane the presence of which would not be suspected, as the labor may have been normal. To be efficient, the operation must be done thoroughly yet gently, and when so performed the temperature has often fallen several degrees and in a short time become normal, and a normal lying-in period ensued. An iodoform pencil or uterine suppository is often placed in the cervix after the operation, and antiseptic gauze in the vagina to absorb discharges.—*Medical News.*

**SALICYLATE OF COCAINE IN ASTHMA.**—A comparatively new method of treatment in asthma nervosum has lately been tried by Professor Mosler, of Greifswald. It is now well known that cocaine has not only a local action on the sensory nerve endings, but also a central one, which, at first stimulating to the nerve centers, may, if the drug be pushed, become sedative or even narcotic. By this peripheral or central effect it may, therefore, act in such spasmodic diseases as asthma. Early last year, Beschorner published two cases of this disease which were much benefited by cocaine. In three cases Professor Mosler has obtained excellent results. All these cases occurred in young people of twenty-three to twenty-five years of age, and were uncomplicated by any organic heart or lung disease. The drug was given subcutaneously, in

doses of 0.4 gram, at the commencement of the attack. The first patient, who had a bad family history as regards lung disease, and in whom the asthma had lasted eleven years, was relieved after the third injection; two more doses caused abeyance of the attacks (which occurred previously every day) for a fortnight, when the patient was lost sight of. In the second and third cases, the treatment was more rapid in cutting short the attacks, which in the end were postponed for the three or four weeks during which the patients continued under observation. The injections caused, in one case, a slight sense of faintness and the appearance of dark spots before the eyes; but these symptoms soon vanished. It is, of course, impossible to draw from these cases any conclusion as to the permanent benefit of the treatment. Extended experience will perhaps show that the drug is only a palliative. It is in the hope of inducing other practitioners to try the treatment that Professor Mosler has published the results of his cases.—*British Medical Journal.*

**DIFFERENT PREPARATIONS OF THALLIN IN ENTERIC FEVER.**—Dr. Mayrhofer, during an epidemic of enteric fever occurring in a Bavarian regiment, employed thallin in three different forms—namely, the sulphate, the tannate, and the tartrate; and obtained highly satisfactory results from them all. He gave the drug according to Ehrlich's continuous system, the doses being generally 0.2 gram, repeated when the temperature rose. From 1 to 2 grams were given *per diem*. The total quantity required varied from 8 grams in mild cases to 26 grams in severe cases with relapses. After taking the medicine, a profuse perspiration occurred, which invariably appeared to improve the patient's condition. No unpleasant effects were observed. There were altogether eighty-eight cases, of which three (that is, 3.4 per cent) died. It was not possible to say that one of the three preparations presented any marked differences in its action from the other two.—*British Medical Journal.*

**CALCULUS IN WOMEN.**—Dr. Wedensky, of Moscow, where stone prevails, has published in the *Vratch* some interesting statistical records of vesical calculus in women, as well as the results of his own experience. He notes that Hugenberger, after having examined 40,000 women for various diseases, did not come across a single case of stone. Winckle observed one case in 2,500 female patients. Sir Henry Thompson's statistics are well known in this country. Between 1808 and 1841 Bassoff, of Moscow, treated 2,989 cases of calculus,

only 75 occurring in women. In the same city Klin, between 1822 and 1860, had 1,792 cases, 4 being females. Twenty-five out of Mamonoff's 700 cases were women. Dr. Wedensky himself observed 980 cases in the Marien Hospital; 27 of these occurred in women. Thus, about 2 per cent of cases of urinary calculus appeared in patients of the female sex. Lastly, the same surgeon has operated 29 times on females. In 3 cases the stone was removed by dilatation of the urethra, and all recovered. Dr. Wedensky prefers this method, done gradually on Simon's principle, when the stone is small. In 13 he performed lithotomy; 2 of these cases died. He considers this operation by far the best method of treatment for large calculi, and, if the surgeon object to it, he recommends suprapubic lithotomy. In 3 Dr. Wedensky made a vesicovaginal section, 1 dying. He objects to this plan, as being liable to leave a fistula. In 10 cases he performed lateral section, losing 3. He now rejects this operation entirely, as it leaves a troublesome and permanent cicatrix.—*British Medical Journal*.

**SECONDARY SUTURE OF THE MEDIAN AND ULNAR NERVES. RECOVERY.** (By Mr. R. Harrison, Liverpool).—The author narrates the case of a man aged twenty-one, who, eighteen months before admission, fell through a green-house, severely cutting his wrist. There was a mark of a deep cut transversely across the wrist, just above the anterior annular ligament. The hand was stiff and useless, all the muscles were atrophied, and sensation and motion were completely absent in the part supplied by the median and ulnar nerves. The author opened up the scar by a long vertical incision, and dissected out the ends of the ulnar and median nerves; these were found clubbed and incorporated with the scar tissue. The ends of the nerves after dissection of the part were freshened with the knife and brought together as accurately as possible with catgut sutures. The wound was closed and the limb placed on a splint, with the hand slightly flexed. The wound healed quickly. A month after the operation the patient was again placed under ether, when the stiffened hand was subjected to free movement. The amount of stiffness, especially in some of the phalangeal joints, was so great as to occasion considerable difficulty in thoroughly effecting what was desired. For forty-eight hours after this was done the patient experienced considerable pain in a part that previously had been almost insensible. Shortly afterward the patient was discharged, improving slowly but steadily. When he was seen, after the expiration of about

eighteen months, it was found that sensation was every where complete where it had been destroyed, except in the little finger, and the recovery of muscular power had been such that he had been able to resume his employment.—*H. P. Dunn, London; Annals of Surgery*.

**ICHTHYOL.**—Ichthyol is a product of the destructive distillation of a peculiar sulphurous bituminous mineral, obtained from the deposit of fossil fish found in the Tyrol.

It has recently attracted much attention as a remedy for various disorders, inasmuch as it has received the approbation of some of the most authoritative voices of the German profession.

It is a black viscid substance of disagreeable odor and taste. It is perfectly soluble in water, partly so in either ether or alcohol, but completely soluble in these when combined. With fats, vaseline, and lanolin it can be incorporated in all proportions. Its therapeutic applications are many. Some of the most important are given:

For external application:

1. In lesions, wounds, and diseases of the skin.
2. In tumefaction of joints.
3. In muscular rheumatism and neuralgia.
4. In catarrhal affections of the pharynx and larynx.

For internal administration:

1. In diseases of the skin in conjunction with the external application.
2. In gout and rheumatism.
3. In chronic constipation.

Of the many preparations of ichthyol which have been employed, the following seem to be most generally used:

1. Ichthyo-sulphate of sodium.
2. Ichthyol in 590 alcohol-ethereal solution.
3. Ichthyol soap.
4. Ichthyol vaseline.
5. Ichthyol collodion.
6. Ichthyol paste.

For the internal administration of the remedy sealed capsules containing  $2\frac{1}{2}$ –5 grains (the dose varying from  $2\frac{1}{2}$ –20 grains) seem to offer the best means. S. F.

**A SOOTHING INJECTION FOR ACUTE VAGINAL INFLAMMATION.**—Trousseau (*Gazette de Gynecologie*) is credited with this combination:

Belladonna leaves, stramonium leaves, each, half ounce; water  $1\frac{1}{2}$  pint. Boil away one third of the water and then add thirty drops of laudanum. In cases of carcinoma uteri, where the pain is excessive, two or three drams of laudanum may be used.



# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. II. SATURDAY, AUGUST 21, 1886. No. 4.

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

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440 to 446 West Main Street, Louisville, Ky.

## A PROBLEM IN BACTERIOLOGY.

A curious feature in the life-history of disease germs is the sudden virulence they frequently acquire on being communicated to men and animals of differing environments. Bates, in his report of travels in the upper valley of the Amazon, gives an account of a tribe of Indians, who, though ordinarily free from consumption, suffer terribly from the disease on coming in contact with the whites, these latter being hardy travelers and also free from the disease. The history of Texas or Spanish cattle fever is generally known. Of the cattle raised in Texas, none are ever seen to suffer from this fever. If a cow is taken there the probability is she will die by the time she has her first calf. If the calf is not still-born it is apt to be free from the fever. When Texas cattle are driven North, they communicate the disease very readily to native cattle, though, as has been already said, they may not have the disease themselves, and may seem never to have had it.

But perhaps the most curious manifestation of the influence of disease germs yet men-

tioned is the communication of "stranger's cold" to the natives of St. Kilda, a small island north of Ireland. The inhabitants, who number about seventy-five or eighty, declare that they invariably have epidemics of "colds" when they are visited by strangers, which happens two or three times a year. The island of St. Kilda embraces less than five square miles, and the inhabitants have married in and in for perhaps one thousand years, never having numbered more than three hundred souls at any one time. After this long history of intermarriages, they are said to be singularly free from mental and physical defects; the only peculiarity exhibited being this susceptibility to cold, as above mentioned, and a tendency on the part of the children to die of trismus nascentium, full fifty per cent of the new-born dying from the latter cause.

These curious facts form a portion of the store of knowledge which must be gathered and collated before the philosophers can give us a comprehensive and satisfactory system of bacteriology.

s.

## ENEMAS IN INTUSSUSCEPTION.

Without wishing to engage in the always unpleasant task of iconoclasm, one might very readily raise the question whether injections of either air or water, as a rule, exert or can exert a favorable influence upon invagination of the intestine. It is easy to demonstrate, by the invagination of a rubber tube, that the points marking the foldings of the tube-wall are the strongest, the band where each wall is bent upon itself offering the greatest resistance. The result, then, of strong injections, is to stretch the invaginated portions of the intestine between these two bands, and actually increase the amount of resistance offered to the extrication of invaginated intestine; and the greater the amount of pressure used the more the difficulty will be increased. It is very doubtful, therefore, whether injections can exert any favorable influence beyond that due to an increase of peristaltic action. From a physical stand-point therefore, if injections are used, they should be of very moderate force and fre-

quently intermitted, and we believe this is now the conclusion of the most careful experience. The indications in these cases are for an early resort to laparotomy. s.

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### R. MAUPIN FERGUSON.

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"The smoking flax before it burst to flame  
Was quenched by death, and broken the bruised reed."

A dispatch from Basle, Switzerland, dated August 7, 1886, announces the death of this amiable and accomplished young physician. Dr. Ferguson was born in Louisville, May 2, 1857, and received his literary education in our city schools. He entered the University of Louisville in 1878, and graduated in medicine in 1881, carrying off the first class honor. Upon receiving his degree he decided to devote himself to the practice of a specialty, and, going to Europe, spent nearly three years in Vienna and Paris, where he pursued the studies of ophthalmology, otology, and laryngology, with that ardor and definiteness of purpose which know no failure.

He returned to his native city in 1884, and for two years practiced his profession here in a manner which evidenced superior ability, and gave promise of success in ample measure.

Dr. Ferguson was learned in a degree above the average of physicians of his age. He was at home in several languages, and profoundly versed in his chosen science. He wrote with great facility and with a vigor and condensation of thought which, in time, would have given him high rank among medical literary men. Our readers are familiar with his work in this department, since many of his translations from the French and German, and a good number of his original articles have appeared in the *AMERICAN PRACTITIONER* and the *LOUISVILLE MEDICAL NEWS*.

For several years Dr. Ferguson had suffered periodical attacks of hay-asthma, which, last fall, culminated in symptoms which gave his friends and himself no little concern for his safety.

In June last, under the advice of his friends, he repaired to Switzerland, with the hope that a sea voyage and a few months' sojourn among the mountains would restore him to health and

promised usefulness. Here he died suddenly, and among strangers. Young, gentle, genial, gifted, he was beloved of all who came within the sphere of his influence. Studious, learned, enthusiastic in the pursuit of science, he was marked by his brethren of the guild as one who would have done honor to medicine.

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DR. W. O. ROBERTS, who, since early spring, has been engaged in making a tour of England and Scotland, and a study of the great medical men and institutions of Great Britain, sailed for home on the 14th instant. Dr. Roberts has laid the *AMERICAN PRACTITIONER AND NEWS* under great obligations for a series of most instructive and interesting letters, written during his sojourn abroad. He will arrive on about the 25th. A warm welcome awaits him from a large circle of friends and a numerous *clientèle*.

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### Notes and Queries.

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OBITUARY—FRANK HASTINGS HAMILTON, M. D., LL. D. This distinguished surgeon died at his home in New York on Wednesday, the 11th inst., as the result of pulmonary disease of some two years' standing. The *New York Medical Journal*, August 14th, pays tribute to his memory in the following biographical sketch:

Dr. Hamilton was best known in the profession by his classical treatise on "Fractures and Dislocations," a work that has passed through several editions, been translated into more than one European language, and been accepted for many years past as the standard authority in that branch; to the general public he was probably best known from his connection with the management of the late President Garfield's case, in which he was one of the consultants. Besides his best-known book, he was the author of several other important works, including one on military surgery and a general text-book of surgery. As regards contributions to periodical literature, he was not a prolific writer, but what he wrote was always of substantial worth and presented in a clear and attractive style. Notable among



his later papers were two that were published in this journal, "The Asiatic Cholera as it appeared at Suspension Bridge, Niagara County, N. Y., in July, 1854, and its Lessons;" "What we Know of the Cholera" (New York Medical Journal, November 15, 1884, p. 533) and an article entitled "Dislocation of the Head of the Radius downward (by Elongation)," being a commentary on certain views that had been expressed by the French translator of his book on "Fractures and Dislocations," Dr. Poinso (New York Medical Journal, January 3, 1885, page 8).

At the time of his death Dr. Hamilton was in his seventy-third year, having been born in 1813, at Wilmington, Vt. He received his medical degree from the University of Pennsylvania in 1833, and began practice in Auburn, N. Y. In 1844 he moved to Buffalo, where, in conjunction with the late Dr. Flint and the late Dr. White, he was largely instrumental in building up the medical department of the University of Buffalo. In 1862 he came to New York, having been appointed a professor of surgery in Bellevue Hospital Medical College, a position which he resigned in 1875. During the war of the Rebellion he served in the medical department of the army, and rose to the rank of medical inspector. The deceased was a member of the American Medical Association, of the Medical Society of the State of New York (of which he was president in 1855), of the New York State Medical Association, of the New York Academy of Medicine, of the New York Pathological Society, of the New York County Medical Association, and of the Society of Medical Jurisprudence and State Medicine. At the time of his death he was one of the surgeons to Bellevue Hospital and a consulting surgeon on the staff of several institutions.

Dr. Hamilton was a man of sterling worth, and his loss is a heavy blow to the New York profession.

**CHOLERA IN THE WEST.**—Two cases of cholera are said to have occurred last week at Chippewa Falls, Wis., it being stated that both patients died with well-defined symptoms of the disease.

*Editors American Practitioner and News:*

I have just returned from Birmingham, where I had been spending a week with Mr. Lawson Tait, and during my visit I had the good fortune to see him do the very series of operations with which his name is permanently connected, viz., three Tait operations, one ovariectomy (with twisted pedicle), one nephrectomy, one cholecystotomy, two perineorrhaphies, and one vesico-vaginal fistula. Had he asked me to choose my cases, I could not have made a better selection. I had heard much of his vesico-vaginal-fistula operation, and was exceedingly curious to see how he could possibly do it without the use of a speculum, and, even after being present at the operation, it remains a matter of wonder. A speculum, however, is used during the first step of the operation, viz., paring the edges of the fistula. In this, as in all other *plastic operations* upon the genito-urinary organs, Mr. Tait *removes no tissue*. In the present case the patient was placed on her left side the buttocks at the edge of the bed, the operator, kneeling, introduced a short, wooden cylindrical speculum up to the fistula, and then, steadying the part with a tenaculum, he simply split the edge of the fistula around its entire circumference. The speculum was now withdrawn and the stitches introduced "in the dark." A needle, in a handle, threaded with silver wire was used, with the right hand guided by the index finger of the left hand introduced into the vagina. Three stitches were used in this case. In splitting the edges of the fistula two flaps are formed, one of which is turned into the bladder and the other into the vagina, and the stitches are placed in the raw surface between the flaps.

In his perineorrhaphies he uses an angular pair of scissors, making a V-shaped incision with the apex at the lower end of the rent. The blade is carried well into the cellular tissues, the flap is pushed upward and the gap closed with silk-worm gut stitches carried transversely, *introduced in the wound* on one side just inside the margin of the skin and brought out on the opposite side at a corresponding point and tied in the *raw* surface. He does not pass the suture through the skin, because he says it gives rise to more pain. (See his

book in Wood's Library.) The operation is much easier done than described. It makes an excellent perineum, and Mr. Tait tells me he has had many women to bear children after having had it performed, without any recurrence of the trouble. Of course the patient's bowels are thoroughly emptied before the operation, and after it the vagina is washed out twice daily freely with warm water, and an enema is given the patient regularly *every day*. The bladder is not emptied with the catheter but in the natural way.

In the cases of removal of the uterine appendages, one was done on a young girl, for the relief of uterine hemorrhage that had been going on almost continuously for many months, and, having resisted all other methods of treatment, her physicians had sent her to Mr. Tait to have the appendages removed. The girl was not only very anemic from the loss of blood, but quite anasarcaous. Both ovaries were enlarged, being about the size of a hen's egg, and filled with small cysts. I saw this patient five days after the operation, and there was quite an improvement in her general appearance. In the other two cases the operation was done for the relief of suffering due to chronic inflammation of the appendages. In both cases one side was chiefly affected. The adhesions seemed very strong; the tubes were greatly thickened, tortuous, hard, and impermeable. In one case one ovary appeared perfectly healthy. The last case was one in which Mr. Tait had, as on a former occasion, removed both ovaries, but without arrest of menstruation and consequent relief from suffering, so he now removed the *fundus of the uterus*. Upon introducing his finger into the pelvis he felt a thin-walled cyst, which he broke, then he passed a stitch through the fundus by which the uterus was drawn into view, so that he was enabled to pass a needle armed with a large, stout thread through the center of the organ. This was now tied as tightly as possible with the Staffordshire knot, and the portion of the uterus above the ligature removed. There being some slight oozing of blood from the stump, Pacquelin's cautery was applied. The pedicle was now dropped into the cavity and a drainage-tube used. The

uterine adhesions seemed so very strong that it was with much difficulty he could pull the organ upward sufficiently to apply the ligature.

The nephrectomy was performed with the view of removing a calculus, but none was found. The usual lumbar incision was made, and, on reaching the kidney, Mr. Tait guided the bistoury with the index finger of the left hand and made an opening in its posterior surface, in order, I suppose, that he could with his finger explore the pelvis of the organ. Following this incision there was, I thought, considerable hemorrhage, from two to three ounces of bright-red blood escaping. After satisfying himself of the absence of a calculus, he introduced a rubber drainage-tube and then closed the lumbar incision. I did not see the case any more, but was told that it had gotten along well.

The cholecystotomy was performed on a very large, fat old lady, who had been deeply jaundiced for quite a time, had great pruritus, but no distinct attacks of biliary colic. Before doing the operation Mr. Tait was *strongly* of the opinion that it was a case of malignant disease, and so told the patient, but advised an exploratory incision. The incision, about three inches in length, was made longitudinally over the gall-bladder. The gall-bladder was found tightly distended. A long, curved trocar was introduced, which was followed by an escape of thick, viscid bile. Just as soon as the bladder became sufficiently emptied to admit of being seized with a pair of forceps, it was gently drawn out of the abdominal wound, a sponge introduced beneath it to protect the peritoneum, and when the flow ceased through the canula, an incision, an inch in length, was made in the wall of the bladder itself. Now, with a scoop, he removed nine calculi, three the size of a plover's egg and the remainder as large as the first joint of a lady's little finger. The edges of the opening in the bladder were then stitched to those of the center of the abdominal wound, and the latter above and below this point were closely approximated. A large rubber drainage-tube was introduced in the gall-bladder, and the usual dressing applied. This case certainly illustrates the great importance of exploratory incisions in obscure cases, as so strongly urged by Mr. Tait.



The ovariectomy was done on a case which had been brought him the day before by a country practitioner. The tumor had not been noticed until the family physician was called in to treat the case for what was considered cramp colic. He recognized the existence of peritonitis, and upon careful examination discovered a tumor. In four days after his first visit, suspecting a twisted pedicle, he brought the patient on a litter to Mr. Tait, who agreed with him in the diagnosis, and advised, of course, immediate operation. The tumor was found to be adherent to the front wall of the abdomen. Upon puncturing it about two gallons of a dark bloody fluid escaped. The operator then broke up the parietal adhesions with his fingers, when the sac in an almost gangrenous condition was delivered. There were two points of adhesion to the omentum, which were ligated with silk and divided. The pedicle was tightly twisted. After removal of the tumor, the abdominal cavity was thoroughly washed out with blood-warm water and the wound closed with the interrupted silk suture after the insertion of a glass drainage tube. He made no examination of the cavity to see if there were any bleeding points. In cleansing the tube after the dressing was applied, he drew out over an ounce of very bloody fluid. I saw the woman on the fourth day after the operation, when her condition was splendid—temperature normal and pulse 84; it was 120 when the operation was done. The drainage-tube was removed at the end of twelve hours. The wound healed perfectly.

Mr. Tait is undoubtedly the quickest operator in abdominal surgery living. In the case just reported he was only eleven minutes in completing the operation. He claims that under no circumstances ought a case to require over forty-five minutes. I have seen prominent men in London one hour and three-quarters at a case. He does his removal of the uterine appendages frequently in ten minutes, the perineorrhaphy in six minutes, the vesico-vaginal in fourteen minutes, and the nephrectomy in thirteen minutes. I did not time him in the chole cystotomy, but it required a very short time only. The abdominal

incision in the "Tait operation" is not over one and a half inches, just large enough for him to squeeze his first two fingers through. When he has broken up the adhesions, he passes through the opening, by the side of his fingers, a pair of forceps, and after seizing the ovary, he withdraws his fingers, so as to be able to draw the ovary and tube out. He says it is of the utmost importance to remove *both* ovaries, even if the inflammatory troubles should be confined to *one* only, or the operation will fail to give relief; and he also urges the importance of applying the ligature close up to the uterus. If the least part of the tube is left no relief will follow. I saw a specimen which was removed at the second operation. It consisted of about half an inch of a dilated tube. No relief had followed the first operation, but the second was entirely successful. As in one of the cases reported, he considers it necessary when relief is not obtained to remove the fundus of the uterus. He practices removal of the appendages in the treatment of *hard* fibroids of the uterus, so long as the tumor is not larger than a cocoanut. When it is pedunculated, of course the tumor is removed also, and when the fibroid is *soft* oöphorectomy will do no good. In ovariectomy the average length of the abdominal incision is *two inches*. The knife he uses is quite short, not exceeding three-quarters of an inch in length (the cutting surface), and he goes down to the aponeurosis in one stroke. Then, after securing all bleeding points with forceps, he carefully goes down to the peritoneum. This he now lifts up with forceps and makes a slit that will admit his finger, which he introduces at once, and with it tears the membrane, knicking it with the knife if necessary. The tumor is next tapped with his trocar, or rather canula. This resembles very closely a silver catheter, except that the point is more acute and flattened. If the sac is thick and strong, he makes a slight nick in it so the canula will pierce it more easily. As soon as the sac becomes sufficiently emptied to be seized with a pair of forceps it is gently drawn out through the abdominal incision. Parietal adhesions are rapidly broken up with his fingers, and omental ones are ligated before being

divided. All existing cysts within the parent one are broken up and emptied with the canula before it is withdrawn. As soon as the tumor is delivered, he quickly introduces a sponge into the cavity, and keeps it there until the pedicle is ready to be dropped. Where adhesions have been broken up, or fluid from the cyst has escaped into the cavity, he washes the abdominal cavity thoroughly with blood-warm water, and does *very little* sponging. Drainage-tubes are used in young subjects—those under forty only in very exceptional cases—and when they are used the nurse is directed to cleanse them every hour or two, as he thinks necessary. For this purpose he uses an ordinary breast pump. His operating table is narrow, its top covered with oil or rubber cloth. The patient wears a linen or cotton gown. This is so drawn up as to thoroughly expose the abdomen. A small blanket is thrown around her lower extremities; over this a towel is spread, and one (towel) also is over her chest. No rubber cloth to cover body is used; and when he washes out the cavity he takes no pains to protect the patient's clothing or any thing else. If the gown becomes soiled, it is, of course, replaced by a clean one. The bed is prepared for the patient by being warmed with large earthen vessels filled with hot water. The patient is laid on a blanket, which is afterward folded around her. The nurse now sits by her. No opium is given, unless under extraordinary conditions. The nurse takes the temperature and pulse every four to six hours. He will not allow the nurse to count the pulse with a watch, for the reason that she will so frequently count for only fifteen seconds and then multiply by four. So he has a minute glass, made like the old hour glass, and covered so with brass that it is necessary to count until the last particle of sand escapes, furnished to each nurse, and this they are required to use. He kindly made me a present of one as a souvenir. Mr. Tait sees the cases twice daily, or has a *written* report from the nurse. For the first two days nothing is allowed but a little *hot* water. On the third day a little water-gruel, or milk and soda-water. On the fourth day a bit of toast with the milk, and from this on the diet list is gradually strengthened. The cath-

eter is used only when unavoidable. Patient is allowed to *lie* in any position, but on no condition to rise up either for the purpose of emptying her bladder or bowels. Mr. Tait is careful to examine the abdomen at each visit, and whenever he detects any evidence of gaseous distension he immediately orders either a turpentine enema or a Seidlitz powder, sometimes castor oil or calomel, most generally, however, a Seidlitz powder. In smooth sailing cases an enema is given on the fifth or sixth day.

During the operation he keeps his instruments in metallic cases containing ordinary warm water. The needles, threaded, are wrapped up in a piece of linen and kept in the same water. A visiting surgeon one day expressed some doubt as to the water not containing some germicide, and Mr. Tait had him drink some of it. His dressings are exceedingly simple, consisting of a couple of pads, about the size of a man's hand, made of cotton, covered with mosquito-netting, over these is placed two strips of adhesive plaster, and all confined by a broad cotton bandage. In speaking of his entire want of fear of germs, he says that if he could get them in sufficiently large quantity, and found them dry, elastic, and absorbent, he would willingly stuff his pads with them instead of wool.

Mr. Tait is a much younger man than I had expected to find him. He is just forty-one years of age; he is about five feet nine inches in height, and weighs, I should say, two hundred and twenty five pounds. His legs are short, body quite long and large; hands short and fat, but how nimble and dextrous! His hair is dark brown, slightly sprinkled with gray, and he wears it quite long. He has a full face, with short side-whiskers. His voice is pleasant and manly, and his whole make-up impresses you as belonging to a person of immense force. His manners are pleasing, and to friends cordial. I should say he was a good lasting hater. He is a native of Edinburgh, and was a pupil and very intimate friend of the late Sir James Simpson, to whose pictures he bears a striking resemblance. He does most of his operations before breakfast, and seems to be in a big rush during all the day—having little or no time for entertaining his friends by



answering questions. It naturally irritates him *excessively* to have any talking going on while he is at work, and just as soon as he is through with a case he is off immediately. But at his house in the evening he is the most genial and agreeable of hosts. Unlike most other prominent medical men in this country, he does not go away for a summer vacation, but takes his rest on Sundays, driving with Mrs. Tait over the perfectly lovely English lanes about Birmingham. He was so kind as to call at the club the other day, in his open carriage, and take Dr. Johnson and myself on one of these drives. We first went by the hospital, where he did a couple of operations in surprisingly quick time. From there we drove to Knowl, ten miles away, where Mrs. Tait is rusticating. After a short rest, during which we had some magnificent strawberries—the largest and sweetest I ever ate—Mrs. Tait joined us, and we drove to the Mariana Moated Grange, mentioned, as you know, in “Measure for Measure,” where the Taites made a wedding call on the present occupants of the house, its name now changed to Badderly-Clinton. Fortunately the fine old moat surrounding the place remains as in days gone by, it and the house it was intended to protect being constructed in the fourteenth century. The furniture, which is still preserved, belongs to the same period. I am aware you take some interest in these old things, but I must say that they have none for me, at least their age adds no charm for me.

The couple on whom our agreeable hosts called are fit occupants of the “fine old place,” and seem quite to have caught its spirit. For instance, they employ none but the oldest patterns of kitchen utensils and farming implements, because the more modern things take work from the working people.

We returned to Birmingham at 10 P. M., having had a thoroughly enjoyable day. Our friend Dr. Johnson has been here now, the daily assistant of Mr. Tait in all his work, for the past six months, and you may be sure has mastered whatever is best and most essential in the great operator's work.

I have already said Mr. Tait is the quickest operator I ever saw, and has any amount of

operating to do. I saw him do two operations daily during my stay, and Dr. Johnson says he was not unusually busy. I was so pleasantly and profitably employed during the time, I was loth to leave, but an engagement in London, and the great number of foreign medical men who run down to see this remarkable man admonished me that I had best occupy no further space about his operating table.

W. O. ROBERTS.

AN UNEXPECTED CAUSE OF NUMBNESS OF THE LOWER EXTREMITIES.—About two months ago I was summoned to a patient who was stated to be suffering from paralysis. On arrival I found a man about forty-six years of age lying in bed and complaining of numbness of the feet and calves of the legs, even up to the hips, without, however, any loss of either sensory or motor power—that is to say, there was partial suspension of sensory susceptibility in these particular localities. On visiting the patient next day, I found him up and dressed, and noticed a hesitancy in his manner of walking, especially when I asked him to cross the room with his eyes closed. In fact, when he attempted it I had to jump up from my chair to save him from the fire-place. I had attended this patient for years, and there was no history of syphilis to account for all this. His general health was good, and he was a man of abstemious habits. Could it be sclerosis of the posterior or lateral columns of the cord? Could it be due to some tumor or effusion pressing on the cord? Or was it the result of some peripheral trouble, seeing that the patient had frequent attacks of “cramp in the feet?” I asked myself all these questions, when it suddenly struck me that it would not be inappropriate to inspect the premises, which I did, and found, to begin with—which, to my mind, was quite sufficient, hygienically speaking, at all events—the water-closet completely blocked up and running over; a state of things which had existed for six weeks. Now, this hardly seems to bear on the case in point; but if it be considered, as I found out, that pails are substitutes for imperfect or useless water-closets, it comes within the range of possibility that the whole

weight of the upper half of the body, at least in such a position and on such a sharp edge, would tend toward the "numbing" of the sciatic and its branches. Anyhow, this patient had to resort to this method of relieving himself, and, as he described it, with extreme difficulty on each occasion, the sharp edges of the pail adhering tenaciously to the skin over the gluteal region. I suggested that the closet should be looked to at once, and that the pail should be dispensed with. All this I took care was carried out, and about a week ago the patient came to my surgery to thank me. I may add that during the course of the treatment catheterism was necessary, as also were injections to unload the rectum.—*Dr. Henry Wagstaffe, London Lancet.*

KENTUCKY STATE MEDICAL SOCIETY.—The following is a list of the Standing Committees of this Society:

State Medicine, W. Bailey, M.D., Louisville.

Progressive Practical Medicine, J. B. Marvin, M.D., Louisville.

Materia Medica, Andrew Seargent, M.D., Hopkinsville.

Pathology, D. S. Reynolds, M.D., Louisville.

Progress of Surgery, A. M. Vance, M.D., Louisville.

Abdominal Surgery, L. S. McMurtry, M.D., Danville.

Plastic Surgery, Ed. von Donhoff, M.D., Louisville.

Uterine Surgery, Edward Alcorn, M.D., Hustonville.

Surgical Emergencies, O. D. Todd, M.D., Eminence.

Obstetrics, R. C. McChord, M.D., Lebanon.

Accidents in Obstetrics, J. M. Riffe, M.D., Covington.

Pelvic Abscess, J. H. Letcher, M.D., Henderson.

Diseases of the Kidneys, H. H. Grant, Louisville.

Venereal Diseases, E. R. Palmer, M.D., Louisville.

Dermatology, J. C. McGuire, M.D., Louisville.

Scarlatina, J. H. McKinley, M.D., Winchester.

Uterine Stimulants, Isaac A. Shirley, M.D., Winchester.

Ophthalmology, Wm. Cheatham, M.D., Louisville.

Otology, George Cowan, Danville.

Laryngology, M. F. Coomes, M.D., Louisville.

Necrology, L. Beecher Todd, Lexington.

Diseases of the Rectum, Joseph M. Mathews, M.D., Louisville.

Diseases of the Nervous System, D. T. Smith, M.D., Louisville.

Diseases of Children, ———

J. G. Brooks, Paducah, Chairman Committee of Arrangements.

THE OVERCROWDING OF THE PROFESSION IN ENGLAND.—George Tandy Wilkinson writes to the London Lancet in this rueful strain:

Any man who now embraces the medical profession as a means of support will (if he is not possessed of sufficient means or luck to get him a practice) find it a matter of no inconsiderable difficulty to get on. The present congested state of the medical market reminds me of a train which, already full, is still besieged by passengers in great numbers crying for places, with no porters to prevent the influx, and plenty of ticket offices invitingly open to give tickets. If legislation curb not by some wholesome laws this influx, and if gentlemen have not common sense, but take a ticket before they see a seat vacant, our lives will become a burden not only to ourselves but in all probability to the State. Trees are too old to be transplanted at forty years; and, unfit for any other calling, because untrained for it, some of us will have to go under the fondling care of a board of guardians, and end our days mid the wrecks of idle or dissipated lives.

In conclusion, I would say to those who intend entering on the profession, Pause and think before you pass the Rubicon! To our legislators, Save us from ourselves, or we perish!

THE ART OF NURSING.—Miss Manson, matron of Saint Bartholomew's Hospital, recently delivered a course of lectures on the art of nursing. Commenting upon the first lec-



ture, the British Medical Journal says: The key-note of Miss Manson's lecture was the womanliness of nursing as a profession. In nursing the best and keenest sympathies are awakened toward the suffering; and many sick children, "whose only inheritance is too often disease, whose lives are sad realities of pain, without the bright surroundings that gladdened one's own youth, may perhaps know no other span of motherhood." All these are nurses' children, and, though "there are necessarily tares among the wheat," the patience, charity, and compassion that are aroused in any woman worthy the name and calling of nurse tend to develop the best and highest qualities in her nature. The true womanly feeling, the happiness of expression, and keen perception of all that could interest and attract her hearers were as great a charm as Miss Manson's clearness and distinctness of delivery. The lectures were in every way a great success, and reflect credit on the National Health Society which made all the arrangements for their delivery.

**HOW EXTREMES OF TEMPERATURE AFFECT CANNED GOODS.**—Lieut. Greely, United States Army, writes to the American Grocer:

*Dear Sir:* You ask me to state the effects of freezing upon canned fruits and vegetables, especially as regards the texture and flavor of tomatoes, corn, etc. Apples, peaches, pears, rhubarb, green peas, green corn, onions, potatoes and tomatoes were all subject to extreme temperatures (over 60° below zero) and were solid for months at a time. The second summer they thawed, the following winter froze solid again. All the articles named presented the same appearance as though freshly canned, and their flavor was as good when the last can was eaten as in the first month. It should be understood that these were first-class canned goods and from dealers of standing and reliability. Cranberry sauce, preserved damsons, preserved peaches, and fruit-butters suffered certain changes from candying, etc. which detracted somewhat from their flavor, though not materially so. Dealers in such preserves predicted that such conditions and changes would occur. I had also canned turnips, squash,

beets, and carrots as well as pine-apples, cherries, grapes, clams, shrimps, and crabs which, although not subjected to such extreme temperatures as the foregoing, yet froze and thawed repeatedly without injury. No can of any kind except a few, say half a dozen of fruit-butters, was ever burst by action of cold or heat. No illness of any kind occurred prior to our retreat, and those most inclined to canned fruits and vegetables were the healthiest and strongest of the party. I have written thus fully in answer to your letter from my conviction that the excellent quality and variety of canned provisions contributed materially to the unequaled health of my command during the two years we passed in unparalleled high latitude. The importance of good canned fruit and vegetables to parties unable to obtain the fresh article can not be overrated, and so I speak with no uncertain tone on the subject.

**HEALTH IN MICHIGAN, JULY, 1886.**—For the month of July, 1886, compared with the preceding month, the reports indicate that cholera morbus, diarrhea, cholera infantum, and dysentery increased, and that influenza, rheumatism, pneumonia, and consumption of lungs decreased in prevalence.

Compared with the preceding month, the temperature in the month of July, 1886, was higher; the absolute humidity and the day ozone were more; the relative humidity and the night ozone were less.

Compared with the average for the month of July in the eight years, 1879–1886, intermittent fever, remittent fever, measles, consumption of lungs, and dysentery were less prevalent in July, 1886.

For the month of July, 1886, compared with the average of corresponding months for the eight years, 1879–1886, the temperature was slightly lower; the absolute and the relative humidity and the night ozone were about the same, and the day ozone was slightly more.

Including reports by regular observers and others, diphtheria was reported present in Michigan in the month of July, 1886, at thirty-five places, scarlet fever at twenty-two places, typhoid fever at seventeen places, measles at ten, and smallpox at two places.

Reports from all sources show diphtheria reported at twelve places less, scarlet fever at twenty-six places less, typhoid fever at eleven places more, measles at six places less, small-pox at one place less in the month of July, 1886, than in the preceding month.

HENRY B. BAKER,  
*Secretary.*

**CHANGE OF DATE FOR COLDWATER SANITARY CONVENTION.**—The time for holding the Sanitary Convention at Coldwater, under the auspices of the Michigan State Board of Health, has been changed from September 23d and 24th to Thursday and Friday, September 9 and 10, 1886, by order of the committee.

L. A. WARSABO,  
*Secretary.*

**SANITARY CONVENTION.**—A Sanitary Convention will be held at Big Rapids, Mich., under the auspices of the State Board of Health. At each session of the Convention there will be addresses or papers on subjects of general interest pertaining to public health, each paper to be followed by a discussion of the subject treated.

F. J. GRONER, M. D.,  
*Secretary, Big Rapids, Mich.*

**AMERICAN PUBLIC HEALTH ASSOCIATION.**—The 14th annual meeting will be held at Toronto, Canada, October 4-8, 1886. The local Committee of Arrangements, recognizing the importance of the next annual meeting of the American Public Health Association, to be held at Toronto, October 4-8, 1886, is desirous of securing as large an attendance as possible of members of the Association, and also of affording an opportunity for all other persons interested in public health questions to obtain the advantages of membership. To this end the committee has determined to send certificates, giving the benefit of the reduced rates of transportation to *all persons who express a desire to become members.* A circular giving the special terms of travel over all lines leading to Toronto from all parts of the United States and the Provinces, will be sent to every member of the Association, and to all members of health organizations throughout the United States and Canada who can be reached with the request that each will lend his assistance in securing addi-

tional members. For the information of members of the Association who may be interested in the matter, it may be stated that the National Conference of the State Boards of Health will probably be held in the parlors of the Queen's Hotel on Monday, the 4th of October. Communications should be sent at once to Dr. P. H. Bryce, Chairman local Committee of Arrangements, A. P. H. A., Toronto, Canada.

**THE APPROPRIATION OF PATIENTS BY CONSULTANTS.**—Dr. J. F. W. Silk writes to the London Lancet:

In former years the class of "consultants" was largely recruited from the successful general practitioners. Having passed through the valley of tribulation himself, the consultant of those days was more in sympathy with the general practitioner; he appreciated their difficulties, and was better able to apply practically the ancient rule which bids us do to others as we would that they should do to us. Of this class there are happily still many bright examples left us, but I fear they are fast disappearing, and a new and improved (?) order of men are taking their place. The consultant of the present day belongs, as a rule, and especially in London, to a separate caste; his very existence depends upon his holding hospital appointments, and his whole professional training is directed toward obtaining the qualifications necessary to comply with the regulations under which such appointments are held. As a consequence, comparatively few modern consultants have passed through the salutary ordeal of general practice, and that fine feeling of sympathy is to a great extent blunted, or even lost, and that through no fault of the individual, but of the system.

**CHEMISTRY AND THE SO-CALLED VITAL FORCE.**—The crowning glory of chemistry is the power of producing, in the laboratory, from inorganic matter, substances identical with those existing in the vegetable and animal kingdoms. Belief in the mysterious vital force operating in living beings received a rude shock at the hands of Wöhler, sixty years ago, and successive triumphs in synthesis have dis-



pelled it entirely, so far as non-organized bodies are concerned: "To-day we know that the same chemical laws rule animate and inanimate nature, and that any definite compound produced in the former can be prepared by synthesis as soon as its chemical constitution has been made out." Within a few years chemists have announced the synthesis of many acids, essential oils, alkaloids, glucosides, dye-stuffs, and other bodies naturally occurring in the organic world, and so rapidly do these announcements succeed one another that expectation has displaced surprise. Noteworthy are the following: Alizarine, the valuable coloring-matter of madder; vanilline, the aromatic principle of the vanilla bean; cumarine, the aromatic principle of the Tonka bean; indigo, the well-known dye-stuff; uric acid, an animal product; tyrosin, likewise a product of the animal organism; salicine, daphnetine, and umbelliferone, natural glucosides and related bodies; piperidine, a constituent of pepper; and cocaine, the new anesthetic. Besides these, many syntheses have been accomplished of bodies isomeric and not identical with the natural products.—From "*Recent Progress in Chemistry*," by Prof. H. C. Bolton, *Popular Science Monthly* for August.

**MEDICAL INCOMES IN CANADA.**—The Toronto Globe (quoted by the New York Medical Journal) says: "There is only one medical man in this city who last year earned \$5,000 from his profession, combined with the interest he received on his previous savings. There is not one man on the list who had \$4,000, and only four who touched \$3,000. When we come to the comparatively modest and moderate \$2,000, we naturally conclude that we shall have a full legion. But no, we have only fourteen all told who come up to this figure. When we come to between \$2,000 and \$1,000 the number becomes encouragingly large. As many as fifty-one of the best-known and greatly sought-after doctors of our city are put down under their own hands and seals as having last year lived on from \$1,000 to \$1,800. Some of these are professors. There remain only the unfortunates who worry along with from \$800 down almost to zero. Of these, we are sorry to say, there were last year thirty-six."

#### MORTALITY FOR THE MONTH ENDING JULY 30, 1886, LOUISVILLE, KY:

WEEKLY MORTALITY.	White.	Colored.
Week ending July 9th.....	59	14
Week ending July 16th.....	38	8
Week ending July 23d .....	43	14
Week ending July 30th.....	45	12
Total.....	185	48

Of these deaths thirty-five were due to consumption, eighteen to cholera infantum, twelve to entero-colitis, twelve to typhoid fever, ten to old age, ten to whooping-cough, nine to organic disease of the heart, six to accident, five to peritonitis, four to pneumonia, three to homicide, and two to suicide. Male, 124; female, 109; total, 233. White, 185; colored, 48; total, 233. Single, 162; married, 64; not stated, 7; total, 233. W. H. GALT, M. D.

Health Officer.

**DEATH AFTER THE EXTRACTION OF A HARD CATARACT.**—Dr. Noyes, at the July meeting of the American Ophthalmological Association, reported the case of a patient who died on the fifth day after submitting to the extraction of a hard cataract. He said the operation was perfectly satisfactory. The death was sudden. The only lesions found at the autopsy were dilatation of the heart and insufficiency of the valves of the left side. Death seemed to have been due to heart failure. Sections of the eyeball were exhibited. Union appeared to have taken place exclusively through the medium of the epithelial layer.

**DANGERS OF COCAINE IN OPHTHALMIC OPERATIONS.**—Upon the same occasion Dr. W. F. Mittendorf, of New York, said that he had had two cases of serious complication after cataract, which he attributed to the use of cocaine. In one the eye was lost, and in the other it came near being lost. The cocaine solutions were fresh, but they were strong and were used freely. Recent observations showed that the injurious action of cocaine was especially upon the epithelial layer and in shutting off the supply of lymph fluid. The epithelium suffered very rapidly from lack of moisture, especially if the eye was kept open. It had been recommended to close the eye immediately after the introduction of cocaine.

**THE TREATMENT OF HYDROPHOBIA.**—In a letter to the British Medical Journal July 17th, Dr. Henry Dalton, says: "My attention has been drawn to a notice of Dr. Hime's report on the so-called Pasteur discoveries, wherein it is stated that no man of standing has made any objection to that method. That may be true, but I happen to know that some medical men of undeniable standing have that particular method very much under consideration; and I maintain that the Pasteur success is not yet proven."

**PREVENTIVE TREATMENT OF SYPHILIS.**—Charles E. Jennings, F. R. C. S., England, strongly recommends the destruction of chancre by Pacquelin's cautery, with the simultaneous employment of mercury, *before the initial sore has arrived at maturity*, in preference to the opposite plan adopted by so many, viz., that of waiting for the appearance of secondary manifestations before commencing anti-syphilitic treatment. The use of cocaine is invaluable in rendering the caustic application painless.

**EX-PRESIDENT PORTER ON EVOLUTION** is the title of the opening article in the forthcoming September number of the Popular Science Monthly. It is by Dr. W. D. Le Sueur, already well known as an able writer on the relations of theology and evolution, and is an outspoken review, as entertaining as it is effective, of Dr. Porter's recent address before the Nineteenth Century Club.

THE report made by the Academy of Medicine on the consumption of alcohol in France is not encouraging. Since the law of 1880, which abolished licenses, drinking shops have enormously increased. A committee of the Academy has suggested, as a remedy, that alcohol should be made a State monopoly.

DR. GEORGE T. STEVENS, of New York, has been awarded the prize offered by the Académie Royale de Médecine of Belgium for the best elucidation, by clinical facts and by experiments, of the pathogeny and therapeutics of diseases of the nervous centers, and especially epilepsy.

DR. JACOBI says it is a mistake to remove a normal ovary, as it has quite as much right to exist in the body as in a jar.

### SPECIAL NOTICES.

IN the decline of life when exhausted nature habitually repels the restorative influence of sleep, there is nothing so suitable to induce healthful repose as one half to one teaspoonful of Bromidia at bedtime. It may be taken for years in the same dose, with the same effect, and without detriment.

**CONSTIPATION IN PREGNANCY.**—I used Acid Mannate with great satisfaction in the case of a young lady in her first pregnancy. She was most obstinately constipated for five months—had taken every thing she could hear of. No relief. She was entirely cured with one bottle of Acid Mannate. Completed her term, and has remained well ever since—now four months.—*F. W. Bathrick, M. D., Battle Creek, Mich.*

### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from August 8, 1886, to August 14, 1886:

*Maj. George M. Sternberg*, Surgeon, granted leave of absence for fifteen days. (S. O. 186, A. G. O., August 12, 1886.) *Maj. Wm. D. Wolverton*, Surgeon, granted one month's leave of absence, to commence on or about August 15, 1886. (S. O. 104, Division Atlantic, August 7, 1886.) *Capt. George W. Adair*, Assistant Surgeon, ordered for duty as post surgeon at Fort Brady, Michigan. *First Lieut. Charles M. Gaudy*, Assistant Surgeon, granted leave of absence for one month, with permission to apply for one month's extension. (S. O. 103, Division Atlantic, August 6, 1886.) *Capt. Leonard Y. Loring*, Assistant Surgeon, granted leave of absence for one month, on surgeon's certificate of disability, with permission to apply for an extension of two months. (S. O. 59, Division Pacific, August 2, 1886.) *Capt. James C. Merrill*, Assistant Surgeon, assigned to duty as post surgeon at Fort Klamath, Oregon. (S. O. 130, Department Colorado, July 30, 1886.) *Capt. Robert B. Benham*, Assistant Surgeon, relieved from temporary duty at Fort Omaha, Nebraska, and ordered to Fort Bridger, Wyoming. (S. O. 97, Department Platte, August 5, 1886.) *First Lieut. W. E. Hopkins*, Assistant Surgeon, ordered from Fort Lowell, Arizona Territory, to Angel Island, California, for duty as post surgeon. (S. O. 61, Division Pacific, August 6, 1886.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ending August 7, 1886:

*Hutton, W. H. H.*, Surgeon, to proceed to Key West, Florida, for temporary duty. August 7, 1886. *Bevan, A. D.*, Assistant Surgeon, ordered to examination for promotion. August, 1886. *Williams, L. L.*, Assistant Surgeon, when relieved at Buffalo, New York, to proceed to Mobile, Alabama, for temporary duty. August 2, 1886.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. II.  
[NEW SERIES.]

LOUISVILLE, KY., SEPTEMBER 4, 1886.

No. 5.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### THE THERAPEUTIC USES OF WATER.\*

BY D. T. SMITH, M. D.

*Lecturer on Medical Jurisprudence in the University of Louisville.*

A little more than half a century ago, a Silesian peasant by the name of Preissnitz inaugurated what has been known as the "Water Cure." His may not have been, and most likely was not, the first suggestion of this method of treating disease; like so many other things in medicine and in other branches of knowledge, it may already have been many times known and forgotten. But, however that may be, it is but just to say that, by directing fuller attention to a therapeutic agent of so great value, Preissnitz deserves a high place among the benefactors of the race.

At this date, with our ices, lemonades, and baths in fevers, we can not easily realize the happy relief that has been brought about for the sick in the change of treatment thus introduced.

The old treatment of fever was a merciful preparation for introduction to the *inferno*, since the change of surroundings for those going by the fever route could not be a trying one.

It is in the treatment of fevers of various kinds that the efficaciousness of water is exhibited in the highest degree, though in numerous other affections it will be found to occupy a leading position. It is beneficial in vari-

ous fevers, by reason of the comfort and agreeable sensations it produces, exalting the mental and strengthening the vital forces of the patient, and by reducing the temperature where this is so great as to endanger life.

When used for the purpose of reducing temperature, I have found no better way than pouring cold water over the patient's head. The full bath and the wet sheet are preferred by many, but the physician must possess very fully the confidence of his *clientèle* if he can carry it out in private practice without considerable difficulty. Indeed, I much incline to doubt if there is sufficient advantage, even when readily submitted to, to compensate for the extra annoyance and shock to the patient.

Sponging the body with either cold or hot water is good treatment. The cooling effect of the hot sponging being probably not less than that of the cold, while it is often, even in the highest fever, a more agreeable application.

Water, on taking the form of vapor, absorbs a thousand degrees of heat. If then, cloths are wrung from hot water and applied to the body, evaporation takes place very rapidly, and the heat required for the vapor is taken in large part from the tissues. The pores also, in this way, are left open to continue giving off heat along with the insensible perspiration. With cold water, on the contrary, it often happens that the pores are closed by spasm, so that all the heat removed must be absorbed through the substance of the skin and subjacent tissues.

Where there is internal pain or inflammation, as in pneumonia, pleuritis, or peritonitis, only the hot applications should be made use of. In these diseases the applications can not be too diligently kept up from the very beginning. About the head, however, in these diseases, cold water can generally be used to

\*Read before the Louisville Medico-Chirurgical Society, July 16, 1886.

advantage, and, since no contraction can take place in the calvarium, and the water may be brought close to large masses of blood, there seems to me no more rapid way of reducing temperature. Even ice, with proper precautions, may here be used in various ways to the greatest advantage.

In several cases of deep stupor from intense malarial fever, I am sure I have saved life in this way. In these cases, being called to patients already in such a state of stupor that nothing could be swallowed, and apparently beyond the reach of internal medication in whatever way applied, I have ordered cold water poured on the head in great amount, with the result that they speedily rallied and made a good recovery; quinine, of course, being given to remove the cause of the disease.

In persistent vomiting there are few remedies, or none, so efficacious. Cloths freshly wrung from hot water applied to the stomach, iced water externally over the pharynx, and iced water or hot water frequently swallowed in small quantities, relieve the vast majority of cases of vomiting. In the convulsions of children, due to intensity of fever, the method of using it is that already described, viz., pouring it on the head.

In the convulsions of hysteria it acts like magic when properly used. In these cases we have to discriminate, since the rude use of water which gives the best result can not always be resorted to. Where we have full control, as among certain indigent and hospital patients, we can relieve these cases almost instantaneously by the dashing of water from a distance upon the face and head, as if we were bent on drowning them. A few minutes usually suffice for the relief of the worst cases.

In many cases of this character, where the nervous element is prominent, the treatment seems to act by breaking up the association of ideas or emotions that have taken on a warped character and engross the attention of the mind.

As a hemostatic, hot water occupies the very front rank. In menorrhagia or *post-partum* hemorrhage nothing else compares with it in a great majority of cases for arresting the excessive discharge. When used for this pur-

pose it ought to have a temperature of from one hundred and ten to one hundred and twenty degrees, and be permitted to drain off freely after reaching the cervix and other neighboring parts. When applied to external bleeding surfaces it may be used of a much higher temperature, even to boiling, provided arrangements are made to remove it at once as one would the actual cautery. Thus, in the slight cuts from shaving, the corner of the towel dipped into hot water and quickly applied to the bleeding spot promptly arrests the hemorrhage.

In cases of large bleeding surfaces, as after extensive surgical operations, I have not seen it tried, but, judging from current literature, it is winning a strong position as a hemostatic, even in abdominal surgery.

In ulcers of the stomach, giving rise to hemorrhage, hot water is also spoken of in commendatory terms.

In gonorrhea it is an old-time remedy, and its use in dysentery is also advocated.

As a diuretic we treat water as a slave. It works so kindly, so surely, and so universally that we lose sight of its virtues, and seem to say, "What merit hath it; it hath simply done that which it ought to have done." Nearly all other diuretics are something of the nature of temporary helps to it, that can often without loss be dispensed with.

In the morning, when we need to wash out from the blood and tissues the ptomaines accumulated during the previous night, and which make us feel so weak, languid, and worthless, at a time when it seems we ought to be at our best, what is better than plenty of pure cold water drunk freely from the moment of first waking?

In heartburn, and especially in that form in which eructations of sulphuretted hydrogen occur, there is no better course, perhaps, than to fill the stomach with water, pending other measures of treatment.

In this way a patient may be able to come out in the morning fresh and comfortable, where as, if the attack had been permitted to run on through the night, a week would have been required for the stomach to recover its normal tone.



In insolation, cold water, applied by means of the most abundant affusion, stands unrivaled.

In frost-bites, and mild burns also, it is of great efficacy.

As a laxative water has no equal for persistence of effect and freedom from untoward after-results. In this trouble the patient should begin on first waking in the morning, and drink from time to time as the stomach will bear until breakfast, or as experience teaches it to be necessary. When food is taken into the stomach, and the flow of gastric juice begins, the absorption of water in a measure ceases, and in large quantities it will then prove harmful.

For local inflammations, especially after injuries, water stands almost alone.

After dislocations or severe sprains or bruises, it is my custom to have a large vessel, usually a bucket, with a hole made in or near the bottom, swung so as to permit a stream of water to pour constantly on the injured part, using water as hot as it can be borne with comfort. In warm weather, however, and in injuries of the extremities, it may often with advantage be used cold. In this way I have seen a case of dislocated patella recover without perceptible swelling.

In swelled testicle I employ the same treatment. I was once called to treat a physician who had been thrown forward on to the horn of his saddle, resulting in a severe case of swelled testicle with excruciating pain. Arranging the apparatus as described, in a few minutes, with the hot water, he had relief, and then speedy recovery.

I have found it quite efficacious in two cases of swelled testicle from gonorrhea. Most of these cases have to be treated so as to avoid exposing them to their families, but where this method is available I would not exchange it for all other means combined.

In a case of severe idiopathic glossitis of most threatening character, constant irrigation with hot water, in which a little chloride of sodium had been dissolved, proved eminently satisfactory; and in many cases of pharyngeal trouble this plan will be found equally effectual.

And last, but not least, water, simply pure cold water, bids fair to become the greatest foe of the microbe in surgery, and to carry us back in some respects to the time when the surgeon, whom we have been accustomed to think so unfortunate, had only hot water to staunch the blood of the stump in amputation, and nothing but cold water with which to dress it subsequently. In what way it may act in securing favorable results in surgical operations it is not my purpose in this paper to consider, but certain it is that eminent surgeons are getting results from pure water that are simply marvelous.

The foregoing form only a part, though it may be the best part, of the therapeutic uses to which water, either hot or cold, may be applied. Yet doubtless there remain many others, and for their discovery, and for the attainment of skill and discretion in the employment of all, there is a wide field for close observation and careful study upon the part of the physician and surgeon.

### SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR.\*

BY WARWICK M. COWGILL, M. D.

Suppurative inflammation of the middle ear is of by no means uncommon occurrence, and does not, I fear, receive the attention at the hands of the general profession that its importance demands.

It is too often the habit of the general practitioner, in his constant battle with diseases that threaten life, to regard with little attention certain so-called minor affections. I do not wish to be understood as holding that suppuration of the middle ear is a disease of minor importance; it is the object of this paper to impress upon you the fact that it is grave in possible consequences, since, if neglected, it may extend by continuity to the brain and result in paralysis, insanity, and death. To the minds of the laity the running ear represents a healing process, since by it not only the implicated organ itself, but the

\*Read before the Southwestern Kentucky Medical Association, at its annual meeting, in the city of Paducah, Ky., May 11, 1886.

brain as well, is being purged of pent up matter, which must find vent or compromise life and health. This popular error is productive of great mischief, in that it gives the victim of middle-ear disease a false sense of security which too often keeps him from seeking professional advice before the organ has suffered irreparable damage; and it is a sad truth that when advice is asked of the general practitioner this pernicious temporizing is too often given professional warrant.

In connection with the anatomy of the middle ear, I wish especially to call your attention to the close relation it bears to important organs by contiguity, since it is because of these relations that the prognosis in many cases is rendered grave. The brain is separated from this cavity by only a very thin bony plate, which forms the upper wall of the tympanum; beneath the floor lies the jugular vein, with another thin bony plate intervening, while close to the inner wall lies the carotid artery. Thus the roof of the tympanum is in contact with the meninges of the brain, and in caries of this wall the patient may die of meningitis or cerebritis. Again, caries of the lower wall may be followed by phlebitis of the jugular vein, while caries of the inner wall has caused destruction of the coats of the carotid artery, followed by fatal hemorrhage or a suppurative inflammation of the labyrinth, with extension into the cavity of the skull.

The most common cause of suppurative inflammation of the middle ear is cold, setting up acute catarrh of the mucous membrane lining that cavity, inflammation of the naso-pharyngeal mucous membrane being the usual starting point. Hence it follows, as a corollary, that it may owe its origin to any of those diseases in which the upper air-passages may be inflamed, the acute exanthemata, as scarlet fever, and measles, and diphtheria, tonsillitis, whooping-cough, and tuberculosis. The trouble, also, is often caused by traumatism, operations on the tympanic membrane, blows on the side of the head, or forcible attempts at the extraction of foreign bodies from the external auditory canal.

One of the first signs of this disease in a large proportion of cases is earache. The pa-

tient, if a child, cries and rolls in its bed, and has considerable fever. Toward morning the child is quiet and sleeps. On giving it a bath, the next morning, the mother notices pus running from the ear. Ofttimes the pain is excruciating, stinging, and throbbing, and in many cases not confined to the ear, but radiating to the whole side of the head, with fever very high, accompanied by vomiting and convulsions, resembling for the first few days, before the membrane has been perforated and the tension in the tympanic cavity relieved, symptoms of acute meningeal trouble. Upon the other hand, the patient is often not aware that his ear or ears are affected until the trouble is made known by the appearance of pus. This often happens in those cases where suppuration of the middle ear follows an exhausting disease, as scarlet or typhoid fever, or when it occurs in tubercular subjects, and in these cases it most frequently shows itself in both ears.

Upon examination during the first stage the tympanic membrane will be found deeply injected, scarlet or yellowish red, the landmarks of the membrane obliterated or much distorted, the handle of the malleus hidden from view by the swollen cutis, the short process very prominent and looking much like a yellowish particle, the light spot invisible or very much scattered, the cutis of the external meatus swollen and tender; the mastoid process may also show some tenderness. Hearing will be affected by the accumulated matter in the drum cavity, and tinnitus set up by the pressure this accumulation will make upon the internal ear through the fenestræ.

In the second stage—that is, after the tympanic membrane has been perforated—comes a marked change. The patient rests and complains of no pain. At this stage the pus can usually be seen in the canal or pointing at the drum-head.

The course of this disease may, on the one hand, be so mild as never to have unveiled its true nature, passing off without any untoward symptoms and without perforation of the membrane, leaving the ear in its normal condition. Upon the other hand, it may run on from the acute stage into a most obstinate chronic form,



setting up caries of the bones surrounding the middle-ear cavity, and causing the death of the sufferer.

It is not a disease limited by stages, which, after the climax is reached, recedes into a spontaneous cure, but its course is, hardly without exception, from bad to worse. In the milder cases the only lesion may be the perforation of the membrane, while in a violent acute attack the pus may flow from the ear so profusely as to corrode away in a few hours not only the tympanic membrane but the ossicula also. From the acute stage the trouble may pass into a chronic form, and may, in spite of the most assiduous treatment, run on for months, bringing destruction in its train; denudation of the bony portion of the external canal, followed by granulations, polypi, and exostosis; inflammation of the mastoid cells, followed by caries of that bone; extension into the internal ear, with destruction of the auditory nerves, and too often carious destruction of a greater portion of the temporal bone, followed by meningitis, cerebritis, or death.

The prognosis in the majority of cases is favorable. If the attack is not of too great violence and it is treated in the beginning, the inflammatory process should be brought to an end in a few days, the hole in the membrana tympani closing, and leaving the ear in its normal condition. Of course, the longer the trouble has run on and the greater the destruction it has wrought, the less favorable the chances are for restoring the ear to its normal anatomical condition and to its normal hearing power. If the perforation in the membrana tympani is very large, the probabilities are that it can never be made to close, and the ear will be affected permanently in its acuity of hearing. Besides it is deprived of its protecting cover, which is probably the principal function of the tympanic membrane, and will be more susceptible to atmospheric changes. If the chain of bones is swept away the hearing will be permanently affected. If carious destruction sets in the prognosis is certainly most unfavorable, and no one can foretell when the disease may end.

As regards treatment, if the disease is seen in its beginning, before pus is present, every

effort should be made to avoid the trouble. Leeches should be applied to the mastoid process, and to the tragus. Cold should be used, and a mild cathartic given in connection with frequent small doses of calomel. If it can be made out that pus is in the drum cavity before the perforation of the membrana tympani, paracentesis should be made to relieve the tension. If the patient is not seen until after suppuration is under full headway, as is most frequently the case, first and foremost in the treatment comes cleanliness. The ear should be kept free from the irritating pus by syringing, not too forcibly, with warm water rendered alkaline with bicarbonate of soda. The frequency of the cleansing of the ear should depend upon the flow of the pus; in mild cases once or twice in the twenty-four hours would be sufficient; when there is a profuse flow of pus, every half hour would not be too often. After cleansing the ear, a weak, warm solution of carbolic acid may be poured into it, or, as Roosa recommends, a solution of the sulphate of zinc. But I believe the latest and most effective treatment is the application of finely powdered boracic acid. In making this application the ear should be thoroughly dried by means of surgical cotton; when this is done the powder should be insufflated, filling the external canal. The insufflation should be made after each cleansing. When it is seen that the powder remains in the ear in a perfectly dry state, it may be safely concluded that the suppuration has come to an end. If the pus flows very profusely, nitrate of silver in strong solutions, 40 grains to 3j, has acted best, in my hands, applied to the tympanic membrane by means of cotton on a probe. Dr. Pomeroy, of New York City, reports a case in which he succeeded in stopping the suppuration only after the use of a solution of silver, 480 grains to 3j.

Politzer's bag should be used in every case to free the cavity of the tympanum of pus that can not be washed out, by this means blowing it out through the perforation.

If polypi and granulations spring up in the external canal, they should be thoroughly removed with the iron and sharp spoon, the seat of the growths touched with absolute

alcohol or a weak solution of silver. If these growths continue obstinately to make their appearance in a certain spot, it may safely be concluded that the exciting cause is carious bone, and this should be removed by thorough scraping.

PADUCAH, KY.

## Societies.

### CHICAGO MEDICAL SOCIETY.

Stated Meeting, August 2, 1886, E. J. Doering, M. D., President, in the chair.

Dr. L. L. McArthur read a paper on Diagnosis and Treatment of Hepatic Abscess. He divided the causes for abscess of the liver into intrinsic, or causes resident in the liver, and extrinsic, or causes external to and independent of the gland. To the former belong acute congestions (said to result from heat and cold), tumors, echinococci, biliary calculi, or lumbrici in bile ducts. To the latter, infective emboli, whether carried through the portal vein or hepatic artery, traumatism, use of alcoholics in excess, high temperatures, surgical operations or lesions any where in tract of vena porta or its communications. All abscesses may be divided into idiopathic, infective or embolic, and traumatic, in the order of their frequency respectively. First variety is most frequently met with in tropics, and hitherto was supposed to be due to high temperature irrespective of pathological conditions. Dr. McArthur believes them to be due generally to formation of biliary calculi. Most frequently abscess in this zone is the infective variety. Sources of infection are two: *Per arteriam hepaticum* and *per venam portam*. First arise most frequently in pyemia. Aseptic surgery has lessened the number of these cases. We can readily see how abscess of the liver may ensue by infecting particles reaching the liver, when we remember all blood of the abdominal organs is returned to the general circulation via the liver. Hence, dysentery, ulcerations of the intestines, operations about anus and rectum, cystotomy, may cause abscess of the liver. Dysentery complicated the four cases he reported. The last variety

of abscess, traumatic, comes from direct or indirect violence. The pain in abscess of the liver is severe according to the size of the abscess, its location in the liver, deeply seated or near the peritoneum, the amount of other tissues involved, lungs, stomach, pleura, etc., and its causation. When deeply seated, there may be symptoms only of "pus somewhere," chills, fever, sweating, etc., with general malaise. Locally, general sense of weight and uneasiness on jolting; tenderness variable; usually increase in hepatic area, and bulging of side; temperature not often high, except when there is peritonitis; then present an important symptom, a peritoneal friction sound. This is hardly mentioned in literature, and yet is worthy of remembrance. Care should be taken to differentiate between pleurisy or pneumonia of right lower lobe and hepatic abscess opening in this direction. Surgical interference by Volkmann's or Graves' method should be made as soon as possible. In the following cases two were operated upon and recovered; in the third the expectant treatment was followed and death ensued; in the fourth case a diagnosis was not made because of absence of characteristic symptoms.

On concluding his paper Dr. McArthur gave the following verbal report of cases: The first case was a man, thirty-five years old, formerly strong and healthy, weighing one hundred and sixty pounds, a roustabout. Family history good. Four years previous to coming under my observation, while in Louisiana, he had had hepatitis with enlarged liver, from malaria. He was engaged when taken in present illness in unloading a cargo of peaches. He ate freely of them, and an acute diarrhea ensued, which became dysenteric in character. One week prior to admission to the hospital he complained of pain in the hepatic area. At the time of his admission his general nutrition was good, temperature 103°, complained of tenderness in the hepatic area, had diarrhea. On making an examination I found the hepatic area enlarged, with tenderness over it, slight redness of the integument over the right lobe of the liver. On completing the auscultation of the lungs I placed my stethoscope over the liver, and heard a very distinct friction sound,



which characterized the invasion of the peritoneum by inflammation. Three days later a hypodermic syringe was introduced into the liver, and pus and a sero-purulent fluid withdrawn, and the diagnosis of abscess of the liver was completed. As soon as the friction sound had ceased, that is, when adhesion had taken place, an operation was performed by making an incision about two inches in length and carefully dividing the tissues until the peritoneum was reached and the adhesion, found, when the abscess was opened, the contents evacuated and a drainage-tube inserted. The man was discharged, cured, in the course of forty-two days. The second case was a man formerly in good health; family history good. He came to the hospital complaining of fever, disagreeable taste in the mouth, pain in the right shoulder and down the back. Normal heart and lung sounds, except on the right side, where there was evidence of commencing pneumonia in the right lower lobe. Marked enlargement of the liver in the right hepatic area. In this case the attending physician advised the expectant treatment, hoping that the suspected abscess would open through the lungs, and a cure be effected in that way. In ten days the man died, and a large abscess was found in the liver, filled with normally appearing pus, complicated by circumscribed pneumonia and diaphragmatic pleurisy, showing the efforts of nature to get rid of the pus in a natural way. The third case was one in which the abscess was deeply situated in the liver substance. There was no local tenderness, no enlargement of the liver, only the sensation of pus somewhere, with rigors, fever, chills, and sweating. There had also been a diarrhea. He finally succumbed to blood-poisoning. *Post-mortem* showed an abscess in liver. The fourth case was in St. Luke's Hospital, and was operated upon and recovered.

Dr. Frank Billings, upon invitation, said: I probably have had less experience with living patients with abscess of the liver than any one present, and consequently have less that is practical to say about it. While in Vienna I saw a great number of autopsies of abscesses of the liver. Several cases occurred in the wards, but no diagnosis of abscess was made,

the patients suffering from what appeared to be intermittent fever, and usually a diagnosis of that kind was made. A curious thing to me was the fact that a great number of these abscesses were found in new-born children. In Vienna one often sees in the dead-house abscesses which were the result of badly attended cord. The pus had formed in the vein and the inflammation spread upward, finally producing abscess in the liver.

Dr. H. A. Johnson said: In the County Hospital, some time since, I saw an unusual case of abscess of the liver. The abscess was situated in the left lobe, which had communicated, evidently some time before death, with the left lung, the pus being discharged through the bronchus. When the case came into the hospital it presented all the signs of empyema, and the complication of the abscess with the liver was only discovered in the dead-house. Another case occurs to me, in which there was abscess in the right lobe of the liver discharging through the right lung. The patient recovered; but five or six years after a recurrence of the abscess took place, and it discharged into the vena cava, producing instant death. *Post-mortem* revealed the cavity of the abscess communicating with the vena cava. Both of these cases seemed to me to be somewhat out of the history of abscesses.

Dr. J. J. M. Angear said: In all cases that I have seen the discharge had an offensive odor, and I began to think that, if the pus did not have that odor, I should have doubts of its being an abscess of the liver.

Dr. J. A. Robinson said: I have just had, in the County Hospital, a case of abscess of the liver in which the diagnosis was made only after death. The remark of Dr. Billings, that abscess of the liver is often diagnosticated as malaria, leads me speak of it. The case was that of a woman who had been ill for several months. When I first saw her in the hospital, about a month ago, she was greatly emaciated, jaundiced, and complaining a great deal of pain in the hypogastric region. The liver was not enlarged, temperature ranged from 100° to 102°, she had chills every few days, and it was supposed they were due to malaria. She finally died of exhaustion.

There was no diarrhea, but there was great tenderness over the hypogastric region together with general jaundice. There was also a cachectic appearance which led me to believe there might be catarrhal inflammation of the duodenum which would account for the jaundice. But upon *post-mortem* examination it was found to be a case of multiple abscesses of the liver, with purulent inflammation of the gall ducts. I have in the hospital another case in which nearly all the signs that Dr. McArthur has spoken of here occurred. The patient is a woman about forty years of age, in whom the area of liver dullness is greatly increased. Temperature 100°, extremely jaundiced, and when she first came into the hospital I heard the friction sound, as mentioned in the paper, but that has now disappeared. Since hearing this paper I am led to believe we will find a large abscess of the liver in this case.

Dr. John Bartlett said: At the time of the Mexican War many of the soldiers returned affected with chronic diarrhea. In seven of these cases which came under my observation enormous abscesses of the liver followed. They were not opened, but were particularly examined in the dead-room, some of them containing at least a gallon of pus. As a general rule the patient lived for months. About a year ago I was called to see a case in consultation. The man had been trod upon in a crowd and received a slight injury about the epigastrium. Inflammation followed and abscess of the liver was diagnosticated, but, owing to a difference of opinion among the consultants, no effort was made even to aspirate. After death, which followed in due course, multiple abscesses were found, one as large as a small cocoa-nut, another as large as an orange, and fifty other smaller ones. I mention this to prove how hopeless would have been an attempt to improve the condition of this man by aspiration. I saw another case of some interest: The man was shot, and some weeks afterward died. I opened the body and found a piece of wadding and the bullet in the liver. The abscess was about as large as two fists and opened into the vena porta. In another case I was called in consultation to see a man who appeared to have an affection

of the liver. Both of the attending physicians thought it was a case of abscess. Presently he had symptoms indicating that there was some difficulty in the respiratory organs, and later, but in time to act if we had been more prompt, we discovered that there was a retro-pharyngeal abscess. I immediately expressed the opinion that the abscess in the liver had opened into the anterior mediastinum. I deemed it inexpedient to open this abscess without having other instruments than we had with us. We went to get these, and when we returned we were advised at the gate that the man had been taken with a difficulty of breathing which simulated croup, and had immediately expired. Upon examination we found that he had been drowned, as it were, by the pus from the bursting of this large abscess.

Dr. H. N. Moyer asked Dr. McArthur if, in the literature on the subject, he had seen any thing in reference to the presence of acetone in these cases? Jaffey has laid down indications of diagnostic value when this substance is formed. He thought the symptoms might lead to the development of this substance in the urine, and that it might be of some diagnostic value in suspected cases of abscess of the liver.

Dr. L. L. McArthur said, in closing the discussion, I was interested to learn of another source of abscess of the liver to be by infection from the umbilical cord, as related by Dr. Billings. Dr. Johnson's case of abscess of the liver breaking into the left pleura and left lung is the only one I have known of. Rupture into the vena cava is also rare. To Dr. Angear I would say, that in the cases I saw the discharge was odorless, and I emphasized that fact in the paper because the books all state that as a rule it possesses a very offensive odor and is usually of a purulent character. In two of the cases I saw it was of a chocolate color, being mixed with blood and liver-tissue. Dr. Robinson speaks of a case as markedly jaundiced. This is set down as an exceedingly rare complication in abscess of the liver. He said that in his case the liver was found in *post-mortem* to contain multiple abscesses. I would like to ask if the cause was found? (Dr. Robinson: We found no cause.) I would



ask Dr. Bartlett if his case proved to be a case of abscess of liver with a mediastinal opening? (Dr. Bartlett: We presumed it to be hepatic, but no *post-mortem* was allowed.) As to acetone, I have seen no literature on the subject in connection with the liver. In those cases in which I used the hypodermic needle to make a diagnosis (three in number) two were operated on and recovered, the third was treated by the expectant treatment and died. No careful search was made for the puncture of the needle in the abscess of the liver. After the first two cases I became bold in the use of the hypodermic needle, and punctured for the fourth time in one case before I obtained purulent matter.

Dr. Scott Helm read a paper entitled a Subcutaneous Method of the Treatment of Buboës, with exhibition of the injecting instrument. His method consists in injecting the suppurating gland; after the pus has been withdrawn, a solution of carbolic acid to wash out the cavity, and then injecting and allowing to remain an emulsion of iodol in pure oleic acid. The injecting instrument consists of a barrel holding two drams, which is mounted on either side by two rings for the fore and middle fingers, and a ring in the end of the piston for the thumb. Three needles, two different sizes of aspirator needles, and one a canula with trocar. To these is attached the center joint, in which is a stop-cock, the opposite extremity of which is attached by a smooth joint to the barrel. In twenty-three cases the treatment was successful in all but the nineteenth, this patient having gone on a protracted spree following the operation. The advantages of the operation are, that when there are two or more suppurating buboës in the same chain of lymphatics, the second or third appear further away from the initial one; by placing the first glandular abscess in a perfectly aseptic condition you prevent the inflammations of neighboring glands; secondly, there is no cicatrix remaining.

Dr. J. Zeisler: If conservative surgery has any place, I think it is in the treatment of buboës, and I think the final bad result of treating buboës by section might be avoided by carrying out the idea of Dr. Helm. It is

a good idea to inject iodol, as it may be regarded as a specific against the venereal poisons, and there can be hardly a doubt that the suppuration is due generally to the poisons. I would like to know if the doctor has found it necessary to introduce this iodol emulsion more than once?

Dr. J. C. Paoli said: In the treatment of buboës, of course the sooner we get out the pus the better; but those who have had experience with the treatment of buboës know that there are cases in which, in spite of aspirations and subcutaneous injections, there is still a morbid process going on which produces mischief and ulceration of the tissues. I never use carbolic acid, but I have used a watery solution of permanganate of potash, one half grain to six ounces, injecting it into the cavity. But we all know that we have cases of buboës which, in spite of all the skill of the physician, produce the greatest suffering. I saw a case where the femoral artery had to be ligated. In temperate persons we have very tedious buboës. Again, where mercury has been used too freely, there are often mischievous buboës. Very difficult cases are those in business men who are very active, and produce more congestion of the abscesses by their activity. But, if we can get the patient to go to bed and rest, we succeed better in our treatment. However, I think favorably of the subcutaneous method.

Dr. Frank asked how many of these buboës were due to gonorrhea and how many to chancres or chancreoids, if any.

Dr. H. N. Pierce: I had the pleasure of seeing Agnew, jr., four years ago experiment with the subcutaneous treatment of buboës. He first evacuated the pus by use of the canula, then injected an antiseptic solution, washing it out and afterward applying a compress bandage. The buboës generally went on from bad to worse, and he tried the same method over again, but with no success, and finally he had to cut down upon them and treat them by the old method.

Dr. Helm, closing the discussion, said: I have made in any case but one injection, and the time elapsing before discharge of the patient has been from eight to fourteen days.

In reply to Dr. Feder, I would say that these buboes have been aspirated as early as possible, as soon as there was fluctuation. All the pus was removed and the cavity injected with a like quantity of the oleic-acid emulsion of iodoform. I have had no case in which there has been a return of the disease in the same chain of glands. I had one case in which there was a bubo appeared some two weeks afterward in the opposite groin, evidently due to gonorrhea. In the second case, and the last one, which occurred only a few days ago, and was not reported, the buboes were caused by gonorrhea; all the others were due to chancroids.

#### IN MEMORIAM.

Appropriate resolutions relative to the death of Dr. Robert C. Hamill, a fellow of the Society, who had passed from this life since the last meeting, were read and adopted.

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### Reviews and Bibliography.

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**Practical Clinical Lectures on Syphilis and the Genito-Urinary Diseases.** By FESSENDEN N. OTIS, M. D., Clinical Professor of Genito-urinary Diseases in the College of Physicians and Surgeons, New York, etc. 8vo, pp. 577. New York: Printed for the author. 1886.

"The Student's Edition" of Syphilis and the Genito-urinary Diseases is a new issue of the work formerly published by Bermingham & Co., and is printed from the same plates.

Dr. Otis is a very positive writer and teacher, and is making a deep impress upon the views of the profession in his special line. He believes that chancre and syphilis always result from a distinct virus, and does not subscribe to the microbian nature of either, but inclines to the view of Beale, that the contagion is a debased protoplasm. He believes that mercury and iodide of potassium are effective simply by causing absorption of proliferated adventitious cells.

Dr. Otis is the special champion of the position that the child can not receive infection from the father, but from the mother only; and argues the point, as is too often done, more as a dialectician than as a philosopher. Those who are so positive that the spermat-

zoid can not convey infection too often lose sight of the amount of assumption that has to be made. Who has seen the germ of syphilis planted in the chromatine of a spermatozoid, and traced spermatozooids so infected to the female ova, and seen them fail to fecundate the ova a sufficient number of times to create a presumption one way or the other? One has just as much reason for saying that the ovum is destroyed by the syphilitic germ as the spermatozoid. But if we suppose that neither can occur, that in all these cases syphilis has been communicated to the mother by the father in the ordinary way, what becomes of Colles' law? Has that, too, been only an illusion?

Dr. Otis, as is well known, insists that syphilis is innocuous after the third or fourth year, and that in the third stage the secretions no longer have the power of conveying the disease.

On the treatment of gonorrhea and stricture, the author has also very positive views. The test of gonorrhea seems with him to be its curability. If it gets well in less than five or six weeks, at all events, if it can be aborted, it is not true gonorrhea, but a simulated disease. For purposes of treatment this leaves us as much in the dark as if such a suggestion had never been made, and the loose logic is all too obvious.

The treatment of strictures by cutting is a pet method of Dr. Otis, and there is no reason why its advisability should not soon be settled, for he has led an immense number of surgeons into treating strictures in that way.

The author is preparing a revised edition of this work, and we look forward to its appearance with interest.

D. T. S.

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**The Genuine Works of Hippocrates.** Translated from the Greek, with a preliminary discourse and annotations, by FRANCIS ADAMS, LL. D., Surgeon. In two volumes. Wood's Library Standard Medical Authors for 1886. New York: Wm. Wood & Co. 1886.

The world has seen the rise and fall of several great civilizations, many nations, and many more schools of philosophy and science, since the day when the Father of Medicine sent forth this immortal work from his silent retreat in



the sea-girl land of Cos; but the withering touch of time abates not the luster of his name, nor have the brilliant achievements of modern medicine and surgery had force to throw it into eclipse. To-day, after a lapse of twenty-three centuries, the book-maker must still give Hippocrates high place among his authorities, while the student notes with surprise the debt which all must acknowledge to the Father of Medicine for many accurate observations in the natural history of disease, clever inventions in surgical appliances, sound aphorisms in practice, and great generalizations in science. Like the *Iliad* or the *Odyssey*, the work is set in the soul of simplicity, and unfolds in quaint and earnest words the thoughts of a child-like genius in quest of truth.

The translation before us is by one of the most celebrated scholars that medicine has ever numbered among her votaries, and does justice to the original to the fullest degree attainable in our language and time.

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**Diseases of the Digestive Organs in Infancy and Childhood**, with Chapters on the Investigation of Disease, and on the General Management of Children. By LOUIS STARR, M. D., Clinical Professor of Diseases of Children in the University of Pennsylvania, etc. Octavo, pp. 385. Price, \$2.50. Philadelphia: P. Blakiston, Son & Co. 1886.

The author's object in this book is to give prominence to a class of disorders constituting a large proportion of the ailments of childhood, but often too briefly considered in works on pediatrics. He thinks that for the successful treatment of the diseases of the digestive organs in infancy and childhood, attention to the general regimen is quite as important as the administration of drugs. The work is written in a very readable style, and is a very fair presentation of the subjects it embraces. We would especially commend the part relating to infant-feeding. The typographical appearance is of the usual excellent style of the publishers.

D. T. S.

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Annual Report of the Managers of the State Lunatic Asylum at Utica, for the year 1885. Albany: Weed, Parsons & Co. 1886.

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A Treatise on the Diseases of the Nervous System. By William A. Hammond, M. D. 8vo, pp. 945. New York: D. Appleton & Co.

Enucleation, with Transplantation and Replantation of the Eyes. By Charles H. May, M. D., Instructor in Ophthalmology, New York Polyclinic. Reprint.

Transactions of the Louisiana State Medical Society at its eighth annual session, held at New Iberia, La., April, 1886. New Orleans: Isaac Graham & Son. 1886.

The value of the Knee-Phenomenon in the Diagnosis of Diseases of the Nervous System. By Philip Zenner, A. M., M. D., Lecturer of Diseases of the Nervous System in the Medical College of Ohio, Cincinnati, O. Read before the American Medical Association, 1886. Reprint.

Proceedings and Addresses at the Sanitary Convention held at Howell, Michigan, March 3, and 4, 1886, under the direction of a committee of the citizens of Howell. Supplement to the Annual Report of the Michigan State Board of Health for the year 1886. Lansing: Thorpe & Godfrey. 1886.

Homeopathy, as viewed by a Member of the Massachusetts Medical Society. An address delivered April 15, 1886, before the Hahnemann Society of the Boston University School of Medicine. By Vincent Y. Bowditch, A. B., M. D. (Harv.), President of the Boylston Medical Society of the Harvard Medical School, 1884-86. Reprint.

A Reference Hand-book of the Medical Sciences, embracing the entire range of scientific and practical medicine and allied science, by various writers. Illustrated by chromo-lithographs and fine wood engravings. Edited by Albert H. Buck, M. D., New York City. Vol. III, royal 8vo, pp. 813. New York: Wm. Wood & Co. 1886.

Electrolysis in Gynecology, with a report of three cases of fibroid tumor successfully treated by the method. By Franklin H. Martin, M. D., Professor of Gynecology, etc., in Chicago Polyclinic. Read in the Section of Obstetrics and Diseases of Women, American Medical Association, 1886, with discussion; also supplementary paper citing two cases of fibroid tumor treated by electrolysis. By J. N. Freeman, M. D., of Brooklyn, N. Y. Reprint.

## Foreign Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Glaucoma, one of the most frequent and gravest ocular affections, is not always the same in its manifestations, and the numerous discussions that have taken place relative to its nature and to its pathogeny may be explained by the fact that glaucoma is not, properly speaking, an affection in itself, but a simple syndroma connected with divers causes. Hence it is, that in certain cases, the myotics, eserine and pilocarpine, suffice to bring about a cure, while in other cases it is necessary to practice anterior or posterior sclerotomy, and most frequently iridectomy becomes indispensable. Professor Panas lately brought to the notice of the Academy of Medicine four cases of glaucoma in which the patients were cured by the employment of myotics alone. The learned professor does not mean to generalize, but simply wishes it to be understood that myotics which have hitherto been considered palliatives may in certain forms of glaucoma become curative agents. Of all myotics, eserine and pilocarpine, according to M. Panas, occupy the first rank; but pilocarpine is to be preferred to eserine, in the first place, because it is better borne by patients, and it is less expensive. The following are the formulas recommended by M. Panas: (1) Sulphate of eserine, 5 centigrams; distilled water, 5 grams. (2) Nitrate of pilocarpine, 10 centigrams; distilled water, 10 grams. The use of these collyria should be continued for a long time, and, curiously enough, one obtains very happy results in the cases where iridectomy and sclerotomy alone often proved insufficient to check the progress of the glaucomatous process, so that, to say the least, these agents may be considered very important adjuvants to operative measures.

In connection with this subject, I may here refer to a note published in the London *Lancet* of the 24th of July. It has been objected against eserine that it increases the intra-ocular pressure while contracting the pupil; pilocarpine, on the other hand, is said to lower

the intra-ocular tension. These myotics (eserine and pilocarpine) have been set against one another in the treatment of some cases of glaucoma. Schlegel has made some experiments on the intra-ocular tension, and arrives at the conclusion that the alkaloid of jaborandi also increases the tension.

The divers theories proposed to explain attacks of epilepsy are well known. These theories may be reduced to three principles, which are given in the *Courier Médical*: Tenner and Kussmaul invoking anemias of the cerebellum, Todd and Frerichs, the presence of ammoniacal substances in the blood; finally, according to Brown-Séquard, the bulbous extremity of the medulla oblongata, irritated by the great sympathetic nerve and becoming a reflex center, on the one hand, would contract the vessels of the encephalon, whence loss of consciousness; on the other hand, it would irritate the motor nerves, whence convulsions. Rosenbach took up the question and performed experiments on animals, availing himself of the recent works on the physiology of the cortical substance of the brain. The convulsions, which are determined in dogs by the electrization of the brain, are the result of an excitation of the cortical motor centers, they correspond with the cortical or idiopathic epilepsy in man. This epilepsy, termed cortical, does not differ in any way from common epilepsy. The epileptic attacks, in common with the *petit mal*, are the effects of a primary morbid irritation of the cerebral cortex. The variety which is observed in the clinical tableau of epilepsy is in relation with the degree and seat of the morbid irritation. This theory, supported by experimental proofs, is destined, according to Rosenbach, to replace that which assigns the seat of the malady in the spinal marrow or in the medulla oblongata.

Dr. de Pietra Santa reproduced in his *Journal d'Hygiène* the following conclusions, which terminate the remarkable memoirs of MM. Machiafava and Celli which were published in the *Annals d'Agriculture de Rome* (1886) under the title of "*Etudes Uttericures sur l'infection Malarique*:"

1. In the blood of individuals stricken by recent malaric infection, we find in the red



globules parasitic organisms constituted by a parcel of homogeneous protoplasma, endowed with an ameboid movement (*de va-et-vient*), possessing great vitality, and distinctly colorable. These characters of parasites are found only in malaric infection which the authors proposed to designate by the term *plasmodium malaricæ*.

2. In the interior of these plasmodies, we often find a reddish or brown pigment which does not form a constituent part of these plasmodies, but which proceeds from the transformation in melanine of the hemoglobin which they take up from the red globules invaded by malaric infection. The presence of pigment in the hemoplasmodies is not constant, and may be absent even in cases of very grave infection (pernicious fever). According as the production of pigment does or does not take place, we have malaric infection with or without melanemia.

3. The hemoplasmodies, by a process of scission, are converted into small clusters of corpuscles, which, being deprived of ameboid movements, show themselves in the colored preparations identical with the hemoplasmodies without pigment contained in the red globules. This segmentation is effected as well in the pigmented plasmodies as in those which are not (cerebral capillaries), and it is probable that it represents their mode of multiplication in the organism.

4. Malaric infection is transmissible to man by means of intravenous injection of malaric blood. This fact is demonstrated not only by its clinical progress, but also by the establishment in the blood of the person inoculated of hemoplasmodies which augment progressively in the blood of the inoculated, according as the injection develops, and which at the decline of the malady diminish rapidly, become immobile, and may disappear under the action of specific treatment.

Professor Hayem, well known for his researches on the blood, lately read a paper, at the Medical Society of Hospitals, on the Blood as a means of Diagnosis in Rheumatism. In his clinical experience he has observed that patients with rheumatic fever, whose blood is very fibrinous, and who have not localized

inflammation, have always, sooner or later, had the characteristic articular inflammation. In rheumatic fever the blood contains an increased quantity of fibrin before the articular inflammation appears. In support of his theory M. Hayem cited the following case: Last year a young man, aged twenty-three, was admitted into his ward. He presented a very serious typhoid condition, he was delirious, his temperature rose to 41° C. (105.8° F.) in the evening. The thoracic and abdominal organs were healthy, the joints were neither swollen nor painful. There was very slight abdominal tympanitis, the house surgeon diagnosed a form of typhoid fever. M. Hayem examined the blood and observed that the fibrin was greatly increased in quantity. This occurs only in pneumonia and rheumatism. Applications were made of water at 8° C. (17.6° F.); his temperature fell, and a few days later arthritis attacked the right knee, which became excessively swollen. This condition lasted a month, and left the joints partly ankylosed. The heart remained healthy.

PARIS, August 6, 1886.

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## Translations.

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EPILEPSY TREATED BY HYDROTHERAPY AND BROMIDES IN LARGE DOSES.—Dr. P. Glatz, of Switzerland, reports four cases of epilepsy successfully treated by hydrotherapy and bromides in large doses.

The water was applied in the form of the cold shower, from one half to one minute, both morning and evening, the bromide medication either in the form of a mixture of several of the bromine salts, 60 to 120 grains a day, or bromide of sodium, 125 grains a day. The hydrotherapy exercised a favorable action both in its tonic influence on the nervous system, and by enabling the patient the better to bear the bromides.—*Deutsche Med. Zeitung*.

THE BEHAVIOR OF THE LIVER TOWARD POISONS.—In the Society of Biology, M. G. H. Roger communicated the result of some experiments made at the laboratory of M. Bouchard and confirmatory of previous researches

on the action of the liver toward various poisons. When an alkaloid is injected into the portal circulation the toxicity is perceptibly diminished; for quinine, the fall is from 0.06 to 0.16; for morphine, from 0.35 to 0.68; for atropine, from 0.042 to 0.192; for curare, from 0.002 to 0.006. Similarly, peptone is not toxic in a dose of less than sixty grains instead of fifteen. Among mineral substances the liver allows the salts of soda and potash to pass; it retains carbonate of ammonia, but not the muriate. Finally, it is without action on acetone or glycerine; it arrests twenty-five per cent of ethylic alcohol.—*Le Progrès Médical*.

**ATROPINE IN PTYALISM.**—On a basis of two cases, coming under his own observation, Dr. Otto Hebold, of Bonn, recommends the subcutaneous injection of atropine in nervous ptyalism. In one case (insanity due to alcoholism) the saliva discharged in twenty-four hours amounted to more than two pints. The influence of the alkaloid was, during the first days, most marked immediately after the injection, but it continued also during the remainder of the treatment. The flow of saliva ceased entirely and did not return after a cessation of the injection. For the first two days the dose given was one three-hundredth of a grain, then from the third to the ninth one two-hundredth, which from the tenth to the fifteenth day was again reduced to one three-hundredth.

In the second case also (epileptic insane, with atrophy of the optic) the symptoms ceased entirely. In this case at first a dose of one two-hundredth was given for three days, then one seventy-fifth for two days, and then for a short time one two-hundredth. Dr. H. thinks the treatment deserving of further trial, especially where it is necessary to determine the character of nervous ptyalism.—*Deutsche Med. Zeitung*.

**HEART COMPLICATIONS DUE TO ABDOMINAL TUMORS.**—In the Academy of Medicine, Dr. P. Sebilean reported on some cardiac complications which he had observed in the service of Dr. Terillone, in the case of certain patients affected with large abdominal tumors. He had not been able to confirm the primary

troubles of the right heart recently described and interpreted by Rose (of Zurich), but insists especially on disturbances of the left heart.

These lesions of the left heart consist, according to the case, of hypertrophy or dilatation, states which mark each a different period in the evolution of the affection. They may nevertheless co-exist.

Hypertrophy is to be made out by symptoms difficult to appreciate in case the diaphragm is pushed back by the tumor, which thus presents obstacles to a judicious percussion. He has never observed the *bruit de galop*. Dilatation is revealed by mitral insufficiency. The author then proceeds to the discussion of six interpretations which have been given of this condition, and concludes that increase of pressure is the exclusive condition for the production of cardiac lesions.

Speaking, then, of the proportion of instances in which different tumors of the abdomen produce functional disturbances of the left heart, he does not believe it possible to formulate a law. As these troubles have not yet been described, observations are not yet sufficiently numerous. Still the resistance of tumors, their vascularization, and their relation to the uterus seem especially to favor such functional troubles.—*Le Progrès Médical*.

**LATENT DISEASE GERMS.**—In the Academy of Medicine (Aug. 3d) M. Verneuil announced some views to which he had been led by experience with a small epidemic of puerperal fever, which had presented the appearance of being spontaneous. The patient seemed to have received from herself by auto-inoculation the infectious agent; and it is probable that we can carry about us disease germs capable of producing disastrous effects only after the lapse of a long time and under peculiar conditions. In taking up the question M. V. proceeded to define the sense in which he would have understood the term *latent microbism*. The first fact that impresses itself is that each one of us, while presenting every appearance of the most perfect health, lodges a certain number of microbes of different species and sizes. In the case of parasites such as tenia, lumbricoids, hydatids, and cysticerci, there is no room for doubt; perhaps



there is even a necessary microbe, or at least an *auxiliary* one, destined to facilitate intestinal digestion and constantly occupying the intestine; finally, the existence of pathogenic microbes is also put beyond doubt. But these last microbes, nocuous as they appear to be (witness charbon, puerperal fever, septicemia), may penetrate our bodies and remain with us without revealing their presence. It is this which M. Verneuil would call *microbian* latency. In support of this idea he cites a number of examples. Furuncle and anthrax may spring from a scratch, a blister, or an erysipelas, the microbe of which remains for a long time inactive in the nares, the ears, or the scalp. But this latency has a limit. There comes a traumatism, a particular organic disposition, and the sleeping microbe awakes with all its noxious qualities. But there is yet more. In the life of all these microbes there are phases, neutral moments, alternations of nocuous and innocuous states, of combat and of truce. Thus may be explained the rounds of infectious maladies, the relapses and returns.

All parts of the body are exposed to invasion from these microbes, but there are places of election, such as the cutaneous surface, the mucous cavities in communication with the atmosphere, and various other pathologic centers. On the contrary, the vessels, the closed cavities, are seldom invaded. In reality we are all germ-carriers, but not in the same degree; there are differences depending on the moment, the age, and upon normal or pathologic conditions.—*Ibid.*

**TREATMENT OF PERITONITIS. (NOTHNAGEL.)** When we have to deal with an actual inflammation, and not with a process of infection, as in the course of atypic forms of fever, we must treat the inflammation.

Of the antiphlogistic measures we must bring first into use local blood-letting. If the patient has had leeches, and these have performed well, the pain in a couple of hours is entirely gone.

Nothnagel can not but ever and again repeat that we must brush away the dread of local blood-letting, which is here epidemic or endemic.

In particular cases there is nothing better than local blood-letting; it is the best that can be done in peculiar individuals and peculiar cases.

All patients agree that they gain thereby an extraordinary relief. To that Nothnagel can himself bear personal testimony. In a pleurisy which he had experienced, he can not forget how like magic leeches and wet cupping removed the pain; before he could hardly breathe, but at once the breathing became comparatively free. Nothnagel would repeat, however, that local blood-letting must be done with discretion and prudence. Six or seven leeches are sufficient for one time, and due regard must be had to the strength of the patient and the intensity of the inflammatory process.

As a second means, basing treatment on the same grounds, he applies cold, such as the ice-bag, Lister's coil, etc. These are the twin antiphlogistic measures—cold and blood-letting. Otherwise, what do we do? Of the mercury treatment, according to the majority of observers, we have nothing to expect.

Mercurialization—calomel internally and gray ointment externally—can be still at the utmost used in cases having altogether a foudroyant course, and it is recommended by some very good observers in puerperal peritonitis. One of the best of gynecologists, the lamented Spiegelberg, held mercurialization in great regard in puerperal peritonitis; likewise Traube, who to the last treated puerperal peritonitis with mercury. But in other forms of peritonitis mercurialization is useless.

It is often asked whether any thing should be given for the costiveness? To this Nothnagel would answer, "No." The bowels must for a long time be permitted to rest quietly. It must clearly appear that by exciting peristaltic action, abrasions occur, the colon moves, and the peritoneum is irritated; and so long as there exists a severe inflammation, irritation must be avoided. It is otherwise when the pain ceases, when the acme of the process is passed over. Then the action of the bowels must be looked to; and of the internal remedies, the best is calomel in three- to five-grain doses, repeated in due time; or, what is still better, reject altogether internal therapy and

give the patient clysters. Nothnagel would also call attention to the fact that in the course of peritonitis there comes a period when something else besides the regulation of the bowels must be cared for—that is, when the acute inflammatory conditions have passed by.

When the inflammatory process in a case of pleuritis has passed off, and it comes to a resorption of the exudate, one of the most valuable procedures possible is pulmonic gymnastics; deep inspirations must be practiced to prevent as much as possible the formation of adhesions. From this point of view, at a later stage, when the acute inflammatory conditions have subsided, efforts must be made to prevent adhesions of the peritoneum by exciting peristaltic action, using for this purpose both clysters and purgatives.

At a later period, when the inflammatory conditions have quite disappeared, efforts must be made to favorably influence the resorption of the exudate by means of so-called counter-irritation.

Severe vesicatories can not be used on the abdomen as over the thorax. Preferably, tincture of iodine, and especially equal quantities of tincture of iodine and tincture of galls, or any other medicament of known efficacy in furthering resorption, may be utilized. A much-favored application is *sapo-potass. viridis* mixed with oil of lavender or any other ethereal oil, with which friction is to be made a couple of times a day. This produces a counter-irritation that should further the resorption.

*Mercury never promotes resorption.* Later, resorption may be favored by cataplasms, especially warm applications, but not by the so-called Preissnitz applications, or a moderate degree of counter-irritation may be produced with warm salt-water or borax-water applications. Finally, the proper nourishment of the patient is to be looked after with care.—*Memo-rabilien.*

SIR W. MACCORMAC'S "Notes of an Ambulance Surgeon" have recently been translated into Japanese, and the original illustrations have all been faithfully and cleverly reproduced, both in the form of lithography and wood-cuts.

## Abstracts and Selections.

**REMOVAL OF A FOREIGN BODY IMPACTED IN THE THROAT FOR THREE MONTHS.**—A little girl, aged three years, was recently admitted into the Adelaide Hospital under the care of Mr. J. Kellock Barton. It appeared that about three months previously the shuttle of a sewing machine had got impacted in her throat close to the epiglottis, and latterly had caused symptoms of distress. On last Friday Mr. Barton tried to remove it with a throat forceps, but from the nature of the foreign body the attempt was unsuccessful, and the next day an operation was undertaken. An incision was made on the left side of the neck, passing close to the corner of the hyoid bone, and after a difficult dissection the shuttle was removed. The parts were brought together by sutures, and since the operation the little patient has progressed satisfactorily.—*London Lancet.*

**GEOGRAPHICAL DISTRIBUTION OF FATAL CANCER DISEASE.**—The recently issued annual report of the Registrar-General for the year 1884 contains some valuable statistics bearing upon the marked increase of the recorded death-rate from cancer during the past thirty-five years, and upon the geographical distribution of this disease. The increase of the mortality from cancer, in England and Wales in the ten years 1871–80, compared with the ten years 1851–60, was equal to 62 per cent among males, and to 43 per cent among females. It also appears that the increase between these periods, both among males and females, was greater at each successive age-period after thirty-five years. The report points out that "the very unequal increase in the male and female cancer mortality seems difficult of explanation on the hypothesis that the general increase has been altogether real, and not in great part only apparent." It is suggested that the more probable explanation of this inequality is the fact that "the cancerous affections of males are in a much larger proportion internal or inaccessible than are those of females, and consequently are more difficult of recognition, so that any improvement in medical diagnosis would add more to the male than to the female figures." This argument gives reasonable probability to the supposition that a very considerable, though unknown, proportion of the increase of recorded cancer mortality is really the result of improved diagnosis. With regard to the geographical distribution of fatal cancer, the report gives a table showing the mean annual



death-rate from this disease in each of the registration counties of England per 1,000,000 persons, male and female, living during the ten years 1871-80; these rates have been laboriously corrected for variations of age and sex distribution in the county populations, and are therefore strictly comparable. The most noticeable feature of this table is the marked excess of cancer mortality in London; this apparent excess would, however, certainly be lessened, and might disappear, if it were possible to eliminate all those fatal cases imported into London for hospital treatment or operation.—*Ibid.*

**DISTENDED HYMEN OCCLUDING THE VAGINA.** On June 8th I was called to see Ada P., aged thirteen, who was said to have been ill some two or three days, complaining of pain and difficulty in micturition. I found the child in intense pain, and was told that she had not passed urine for eight or ten hours previously to my visit. I examined the abdomen, which was extremely tender to the touch, and found a largely distended bladder. On examining the genitals I discovered a round tumor about the size of a small orange apparently protruding from the vagina, but which, on closer examination, proved to be a sac, the walls being formed by a highly distended hymen, which entirely occluded the vaginal orifice. I incised the membrane, which was thick and fleshy, thus affording exit to about half a pint of dark sanguineous fluid of the consistence of treacle. The child obtained immediate relief, and voided the contents of the bladder without difficulty shortly afterward.—*Dr. Thos. Horsfall, Ibid.*

**HYDROPHOBIA INOCULATIONS.**—At a recent meeting of the Council of Public Hygiene Dr. Dujardin-Beaumetz gave an account of two cases that were observed at the Hôtel Dieu. In concluding his report, Dr. Dujardin-Beaumetz stated that since the 1st of January, 1886, there have been in the department of the Seine ninety persons bitten by dogs known to have been manifestly mad, and that only one of these persons, who had not had recourse to the inoculations practiced at the laboratory of M. Pasteur, died from hydrophobia. Upon this the author makes the following remarks: One can not bring this remarkable fact too much to light, in presence of the incessant attacks that are directed against the method of our illustrious colleague. On the one hand, the absolute immunity of all the persons who, after having been bitten by mad dogs during the first half year, had recourse to the inoculations, and, on the other hand, the verification of only one

death, that of the individual who would not submit to this method of treatment, are striking proofs of the certainty and of the efficacy of these inoculations. So that it will not be too much to remind the Parisian population that it will for the future find in these inoculations, when they are opportunely practiced, a sure protection against rabic accidents.—*Ibid.*

**SYPHILITIC PHARYNGITIS.**—A correspondent of the London Lancet writes: I have a lady patient who has for over twenty years suffered from tertiary syphilis. She has at present a most painful dry pharyngitis; the mucous membrane is dry and sticky, here and there coated with a thick, foul, yellow mucus. This causes much coughing and great difficulty in swallowing any thing but fluids. Anti-syphilitic treatment, which she has had for many years, now does her no good in this present ailment. An inhalation with a Siegel's spray, containing terebene and pinus sylvestris oil, does relieve her, only temporarily, however, although it has in great measure healed some nasty deep fissures on both lips and left angle of the mouth.

**SOME POINTS IN THE TREATMENT OF MORBUS COXÆ.**—Dr. Thornley Stoker read a paper before the Academy of Medicine of Ireland advocating the employment of bone-drainage by trephining the trochanter, as a treatment in cases of morbus coxæ of the femoral variety. He referred to the paper on this line of treatment read by Dr. Kirkpatrick before the British Medical Association in 1867, and to the later communication of Mr. Greig Smith in 1881. Dr. Stoker dissented from the use of caustic potash, as recommended by Dr. Kirkpatrick, and advocated the use of a small trephine, supplemented by a drill, if necessary. He gave details of two cases in which he had operated. In one, a well-marked case of femoral hip disease in a girl, aged eleven, which had advanced to the second stage, a complete and rapid recovery had taken place. The other, a more advanced case, in a child, aged five, had been much benefited, but was still under treatment. Professor Stoker concluded his communication by putting forward these conclusions: (1) Tunneling the trochanter and neck is a reasonable and good practice in cases of femoral coxalgia, and is calculated to afford drainage and remove the products of disease. (2) It is more in accord with surgical science, while adopting the essential principles of Dr. Kirkpatrick's plan, to avoid the employment of caustic and rely upon the more precise use of instruments. (3) The extended application of the plan, so as to remove the diseased bone, or even to drain a

joint containing pus, as proposed by Mr. Greig Smith, is a surgical proceeding worthy of every examination.—*British Medical Journal*.

**HOT BATHS, HOT PACKS, AND PILOCARPINE COMPARED.**—Dr. Zelenetski, of St. Petersburg, in order to examine the comparative effects of hot baths, pilocarpine, and hot wet-sheet packing on nephritis, treated the same patients on different days by means of each of these methods, observing the effects on the temperature, pulse, etc. Fifty-seven observations were made on seven patients who were as nearly as possible under identical conditions. Twenty-three baths, eighteen hypodermic injections of pilocarpine, and fifteen hot packs were given. The hot baths produced the greatest loss of weight, averaging 801 grams, and the packing the least, averaging 94 grams, pilocarpine producing effects of an intermediate character. Here the mean loss of weight was 514 grams—306 by perspiration and 208 by salivation. The temperature rose considerably after the baths, and even at the end of three hours was always above normal. The packing caused it to fall at first; but after an hour it rose and returned to its original height within three hours. With pilocarpine it was reduced for two hours, and then rose to normal. The pulse corresponded to the temperature with the baths, but became slower with both packs and pilocarpine. The patients expressed themselves as feeling the most improvement after the baths; the pilocarpine causing complications, such as headache and nausea, and in one case vomiting and collapse.—*Lancet*.

**THE OPERATION FOR VARICOCELE.**—Nowhere has the introduction of the antiseptic method into surgery exercised a more marked influence than in the encouragement it has given to the performance of such operations of convenience as that for varicocele. Formerly looked upon with disfavor, if not actually considered unjustifiable, this operation has, since the antiseptic days, been again taken up by surgeons every where, and modified or improved in accordance with antiseptic principles. Where this has happened it is now part of the daily routine of practice and is recommended with as much confidence and performed with the same security as tenotomies and subcutaneous operations. Improved varicocele operations are continually appearing in our surgical literature, and various plans are being advanced as claiming both safety and success.

That the operative treatment is sound and justifiable surgery can scarcely be denied, for advanced cases of the disease are so frequently found to produce distress and disablement to

a great degree, that a reasonably safe and certain cure is welcome both to the sufferer and the surgeon. Palliative methods of treatment, such as Wormald's ring, trusses, suspensory bandages, are seldom of any use.

The method of operation I have employed during the last eight years excels in simplicity, safety, and certainty the various proceedings that I have seen recommended by operators. It consists in an aseptic subcutaneous deligation of the vein by means of a needle and disinfected thread.

I have preserved notes of six patients so operated on, the earliest in January, 1878. They were all young men, the subjects of advanced varicocele on the left side, and there existed softening of the testicle in two of them. In all the operation was confined to the left side, and was done in the same manner save that in one of them anesthesia was not employed. They suffered from no fever or constitutional disturbance after the operation; the local reaction was confined to the formation of a firm induration at the site of operation, which, in the course of a few months, slowly disappeared. The result was in every instance satisfactory at the time, and most of them I have seen or heard from long after the operation, and they have found the cure complete and permanent.

The operation was carried out as follows: The patient was, in all cases save one, put under the influence of chloroform or ether in bed, and the scrotum disinfected by a five-per-cent solution of carbolic acid. The patient, who was not anesthetized, was operated while sitting on a chair. After disinfection the left half of the scrotum was, by the usual maneuver, seized three quarters of an inch above the testicle between the forefinger and thumb of the left hand, and its contents allowed to slip back and escape until the cord-like vas deferens had slipped out of grasp. At this point the finger and thumb squeezed the skin of the two sides of the scrotum together, to squeeze the veins away from the just-escaped vas, and a threaded needle was thrust through the scrotum at this spot. A handled needle with a large eye at its point was employed, and its thread was the strongest surgeon's silk, disinfected either by having been boiled in five-per-cent carbolic solution or by Kocher's method of twenty-four hours' soaking in German oil of juniper, the thread being afterward kept in absolute alcohol. The needle was disinfected by being washed first with oil of turpentine and then with carbolic lotion. Care was had in thrusting the needle through the scrotum to avoid, at the points both of entrance and emergence of the needle, the tubular seba-



ceous scrotal glands from which the hairs emerge, as they are always full of bacteria and their disinfection is an impossibility. The needle was then unthreaded and withdrawn, leaving the thread in its track. The skin of the front of the scrotum was then seized by the left forefinger and thumb and drawn forward in a fold between them until the punctures from which the thread emerged were drawn forward over the dilated veins to the base of the folds. They were there squeezed together and steadied by the finger and thumb, and the needle, this time without any thread, was once more passed through the scrotum, entering and emerging by the same points as before. The end of the thread emerging beside the needle point was threaded into its eye, and the needle was withdrawn, carrying the thread with it, so that both ends of the thread emerged by the same point where the needle was first entered. The needle having been detached, the long ends of the thread were tied by a surgical knot and tightened upon the veins and tissues they embraced with the utmost strength that could be applied. A triple knot was made, the ends of the silk were cut off short and the knot permitted to sink into the depth of the scrotum. The puckering inwards of the needle apertures, due to the first and second needle tracks not quite coinciding in the subcutaneous tissues, were freed by pulling the skin outward at these spots until the included fibers gave way and allowed the skin to fall into its natural position entirely unconnected with the knot.

Another exactly similar operation was made an inch (or two finger breadths, as the case required) higher up the veins, and the operation was then complete.

The scrotum was again disinfected, surrounded by a sheet of salicylic wool, and the patient laid in bed with the testes elevated.

One of my patients submitted to the operation without anesthesia, but as a rule it is sufficiently painful to demand the administration of an anesthetic, and the careful carrying out of the disinfection and necessary steps are much facilitated thereby.

A knot the size of the point of the thumb appears between and around the ligatured points, and a slight degree of scrotal edema can be detected, lasting for a few days. The patient suffers little pain, and as the needle punctures are agglutinated at once, frequent dressing is needless.

A daily renewal of the salicylic wool during the first three days is desirable, after that no further dressing is required. The knot at the site of the operation slowly disappears, and at the end of three weeks the patient can safely

walk about, using, however, a suspensory bandage, and being careful to avoid strain, pressure, or fatigue of the part.

The disappearance of the last traces of the knot demands a month or two for its accomplishment, but eventually no trace remains of the operation having been performed.—*Alex. Ogston, C. M., Annals of Surgery, August, 1886.*

**SOME CERTAINTIES IN THE THERAPEUTICS OF EPILEPSY.**—Dr. C. L. Dana has written a paper with the above title, which is published in a recent number of the New York Medical Journal. His conclusions are summarized in the following statements:

1. Diet, exercise, and proper hygienic treatment rank above all other single therapeutic measures.

2. The bromides take the second rank in the treatment of epilepsy.

All bromides act alike in this disease. If one does not cure, another will not. Occasionally changing and mixing reduces the attacks for a time, and benefits the stomach.

3. The best bromides are those of potassium, sodium, ammonium, and hydrogen (hydrobromic acid); possibly we may add nickel.

4. Bromides may be given in daily doses of one dram, increased gradually till the attacks are suppressed, or the dose reaches four drams to one ounce daily. Few patients can tolerate more than this latter dose. Thorough bromidization should be always tried, if necessary to stop fits, and it may be occasionally repeated. But bromidization is sometimes injurious, even making the disease worse, and it must always be employed with caution.

5. When the fits are suppressed the bromides should be carefully reduced, but never entirely stopped for at least two years after the last fit.

6. In most cases, and especially in nocturnal epilepsy, an extra large dose of bromide should be given at night.

7. It is very important that bromides should be chemically pure, that their use should be continued a very long time, and that their depressing effects should be offset by tonics and all possible roborant measures.

8. The best non-specific adjuvants (drugs) to the bromides are potassium iodide (in syphilitic epilepsy), potassium bicarbonate (in lithemic and rheumatic states), carbonate of ammonium, the hypophosphites, arsenic, iron, and quinine.

9. The other chief adjuvants to the bromides are diet, exercise, a regular life, hydrotherapy, counter-irritation on the neck; and in the line of drugs, zinc, belladonna, strychnine, valerian, and the nitrites. Combinations of bromides

with the other drugs mentioned will lessen attacks when bromides alone will not.

10. The best substitutes for the bromides, when these do no good or do harm, are belladonna, zinc, strychnine, glonoin, borax, and alteratives.

For nocturnal epilepsy, increase the dose of bromide at night, and add chloral or digitalis. Give also, if needed, strychnine. Raising the head of the bed or making the patient sleep in a chair at night are measures to be tried.

For the status epilepticus give large enema of chloral, and use emetics and purges. Venesection is often efficacious, morphine is dangerous, chloroform is only palliative, and nitrite of amyl is of little value.—*Therapeutic Gazette*.

DR. POSADSKI (*vide Jeshenedjelnaja Klinitscheskaja Gazetta*, No. 30, 1885) reports that he has treated twenty-five cases of croupous pneumonia with antipyrin, giving daily doses of fifteen grains to two drams, and single doses of seven to thirty grains. Simultaneously, he treated twenty-three cases of croupous pneumonia with calomel, in order to be enabled to compare the results of both forms of treatment. Calomel was given in doses of one eighth of a grain four times daily. All patients were vigorous men, ranging between twenty-six and thirty years of age, and were admitted for treatment at the third or fourth day after the beginning of the affection. The average duration of the pneumonia in the patients treated with antipyrin was 8.1 days; in those treated with calomel, 7.1 days. In the latter set of patients, the termination of the affection presented invariably what Posadski calls a critical decline; in the former, a gradual resolution. In other words, the febrile symptoms disappeared completely, and sooner under the calomel treatment, and gradually and later under the antipyrin treatment. In five instances collapse was observed to follow after the use of antipyrin, a condition to which calomel, of course, could never give rise. The effects produced by the two drugs on the pulse and respiration were not materially different. In four cases antipyrin caused vomiting, and in two others a peculiar measles-like eruption of a very itching nature, affecting both skin and mucous membranes. In eleven cases the urine presented a singular dark cherry coloration, and contained a large quantity of antipyrin. The bodily weight showed a greater daily fall under calomel than under antipyrin, though its rise proceeded more quickly under the former drug.

The action of antipyrin on the temperature curves is, according to our observer, neither a

constant nor a prompt one, and alongside of the above-mentioned other disadvantages does not justify the exhibition of the drug in pneumonia.—*Ibid*.

HOANG-NAN A REMEDY FOR HYDROPHOBIA. Barthélemy gave the drug to a patient who, having been bitten by a mad dog three weeks previously, presented the characteristic symptoms of hydrophobia. The drug subdued the reflex convulsions to a certain extent, but was unable to prevent the lethal exit.

In Tonkin the drug is often used successfully in large doses, and in short intervals, in cases of hydrophobia or snake-bite. It is interesting to learn that Barthélemy instituted with this drug a preventive treatment of hydrophobia in twenty-four cases. Two patients showed the onset of the disease by various symptoms, such as complete insomnia, restlessness, hallucinations, barking, etc. In no patient, however, did the disease actually appear. The duration of the preventive treatment was on the average twelve days. The usual daily dose of hoang-nan is fifteen grains, which suffices to produce the characteristic physiological effects of the drug, viz. increase of reflex motion, convulsion, and trismus. Lesserteur has given the drug to over one hundred persons bitten by mad dogs, and has always succeeded in warding off the hydrophobic attack.

Barthélemy concludes as follows: Either hydrophobia is transferred to man much more rarely than is usually supposed, or hoang-nan given to the bitten person during the period of incubation modifies so effectually the nervous system and the tissue-changes as to prevent the development of the hydrophobic virus.—*Ibid*.

LANOLIN AS A BASIS FOR OINTMENTS.—In a preliminary note in the *Russkaia Meditzina*, No. 12, 1886, p. 207, quoted in the London Medical Record, Dr. L. K. Pavlovsky, of Kharkov, writes that his experiments with Liebreich's lanolin (first in Russia) enable him to arrive at the following conclusions: (1) Narcotic extracts, when combined with lanolin, are absorbed by the skin "quite satisfactorily," their pain-relieving action being obtained "with an almost perfect certainty." The dose used was only twice as large as that for internal use. (2) Hydrochlorate of quinine is absorbed also very easily. This statement is based on four cases of intermittent fever in children, where lanolin and quinine inunctions rapidly gave the effects desired. (3) When a lanolin ointment, with iodide of potassium is rubbed in, iodide appears in the urine not sooner than two, four, or six hours after



inunction, while Lassar obtained iodine from the urine about three minutes after friction. (4) In children, lanolin is better absorbed than in adults. (5) Washing the skin with ether considerably facilitates the absorption of lanolin ointments. (6) In general, lanolin is a substance which promises to supersede all other constituents for ointments, and even, in certain cases, to render superfluous the internal use of drugs.—*British Medical Journal*.

SCARLET FEVER AND DIPHThERIA.—Dr. C. R. Illingworth says, in the *Medical Press and Circular*, that the biniodide of mercury is a specific and prophylactic for scarlet fever and diphtheria. He gives it thus:

R. Sol. hydrarg. bichlor.....3 iij;  
Potass. iodid .....gr. x;  
Ferri am. citrat.....gr. xx;  
Syrupi.....3 ss;  
Aquam ad .....3 ij.

Fiat mist. Sig: One teaspoonful every two hours (for a child of from two to four years).

As soon as all the membranous deposit has disappeared from the parts affected, I give the usual steel and chlorate of potash mixture. As a rule this occurs in from four to five days, but in severe cases it takes ten.

The only and important exception to this rule of treatment is in those cases where the disease is ushered in with vomiting and purging with scanty rash and collapse. In these, which evidence a rapid liquefaction of the blood by the action of the poison, the iron and chlorate of potash mixture should be given at once in full doses every two hours.

HYPODERMIC INJECTIONS OF MERCURIAL SALTS AND IODIDE OF POTASSIUM FOR SYPHILIS.—Drs. D. L. Villar and R. S. Florez, as the result of the treatment of many cases of syphilis by hypodermic solutions of bichloride, albuminate and cyanide of mercury, arrive at the following conclusions:

The hypodermic method of treatment has the advantage over the method of inunction or of mercurial fumigation of being, (1) More convenient of application; (2) more exact in dosage; (3) less irritating to the mucous surfaces; (4) less liable to interfere with digestion; (5) more quickly cures; (6) does not salivate. Of the salts of mercury they consider the most suitable for hypodermic use is the cyanide. The instrument used was Pravez's.

In cases where iodide of potassium by mouth is not tolerated, producing, as it sometimes does, purging and vomiting, and where enemata are similarly irritating, the authors recommend its hypodermic use. They usually

employ 0.30 centigrams dissolved in one gram of water, and injected into the dorsal region. In one case only did the iodide produce an abscess (*La Cronica Medica*).

In this country the hypodermic method got a very fair trial after Dr. Lewin, of Berlin (*Medical Times and Gazette*, 1865), suggested the use of corrosive-sublimate solution in five-milligram doses. And the unpleasant effects, abscess and even gangrene, resulting from the sublimate solution were sought to be avoided by Stant's albuminate-of-mercury solution, which, being very liable to decompose, was replaced by the double iodide of mercury and sodium solution of Bouillhow, and finally by the injection of calomel suspended in gum. These preparations still proving unsatisfactory, Dr. Cullingworth introduced his glycerine-and-water solution of the bicyanide of mercury. The danger of free hydrocyanic acid being formed in the system has probably deterred physicians from the use of this salt, which Desmoutis, of Bordeaux, considers superior to all other salts of mercury for syphilis.—*George Foy, London Medical Press*.

ETIOLOGY OF CANCER.—A very interesting case bearing upon the etiology of cancer was brought lately before the Société Médico-Chirurgicale of Liège by Dr. F. Fraipont. The patient was a hysterical woman, aged thirty-seven, who had never borne children. The left breast was small, and contained a tumor the size of a pigeon's egg, exceedingly painful to the touch, well defined, not movable under the skin, which was reddened. The axillary glands were not enlarged. The tumor was very hard, and had developed in the course of a few months, it is said, from a fall on the left side. The breast was amputated. On section of the tumor after removal, two sewing-needles five eighths of an inch long were found in the center, the points directed backward. The tumor proved to be a carcinoma. There can be very little doubt that long-continued irritation from the needles was the cause of the cancerous degenerative change.—*Ibid*.

THE DIAGNOSIS OF GONORRHEA IN FEMALES. At a recent meeting of the Société d'Obstétrique et de Gynécologie, of Paris, Dr. Martineau brought an important fact to the knowledge of the society, by means of which the discharge of gonorrhea in the female can be distinguished from simple vaginal discharge. In the specific form, he says, the discharge is always acid, while in the simple form it is always alkaline. If this really be the case, it is very easy to decide with a bit of litmus paper whether the woman is or is not suffering

from gonorrhea. This sign may also prove of value in cases of rape, in deciding whether the person who committed the crime was suffering from gonorrhea at the time, as any vaginal discharge from this cause would be acid.—*Ibid.*

A MIXTURE FOR NERVOUS COUGH.—Graeffe (Nouveaux Remedes) recommends the following:

Hydrochlorate of cocaine. 1 grain;  
Chlorate of potassium.....10 grains;  
Bitter-almond water.....10 minims;  
Distilled water..... 1½ ounce.

To be used in the form of spray.—*Ibid.*

CONCERNING a case of diabetes with gangrene of one finger, Prof. Bartholow says: Withdraw all starchy and saccharine food from the diet, instead use acid fruits and vegetables; if patient can stand it, skimmed milk is the best diet; certain mineral waters are useful, as the alkaline waters of Michigan and the Bethesda of Wisconsin; large quantities are necessary especially in good fat subjects; ammonium carbonate and sodium phosphate, chloride of gold and sodium, and cod-liver oil likewise serve a useful purpose.—*College and Clinical Record.*

PARALDEHYDE.—Paraldehyde is so unpleasant to the taste that the following formula, which is Elvy's, and is adopted by Spanish physicians, and is said to form an agreeable mixture, will be acceptable:

R. Paraldehyde ..... 1 to 4 grams;  
Distilled water..... 70 grams;  
Simple syrup..... 30 grams;  
Tincturæ vanillæ..... 25 drops.

Half for a dose.—*London Medical Press.*

THE MECHANICAL TREATMENT OF THE VOMITING OF PREGNANCY.—Dr. Joseph T. Johnson, of Washington, D. C., in a very interesting paper, which appears in the Journal of the American Medical Association, relates the history of a case of obstinate and very severe vomiting of pregnancy, which he treated by artificial dilatation of the cervix uteri with the finger. Before this was done the patient had had every other known remedy administered, but without success. After dilatation was practiced the vomiting ceased, and the patient did nicely, but, unfortunately, labor pains set in, and she miscarried a two months' fetus. In reviewing the literature of this operation, the doctor finds that the best results are obtained by this procedure when medicines fail.

ERGOT IN THE TREATMENT OF DYSENTERY. Dr. Du Rocher relates in the *Prog. Méd.* the history of a severe case of dysentery in which, after four days of unsuccessful treatment with other remedies, ergot was ordered, forty-five grains a day, in six doses. During the first day's use of the ergot there were only two decidedly diarrheal passages, containing a little mucus, but not a trace of blood; the next day there was only one; on the third day the patient was cured. The author is inclined to think that ergot will prove a valuable drug in the treatment of dysentery.—*London Medical Press.*

AT THE SOCIÉTÉ THÉRAPEUTIQUE M. Bédoin gave an account of his treatment for blennorrhagia by suppositories of cocaine and boric acid. At the commencement of the malady he employs the cocaine suppositories, four grains in each, and the painful erections so often witnessed are absent; three or four are used daily. Toward the close the suppositories of boric acid are inserted (five grains in each), and he has always found two or three suffice. The patients could easily introduce them without any aid. M. Vidal prefers gurgon oil, which he has found to give the most satisfactory results. It succeeds, especially in chronic blennorrhagia, and the cure is effected in eight days. The following is the mixture he employs: Gurgon oil, 3j; goumu, 3j; syrup of white poppy, 3iij; peppermint water, 5iss. The half to be taken in the morning, and the remainder in the evening.

TONGA IN THE TREATMENT OF HEMICRANIA. Dr. John Henning, in a letter to the Therapeutic Gazette of June 15th, reports a case of severe hemicrania, in which all of the usual remedies had been administered over a period of two months. The patient was free from pain only when under the influence of morphine. Fluid extract of tonga was finally tried, in doses of thirty minims every three hours, three successive doses being administered in the course of twenty-four hours. A radical cure was obtained after the use of nine doses.

VIBURNUM PRUNIFOLIUM AS A PREVENTIVE OF ABORTION.—Chéron (*Gaz. de Gynécologie*, July, 1886,) recommends the following:

Tincture of viburnum prunifolium, forty minims; elixir of garus,\* simple syrup, each, one ounce; distilled water, two ounces. A tablespoonful every hour or half hour, as required.

\*Consisting of the compound tincture of saffron and an aromatic. The former contains aloes, saffron, cinnamon, cloves, and nutmeg, and is used as a stomachic.



# The American Practitioner and News

"NEC TENUI PENNĀ."

Vol. II. SATURDAY, SEPTEMBER 4, 1886. No. 5.

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A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

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440 to 446 West Main Street, Louisville, Ky.

## DR. BILLINGS' ADDRESS IN MEDICINE BEFORE THE BRITISH MEDICAL ASSOCIATION.

In a previous number we gave a synopsis of the address prepared by Dr. Austin Flint for delivery before this Society, and we now have before us the address delivered by Dr. Billings, who was chosen to take the place of Dr. Flint after the unfortunate death of the latter.

The address is entitled "Medicine in the United States and its Relations to Co-operative Investigation."

After paying a brief but high tribute to the worth of Dr. Flint, the speaker proceeded to present in a truthful and graphic manner, the conditions and prospects of medicine in the United States, and the direction in which the most useful co-operation in the improvement in medical science and art might be expected from this country. The speaker called attention to the fact that the country is so large and the differences of climate and of elevation are so great, that it would be difficult to set forth anything of any one part that would be true of all.

First among the shadows upon the prospect of the medical profession in America, is the

crowded condition of the profession, and the facility with which doctors are still turned out authorized to practice. In the United States and Canada there were, according to the last census, above ninety thousand physicians, or about seventeen per ten thousand inhabitants, while in England and Wales, taking in all sorts, registered and unregistered, there are about nine to the ten thousand of population, or about half as many as in this country.

The unfavorableness of this comparison was emphasized by the statement of the fact that the distribution of these physicians is very unequal, and might have been still more so by taking into account the very large proportion of druggists who are busy prescribers.

"We must admit," says Dr. B., "that there is no scarcity of physicians in the United States, and as we have over eighty medical schools at work, besides a fair proportion of medical emigrants, there is no immediate danger of any interruption to the supply."

The speaker then takes up a second complaint, that the standard of education is too low. For this complaint he thinks there are grounds for some localities but not for others. In the malarial regions, where the population is poor and the country thinly settled, there is no proper inducement for physicians to spend the time and money necessary to the attainment of the highest standard.

The figures show that the savings of a lifetime in such localities would not return it, and Dr. Billings might well have added that, if a man's stock of knowledge is mere learning, if he is not inspired with the love of original investigation, he will actually forget his learning under such surroundings, and that the senior wrangler of Cambridge would in time differ from the common herd in little else than the proud satisfaction of remembering that "he used to know." Greek and Latin and the Calculus, somehow, become very dry when it comes to hearing nothing discussed, day after day, but cotton crops or cow ponies. And we fear the paradigms of the irregular verbs or some of the theorems would suffer, even now, at the hands of many who sit in high places and call for classic preparation for students.

There are men in the poor malarial regions,

Dr. Billings admits, who are not only highly educated and skilled practitioners, but who are also original investigators and thinkers. "It was within the limits of this malarial shadow that the foundation of modern gynecology was laid by Marion Sims; of abdominal surgery by McDowell, Battey, and Gross, and of an important part of the physiology of the nervous system by Campbell. Nevertheless, the rule holds good that malaria and science are antagonistic; the exception proves the rule." To this we must be allowed in a modified way to take exceptions. In the first place exceptions prove no rule; but always impair it until they become numerous enough to destroy it. Then Dr. Billings seems to have been misled by his maps. Even in malarial regions malaria is largely a matter of locality, and whatever significance it may have, we venture to assert that the table-lands of central Kentucky or the city of Montgomery are as free from malaria as Washington City, where the address was penned. Furthermore, individual susceptibility also plays a large rôle in malarial trouble; not every one suffers in malarial regions. Of course, one actually sick from malaria, or from any other cause, is in no mood for scientific study. When we consider the eminent learning of such men as Bennet Dowler, Greenleaf, Dimitry, Hearn, and many others, as well as the effective industry and untiring perseverance of Jones, Chaillé, and others in different parts of the extreme South, and then again, the comparative insignificance of our attainments in and contributions to science both North and South, we may question whether it is not too generous of Dr. Billings to shift our ignorance from indolence and indifference to malaria.

Dr. B. proceeds to soften the depressing effect of delivering us over to the hard restraint of physical conditions, by showing that, notwithstanding the ill-informed character of the profession and the increase of physicians, the death-rate in the United States is steadily decreasing, and that even in England the credit for improvement in the death-rate is not given to the medical profession, but is all claimed by the sanitarians.

In so far as any improvement in the standard of medical education is concerned, Dr. Billings

sees the brightest hope in the organization of State boards of health in such a way as to enable the profession to become the guardians of its own best interests as well as those of the people in medical matters, as is notably presented in the case of Alabama and Illinois. The speaker then drew largely from the vital statistics of the United States, showing the influence of locality, climate, and race upon the course and frequency of different diseases, very appropriate to the occasion, but with which our readers are for the most part already familiar through the valuable labors of the speaker at home.

Altogether, the address of Dr. Billings was able and well received; and, before the ablest body of men perhaps that can in any one country be assembled, did great credit to himself and American medicine. s.

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#### NITROGEN COMPOUNDS DUE TO ELECTRICITY.

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In a logical and learned paper, read before the Louisiana State Medical Society, Isaac H. Statheem considers the question of the production of ozone, antozone, and nitric acid by currents of electricity. The importance of considering ozone and nitric acid together, is that their action is identical upon the test-paper of Schoenbein, so that the evidence of the presence of one in the atmosphere would be obscured by that of the other.

After referring to various methods of ascertaining the truth in the case, and pointing out their defects, the writer gives the conclusions that seem to be best supported. Cavendish first determined that, if a continuous discharge of electricity was had through moist air, nitric acid was found to exist in the proportion in which the volume of air was diminished, which proved that the oxygen and nitrogen united to form nitric acid.

In referring to these experiments, Fownes says: "The amount of acid so formed after many hours is very minute. Still it is not impossible that powerful discharges of atmospheric electricity may sometimes occasion a trifling production of nitric acid in the air."



Dr. Angus Smith, referring to the same analyses, observes that "the actual weights are so small that we might readily suppose them as representing bodies utterly incapable of influencing the life of the larger animals." Stathem is himself of the opinion that nitric acid is not produced in the air in any appreciable quantities.

The question of the presence of nitric-acid gas in the air in sufficient quantity to affect Schoenbein's test-papers, and that of the presence of nitric acid or nitrogen combined in any form, so as to be made available for the purposes of organic life, are very different. For, on the latter score, it would seem sufficient if the capture of nitrogen by the electric current to the least appreciable extent could be satisfactorily shown. Nitrogen being an essential part of all protein compounds, could not be dispensed with in the terrestrial economy without the sacrifice of all life, both animal and vegetable. And yet, as essential as it is in the vital economy, the only possible way now known of forcing it into combinations, even in the most minute quantities, is by the action of electricity. While other methods may yet be discovered, possibly are now known, it may fairly be claimed that this is the one method by which nitrogen is caused to enter into combinations available for the purposes of organic life, and that in fact all life has been cradled in the thunder-storm.

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## Notes and Queries.

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*Editors American Practitioner and News:*

Doubtless you have been greatly surprised at my failure to make mention in any of my letters of Sir Joseph Lister, as he is the one of all others a foreign surgeon, visiting London for the first time, would naturally be most anxious to meet. Well, it so happened that when I first reached here he was away on a long recreation trip, and about the time he returned I steamed over to the continent, and, when I got back, went, as you know, immediately to look up Mr. Lawson Tait, at Birmingham.

Friday being Sir Joseph's operating day at King's College Hospital, I made it a point

to call there the first Friday after my return from Birmingham; but, unfortunately for me, there was no material for a clinic on that day, and consequently I had to wait another week, when I went and was repaid by seeing him do two operations, viz., a castration and an operation for an ununited fracture. Sir Joseph is about fifty-eight years of age, fully six feet in height, of good physique, gray hair and beard, both of which he wears rather short. There is nothing in his appearance at all striking. He is a plain-looking Scotchman, with a fine head and very pleasant manners. His voice is husky, like that of so many of his countrymen, and his remarks to the class are delivered in a simple conversational style, and in so low a tone that only those a few seats off can hear them. I think he would strike any one who saw him for the first time as being a kind, gentle, conscientious, honest, good man. As an operator, he is unostentatious, careful, thorough, but I should say painfully slow. In fact, he is decidedly the slowest operator I have yet seen—which is saying a great deal.

In the operation upon the ununited fracture he was one hour and twenty minutes in doing what ought, in my opinion, to have been accomplished in thirty minutes at the farthest.

The fracture was of the humerus at the junction of the upper with the middle third. He cut down at the seat of fracture, on the outer side of the arm, making an incision three inches long. This was done very carefully, each vessel being caught and ligated with catgut immediately upon its division. No Esmarch was used. When the ends of the fragments were exposed, they were brought out of the wound as well as possible, and a thin slice sawed off of each—the soft parts being saved from the saw by a steel protector. A hole was now made through each fragment with a brace and bit, for the passage of a large silver wire (size of the lead in an ordinary pencil), with which he tied the fragments as tightly together as possible. The wire was then cut short and its ends driven slightly into the bones. (You know he formerly removed the wire; now, however, he allows it to remain. In operations upon the femur he uses a much larger wire.) The wound in the soft parts

was next closed with the interrupted suture, and a fenestrated rubber drainage-tube passed in one of its angles and out the other. His new antiseptic gauze, which is the most absorbent I have yet seen, was now applied, and over it a thick layer of his absorbent cotton covering the entire limb, which was then bandaged to a right angle, poro-plastic splint applied to its outside, extending from the hand to the tip of the shoulder, and a short wood splint to the inner side of the arm. The shoulder spica was made with the bandage.

The castration was performed on account of an old inflammatory trouble with fistulous openings leading into the epididymis. The only point in connection with the operation worth mentioning was its great tediousness. It seemed very difficult for him to come to a conclusion as to whether or not it should be removed. I think he must have made a half dozen or more exploratory incisions into the tissues before finally deciding to remove the organ. In his dressings he first sprinkled well the wound and surrounding parts with iodoform, which he advises should always be used in operations in this neighborhood, because of the great difficulty in keeping them aseptic. In the other case he omitted the iodoform. He still uses carbolic-acid solution for his instruments, and the bichloride 1-2000 for his sponges during the operation; but his dressings, gauze, and absorbent cotton are impregnated with his new antiseptic. Although his dresser had told me that no one but Sir Joseph himself and the manufacturer knew the composition of it, I had the cheek to ask Sir Joseph for information on the subject, when he very politely replied that he was sorry to have to decline giving it to me; that it was yet a secret, and he wished to keep it as such until he was fully satisfied as to its efficacy, when he would make it known to the profession. He said that it had been on trial in his wards for many months, and that so far he was greatly pleased with it. I had been told by a friend of his in Scotland that it was sal alembroth, a double mercurial salt formed by a sublimation of a mixture of perchloride of mercury and the chloride of ammonium. The dressings are colored blue with aniline, simply, as the

dresser told me, that they might be recognized. Sir Joseph told me that he had given up the spray entirely since last fall. There are many who think that he still uses it in abdominal operations, but he does not. How strange, that since he, its originator, has entirely abandoned it, that very many surgeons who pay especial attention to abdominal surgery still stick to it! Dr. Bantock is the only one in London, of any prominence in that line, who does not use it. I was greatly disappointed at noting Sir Joseph Lister's want of that close observance of cleanliness in his operations that I had been taught to expect. The parts operated upon were very poorly washed, and instead of cleansing his own hands with a brush and soap and water, which is deemed so essential in the antiseptic treatment, he simply rinsed them slightly. Possibly all the scrubbing he deemed necessary had been gone through with before coming into the lecture-room, but should it not be done in the presence of the class, and immediately before beginning an operation? Then, instead of having a large bowl of water in which to frequently cleanse the blood from his hands during the operation, he used a large cup, into which he could only dip his fingers. And the final dressings were applied before all blood stains had been removed from the patient's body in the neighborhood of the wound. So, as I walked away from hospital, I thought, what a pity the father of antiseptic surgery, the one man who urged in all his teachings such close observance of its minutest details, should in practice be himself so neglectful of what is regarded on all hands as its very soul and essence—cleanliness!

Since my last letter I have seen several interesting operations, among them two hysterectomies and one suprapubic lithotomy. One of the former was performed by Sir Wm. MacCormac. Before beginning the operation, an examination revealed a great quantity of ascitic fluid, and back of it a pretty firm tumor, which, Sir William took it, was ovarian. A prominent gynecologist had examined the uterus thoroughly, and reported it not involved in the growth. Upon opening the abdomen an immense quantity of straw-colored fluid escaped from the peritoneal sac. A lobulated tumor, as



large as a man's head and perfectly solid, was now brought into view, and after enlarging the abdominal wound was easily delivered, the only adhesion being one to the small intestines. When the growth was lifted out of the cavity it was found to be a myoma of the uterus. Not expecting such a thing, he was not prepared with clamps, so he decided to use a stout ligature and return the pedicle, which was done after being first thoroughly touched with a strong solution of the chloride of zinc. The abdominal wound was then closed and the antiseptic dressing applied—all done under the spray. A week after the operation Sir William told me that the case had progressed exceedingly well. The other hysterectomy referred to was performed by Mr. Meredith. The tumor was oblong in shape, its longest diameter being the transverse, so that it was with some difficulty delivered through the abdominal opening. It was a pedunculated growth, about the size of a cocoa-nut, attached to the left side of the fundus uteri by a pedicle not exceeding two fingers in breadth. This was transfixed and tied with a stout silk ligature, and the tumor then removed. Upon examination the uterus was found enlarged, and as the woman had not menstruated for over two months, the enlargement was decided to be due to pregnancy. The operator, why, I am at great loss to understand, thought it best, under the circumstances, to remove the uterus, which he did along with the appendages. The diagnosis of pregnancy proved to be correct, and the fetus was in the third month. The suprapubic lithotomy was performed at St. Thomas' Hospital by Mr. Croft. The patient, a man over fifty-five years of age, had a stone crushed some years ago, but without permanent relief. For some time he had been a great sufferer. Upon examination Mr. Croft became satisfied that there were one or more large stones, and owing to the supposed size of them, and the fact that the man's prostate was greatly enlarged, he decided to do the suprapubic operation.

The pubes was shaved and the abdomen thoroughly cleansed with soap and water, and then sponged off with a solution of carbolic acid. The bladder was now washed out with a solution of boracic acid; a rubber bag introduced

into the rectum, into which he injected fourteen ounces of water, for the purpose of pushing the bladder upward and forward. He then injected through the catheter a sufficient quantity of the boracic acid solution (eight ounces) to distend the bladder to such a degree that its outlines could be made out above the pubes.

The abdominal incision was made in the median line, the bladder was found pushed well upward above the pubes and against the abdominal wall. A stout thread was then passed through the fundus of the organ, by which it was pulled well into the abdominal wound and steadied while an incision was made in it, through which two large irregularly shaped stones, each as large as a small hen's egg, were easily removed. A rubber drainage-tube was now introduced into the bladder and the organ well washed out. The upper portion of the abdominal incision was then closed, and to the lower portion the edges of the opening in the bladder were attached, the drainage-tube being left in the organ.

Shortly after witnessing Mr. Croft's operation, I saw a boy four years of age, upon whom Sir Wm. MacCormac had done the suprapubic the week before, removing an oxalic acid calculus about the size of a small marble. The wound in the bladder was sutured with catgut. At the time I saw the patient—one week after the operation—the parts had healed perfectly and the boy was walking about. The catheter had been used only once. After that the urine was voided naturally.

An operation which is not uncommon here, and one which has proved very successful, is excision of varicose veins of the leg. It is considered especially applicable to the saphenous vein in the thigh and popliteal space. The incision necessary to remove a varix need not, of course, be as long as the vein itself, as the vein can be readily drawn out, when it is ligated above and below with catgut, the intermediate piece clipped out and the wound dressed antiseptically. Sir Wm. MacCormac has had some beautiful results from the operation, and no evil ones; of course no Esmarch is used. By the way, Sir Wm. MacCormac has had, recently, paralysis of the arm to follow the use of the Esmarch on a patient from whom he was re-

moving a necrosed metacarpal bone. Ten days after the operation there was but little improvement in the condition of the arm under massage and galvanism. I have heard nothing of the case since then.

The profession of America is well represented here at present, there being no less than fifteen men of note in medicine; all of whom will attend the British Medical Association, which meets at Brighton, August 10th.

W. O. ROBERTS.

**THE PNEUMATIC CABINET**—The "Pneumatic Cabinet" has now been freely discussed in the journals for more than a year. Its physical principles have been set forth, its therapeutic value tested and indorsed by careful workers. That it is a real addition to our therapeutic armamentarium there seems to be sufficient evidence to show. It has not been vaunted as a cure-all for multiple and widely different affections, nor have any claims been put forward which bear absurdity upon their face. The owners of the instrument assure the profession that it will be kept out of the hands of quacks, and that persons desiring to rent it (for it is not for sale) must have the indorsement of the Advisory Board—and so far as can be seen they have endeavored to choose not only respectable but eminent men on this board—men who can be trusted. Yet the machine does not seem to come into general use. Representative medical men in New York and other cities have, on consultation, advised the manufacturers to cover the cabinet by patents *owned by the company*, and it is rented under a contract which confines its control to the original lessee, and applications for its use are referred to an advisory medical board, without whose signatures of approval no application will be granted. The advertisement states that cabinets are now in operation in New York, Brooklyn, Boston, Albany, Troy, Chicago, Cincinnati, Jacksonville, and other large cities.

The rental of the cabinet is \$250 *per annum*. Let us estimate that each cabinet costs the company \$500, which seems a high estimate. That is an income of 50 per cent on the capital invested. The lessee of the cabinet has to

pay too much for it, and so the Advisory Board should have pointed out. The high rental can effect nothing in the way of keeping it out of the hands of quacks and irresponsible parties, as that matter is in the hands of the Advisory Board. The cabinet is practically out of the reach of men in small places; they can not afford it, however necessary it may seem. And as a rule physicians, and people generally, are not partial to this method of doing business. No physician would wish to rent his pocket-case, his saddle-bags, hypodermic syringe, speculum or obstetrical forceps, nor would he wish to pay the whole cost in two years' rental. As the case now stands, only a very limited number of physicians can afford to have a cabinet in the office. There is no good reason why a reputable physician should be denied the use of a cabinet. It is a therapeutic agent, as is an electric battery. It requires no more tact or skill to use one intelligently than does an electric battery; but who would rent a \$100 battery at \$50 a year? If the owners of the cabinet wish to keep it out of the hands of quacks by renting it, let them reduce the rental. The medical profession will not willingly see any therapeutic agent of value limited to a few men. It by no means follows that a practitioner is incompetent to use a cabinet because he can not afford to rent one. The best locomotive engineer in Christendom may be unable to rent an engine for a month.—*Journal of the American Medical Association*.

**THE NEW PROFESSOR OF OBSTETRICS IN VIENNA**.—The news of Prof. Breisky's advancement to the position lately vacated by Prof. Spaeth may have caused some surprise in Vienna medical circles, where it may have been generally taken for granted that Prof. Carl Braun's influence would be successfully used to lift his brother into the coveted chair. There can be little doubt, however, that the appointment was a most excellent one, or that in selecting Prof. Breisky the government authorities were actuated by a desire to obtain the right man for the place. The new professor is broad and cosmopolitan in his views; although positive enough in his own convictions, he is not wedded to any narrow system



of instruction. With American students, in particular, he has always been deservedly popular, for he has shown them a courtesy which, to tell the truth, they do not always meet with abroad. His interest in American gynecology is well known; in fact, Breisky is one of the few Germans who have taken the trouble to study the operation for laceration of the cervix intelligently, and he is perhaps the only well-known foreigner, with the exception of a few in the United Kingdom, who has shown any real enthusiasm over Emmet's teachings. Although his previous sphere of observation has been comparatively limited, Prof. Breisky has enriched obstetrical literature with many valuable contributions, besides having brought the Prague school to a high state of excellence. *New York Medical Journal.*

**PASTEUR'S PROPHYLACTIC—TWO SIDES TO THE QUESTION.**—A writer signing himself M. D. writes to the London Medical Press as follows:

1. Control experiments have not been made by M. Pasteur. The disease produced by M. Pasteur can be produced by injecting into the medulla any kind of diseased matter. This admits of easy verification. Hydrophobic symptoms can also be induced in man by the same method. Irritate the medulla by a syringe, and you will find this correct.

2. The *bouillon* injected by Dr. Grancher is supposed to be very potent. It has been injected with impunity into persons bitten by dogs *not* rabid; into persons not even bitten by dogs. What action can it have upon the latter? It is a *sterilized bouillon*, and has fortunately done no harm, otherwise the result of M. Pasteur's work would have been terrible in its consequences.

3. The mortality from hydrophobia does not amount to more than three in a million in those countries where it is dreaded. When we estimate the enormous number of persons bitten annually, in different countries, we can see that the proportion of deaths to bites is almost infinitesimal.

4. The English Hydrophobia Commission will be able to confirm part of Pasteur's work, but they can not advance their own knowl-

edge of its efficacy, for the simple reason time has done the work for them.

Vincent Richards, in his well known work on Snake Poisons, truly says: "M. Pasteur's method of treatment, as far as the world has been enlightened, rests on no firmer basis than that which justifies the vaunted powers of 'Holloway's Pills' and 'Mother Siegel's Soothing Syrup.'"

In the same issue Dr. C. R. Drysdale writes:

I have shown that in July, 1885, Pasteur succeeded with his first case; and on April 22, 1886, no less than six hundred and forty-four similar cases, bitten by rabid dogs, had been treated by him, with only four deaths—that is, with not more than one half per cent—while the calculated number of deaths would have been more than one hundred. One mad dog in Poplar last year caused the horrible death of no less than five poor children.

On the 24th of December, 1885, Pasteur narrated his first case to the Academy of Sciences, where a boy, Joseph Meister, who had been severely bitten by a rabid dog, was inoculated by him (as these fifty dogs had been) on July 6th, and ten succeeding days, was alive and well. In the latter days of these inoculations Pasteur had, as he said, poured into the circulation of the boy the most virulent rabid matter; that is, that of a rabid dog made more virulent by passing from rabbit to rabbit, a virus which gives the disease to rabbits after seven days of incubation, and to dogs after ten days of incubation. Joseph Meister then escaped, not only from the dog's bites, but also from the most virulent of all rabid poisons which had been inoculated on him. . . . I am as fond of negative criticism as any one, but when new opinions are put forward it is not always the best policy to worry the benefactors of mankind by all sorts of quickly formed objections, all of which Pasteur himself, the most cautious of all experimenters, is fully alive to.

**POISONING BY CHLORATE OF POTASH.**—A workman in Vienna, suffering from inflammation of the throat, was given two ounces of chlorate of potash, with verbal instruction to use it for a gargle; the only instruction upon

the prescription was, however, "A coffee-spoonful in a glass of water." The patient's wife gave her husband a spoonful at one o'clock, and another at two, in a medium sized tumbler of water, and half a spoonful about five and another about six. Abdominal pains and diarrhea set in shortly after taking the first dose. At half-past seven profuse perspiration came on, and about nine sleep. At ten the patient became unconscious, and at one in the morning death took place.—*London Medical Press.*

**THE CHOLERA IN EUROPE.**—The entire cholera mortality in Europe for four months and a half has been about 2,800, and there seems good reason to believe that it is dying out and will not spread to any considerable extent, though there is still time for further serious outbreaks before cold weather. A cablegram of August 16th states that the geographical area affected by cholera exhibits the capricious behavior of the disease. Thus, it is worse in Barletta, which is far away to the south, where the coast district between Monte Gargano and Brindisi is easily affected. Thence it makes a clear leap of 300 miles to Ravenna and Bologna, then turns northward, extending, though in a less virulent form, throughout Venetia, including the island of Chioggia, and reaching as far east as Verona, and as far north as Castel Franco, at the foot of the Alps. It is a noteworthy fact that the places most seriously threatened lie in the center or on the edge of marshy plains formed by the alluvial deposits of rivers or the silting of the sea, which always induce more or less malaria at this season of the year.—*Journal of the American Medical Association.*

**RAVAGES OF TUBERCULOSIS.**—The Vienna correspondent to the Philadelphia Medical News says: In the medical wards one hears frequently of the "Morbus Viennenes" mentioned in the presence of its subjects. The name is easily explained, when one learns that thirty or forty per cent of all deaths are from this disease, tuberculosis; and so well known and commonly feared among hospital patients is this disease that it has received from clinical lecturers this mask. Its contagion is not

doubted, and dried sputum generally serves as the means. Patients entering the hospital with other diseases, and having catarrh of the air-passages, are removed from the proximity of the tuberculous as soon as possible, as it is observed that such patients almost invariably become tuberculous. Primary tubercle of the lungs and genitalia occurs constantly; like syphilis, it may effect any organ of the body secondarily; septic processes become tuberculous, and syphilis as manifested in the larynx not rarely terminates in tubercle. The bacillus is found in urine, blood and sputum from lungs undergoing necrosis. Treatment is palliative only, no specific is known. Sputum is disinfected with five per cent carbolic acid, it is thought hardly effectually.

**DIPHTHERIA AND THE MILKMAN.**—Mr. Wachter, of Canterbury, England, writes to the British Medical Journal of August 21st an account of a remarkable outbreak of diphtheric sore throat which occurred in this place in July, and was clearly traceable to the milk-supply.

Within a period of eight days, from the 11th to the 18th of July inclusive, two hundred and twenty-one persons were attacked by the malady. Suspecting the milk-supply as a cause of the outbreak, a sanitary committee visited four hundred and twenty-two houses in St. Dunstan's district, with the result of bringing to light the following facts and figures:

	SUPPLIED HOUSES.	CASES.	NON- CASES.
A milkman.....	160	94	66
Milkmen and others.....	36	21	15
No milk.....	52	1	51
Condensed milk.....	8	0	8
Various milkmen.....	166	4	162
	422	120	302

The premises of the milkman whose name stands at the head of the list were visited by the health officer, who found that several of the dairyman's family and a pet lamb were suffering with the disease.

SIR T. SPENCER WELLS, Bart., has accepted the presidency of the Sanitary Congress, to be held at York, commencing on the 21st of September.



**A PROTEST AGAINST THE COUGH LINCTUS.** When the poor, worn, emaciated consumptive is racked with cough, which almost shakes his frame to pieces, it would be cruelty to withhold the welcome, soothing cough linctus. But it is a very different matter to give opium or morphine to allay a cough which is little more than troublesome.

To sip a cough linctus at frequent intervals, or to take a cough lozenge from time to time during the day, is often a most pernicious practice. The sedative carries with it its all-round action, and the liver and digestive organs feel its paralyzing influence. So much harm have I seen done by the poisonous cough linctus, that it is banned in my wards at Victoria Park Hospital, with only one exception, namely, when the case is hopeless.—*J. Milner Fothergill, British Medical Journal.*

**ON THE QUANTITATIVE ESTIMATION OF SUGAR IN THE URINE BY THE POLARISCOPE.**—At a recent meeting of the Academy of Medicine in Ireland, Dr. Cruise read a communication on the Estimation of Sugar in the Urine by the Polariscope, and demonstrated the operation with the instrument known as the Yvon-Duboscq diabétomètre. He dwelt upon the great advantages of this method over volumetric analysis, inasmuch as it is very accurate, very easily used, and occupies only about ten minutes; while chemical determination is surrounded by errors both possible and serious, requires special skill, and can scarcely be accomplished in less than an hour.

**INSANITY CURED BY ERYSIPELAS.**—Dr. H. Landerer relates the history of a case of melancholia, of seven months' standing and progressing toward incurable dementia, in which the patient, a young girl, recovered completely from her mental affection simultaneously with the subsidence of an attack of facial erysipelas spreading to the scalp. Two or three years had elapsed when the report was made, and she still maintained perfect mental health.—*New York Medical Journal.*

**LARGE BILIARY CALCULUS.**—At the recent meeting of the Paris Société de Thérapeutique, Dr Boudoumié exhibited a biliary calculus

weighing 20 grams=5.144 drams. It was of cylindroid shape, and measured two inches in length, three and a quarter inches in circumference, and on section two inches in the long axis of the exposed surface. The calculus consisted almost entirely of cholesterine, with layers of biliary coloring matter, and a small quantity of salts of lime. The patient, a female aged fifty, had had several attacks of hepatic colic, but made a good recovery.

**TREATMENT OF IVY POISONING.**—Dr. H. Hahn writes to the Therapeutic Gazette that the following prescription has given him good results in the treatment of the dermatitis caused by the rhus toxicodendron:

R. Acid. carbolic ..... 3 j;  
Liq. ammon. caust. .... 3 ss;  
Ol. olivæ ..... 3 iij.

M. S. Compresses to be moistened and applied once in two hours to the affected parts. If the eruption be very acute and painful, cover the compresses with an ice-bag.

**BITES OF WILD BEASTS.**—A correspondent in India writes to the London Medical Press: There is a particular reason why the sportsman should, if possible, avoid wounds from carnivorous beasts, which is this, that their claws and teeth are often tainted by the putrefaction of animal substances, and thus communicate poison to the blood of the sufferer. Sometimes even a scratch, apparently innocuous at first, becomes inflamed and sloughs with gangrene, causing a slow but most distressful death. Some known instances of this nature are too shocking to relate.

“THE EFFECTS OF TOBACCO on the health of men of letters, and its influence on the future of French literature,” is the theme to be discussed in a series of essays, for the best of which the French Society for the prevention of the abuse of tobacco offers a prize of 1,000 francs.

**WHERE PROTECTION IS WANTED.**—A Texas doctor gives the Medical Bulletin an account of the ease with which doctors are made in that State. He took a six-mile ride with a Texan villager, who asked him a great

many questions about the remedies used for certain diseases then prevailing in the locality. On the following week he had occasion to visit a neighboring village, where he found his recent companion with his shingle out as a full fledged doctor. He had graduated in that six-mile ride.—*New England Medical Monthly*.

DR. SCHATZ reports a case (*Central B. für Gynak.*) of a young woman from whom he removed the whole of the left ovary for a cystic tumor; he also removed a part of the right ovary, which had undergone cystic degeneration. The patient menstruated regularly, subsequently married, and in May, 1886, was delivered of a daughter at full term.—*New England Medical Monthly*.

**SWIMMING A COMPULSORY STUDY.**—The *Lancet* says the sad recital of deaths from drowning which have occurred at various parts of our coast during this summer may well impress upon us the need, too little regarded, that every capable member of the community should learn to swim. We have already commented upon this subject, and have gone so far as to advocate the inclusion of swimming as an essential branch of education.

**A BIG FEE.**—During the cholera epidemic in Nashville, Tenn., the late Dr. Bowling attended an old blind negro, who eked out an existence by playing the flute at the street corners. He recovered, and with a heart overflowing with gratitude he took his flute and sat under the doctor's bedroom window and played it the whole night long. Of all the large fees he ever received the doctor said this was the largest.—*American Lancet*.

**HEMATOZOA.**—According to an eminent scientist, every full-grown ass in Great Britain is afflicted with entozoa in the blood. To this statement the *Boston Post* adds: "If it is a fatal disease we should like to have it introduced into this country. There is an abundance of material for it to work upon."

DR. MAAS, Professor of Surgery at Würzburg, is dead.

DR. JOHN C. DALTON, the eminent physiologist and teacher, has had the degree of LL.D. conferred upon him by Princeton.

### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from August 15, 1886, to August 28, 1886:

*Lieut.-Colonel David L. Magruder* promoted to surgeon, with rank of colonel, July 26, 1886, *vice* Brown, retired. *Maj. Charles T. Alexander* promoted to surgeon, with rank of lieutenant-colonel, July 26, 1886, *vice* Magruder, promoted. *Capt. Henry M. Cronkhite*, Assistant Surgeon, to be surgeon, with the rank of Major, July 26, 1886, *vice* Alexander, promoted. *Freeman V. Walker*, of Georgia, appointed assistant surgeon, July 27, 1886, *vice* Cronkhite, promoted. *Maj. J. C. Baily*, Surgeon, granted one month's leave of absence. (S. O. 111, Division Atlantic, August 17, 1886.) *Maj. E. Bentley*, Surgeon, granted one month's leave of absence, and at its expiration to report for duty as post surgeon at Little Rock, Ark. (S. O. 113, Division Atlantic, August 18, 1886.) *Maj. W. S. Tremaine*, Surgeon, sick leave further extended six months. (S. O. 187, A. G. O., August 13, 1886.) *Capt. L. Y. Loring*, Assistant Surgeon, leave of absence granted him in S. O. 59, August 2, 1886, Division of the Pacific, extended two months on Surgeon's certificate of disability. (S. O. 189, A. G. O., August 16, 1886.) *Capt. B. D. Taylor*, Assistant Surgeon, when relieved by Surgeon Pentlay, to proceed to Jackson Barracks, La., and report for duty as post surgeon. (S. O. 113, c. s., Division Atlantic.) *First Lieut. Wm. E. Hopkins*, Assistant Surgeon, assigned to duty as post surgeon at Angel Island, Cal. (S. O. 61, Division Pacific, August 6, 1886.) *Lieut. Wm. C. Borden*, Assistant Surgeon, assigned to temporary duty at Fort Bridger, Wyoming, during absence of Assistant Surgeon Crampton. (S. O. 100, Department of the Platte, August 9, 1886.) *Lieut. Phil. G. Wales*, Assistant Surgeon, relieved from duty in the Department of the Columbia, and to report in person at Headquarters Division of the Pacific for further orders. (S. O. 62, Division of the Pacific, August 9, 1886.) *First Lieut. Charles F. Mason*, Assistant Surgeon, assigned to duty as post surgeon at Plattsburg Barracks, N. Y. (S. O. 113, Division Atlantic, August 18, 1886.) *Major A. A. Woodhull*, Surgeon, granted leave of absence for fourteen days, to take effect on or about September 1, 1886. (S. O. 197, A. G. O., August 25, 1886.) *Major M. K. Taylor*, Surgeon—leave extended one month. (S. O. 195, A. G. O., August 23, 1886.) *Captain J. V. Lauderdale*, Assistant Surgeon, granted leave of absence for two months, with permission to apply for one month's extension when his services can be spared. (S. O. 195, A. G. O., August 22, 1886.) *First Lieutenant Chas. M. Gandy*, Assistant Surgeon—on expiration of his present leave of absence, relieved from duty in the Department of the East, and assigned to duty in the Department of Texas. (S. O. 195, A. G. O., August 23, 1886.)



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. II.  
[NEW SERIES.]

LOUISVILLE, KY., SEPTEMBER 18, 1886.

No. 6.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### LONGEVITY OF MAN.\*

BY T. B. GREENLEY, M. D.

In the early period of the world's history the life of man was greatly protracted as compared to that of the present time. The reason generally assumed for his great longevity at that time is, that in accordance with his environment, that is, the paucity of population, it was essential in order to more rapidly increase the species. This is a rational view of the subject when we consider that the procreative powers of both sexes were possessed at quite advanced ages as compared to our present capacity in that particular. And it will also appear, if Biblical chronology is correct, that the time of puberty was much later in appearing. Previous to the deluge it was rare that issue resulted before the age of seventy-five years; but many children were born after their male parents were several hundred years old. Noah was five hundred years old when his first child was born. This condition, respecting the tardy development of puberty and the protracted procreative powers, was greatly modified after the flood, as well as the age to which man attained. Puberty was then attained as early as twenty-five to thirty years, and we have no account of issue resulting much after the age of one hundred and thirty years.

Abraham was one hundred years old when Isaac was born, but he had a son, Ishmael, by

Hagar, his wife's handmaid, previously. The oldest man born after the flood, Eber, lived to the age of four hundred and sixty-four years, and his first son was born when he was thirty-four years old. Chronology is at fault respecting the extreme age at which issue occurred.

If we take the average age of ten men in the lineal descent from Adam, we have eight hundred and fifty-seven and a half years as the life of the antediluvians, covering a space of time in the world's history of over one thousand six hundred years, and including ten generations. In making this calculation, we count the ages, respectively, of the oldest son in each generation. But this great longevity rapidly diminished after the deluge. If we make an aggregate of the ages of ten of the oldest sons in a lineal descent from Shem, we have two hundred and seventy-five years as the average age of the post-diluvians in the first ten generations, the oldest living to the age of one hundred and forty-eight years. These ten generations cover a period of over five hundred years, say to the birth of Jacob.

If the hypothesis, that in the early history of our race the Deity prolonged the life of man in order to more rapidly populate the earth, we must conclude that, as that object became accomplished, his longevity was gradually, by Divine intervention, diminished; and, after the world became densely peopled, the fiat went forth that our time on earth was allotted to be seventy years.

It would seem we must admit Divine influence in determining our longevity, or conclude that the hygienic condition of the world was much better in its early history than it has been since the flood. Possibly pathogenic bacteria were not so prevalent in those days as now; this conclusion would naturally force

\*Read before the Hardin County Medical Society in June 1886.

itself on all believers in spontaneous generation, and who do not regard Divine influence as possible. The ordinary length of man's life, as existing for many centuries, was attained among the Jews before the time of Solomon, as instanced by the biography of prominent men of his time, which was over one thousand years before Christ. And, from the best sources attainable, it would appear that there has been but little variation among civilized nations since those days, if we except a period of several centuries during the dark ages. There was a period of nearly seven hundred years, say from the eighth to the fifteenth century, wherein but little attention was given to sanitary conditions, which period might be termed the dirt age, as it is said there was no bathing done during that time.

In examining the statistics pertaining to the life of man since the commencement of the Christian era, I have mainly confined myself to the three learned professions, theology, law, and medicine, and rulers of nations. I have aggregated the ages of one hundred kings and emperors, taken promiscuously, and find the average to be 50.85 years. These were taken without regard to the time in which they lived, but included in the Christian era. In the eighteenth century I aggregate the lives of one hundred physicians, which averaged 50.50 years. The average age of one hundred and seventy statesmen and lawyers in the same century is 65.50 years. The ages of one hundred preachers, taken in the aggregate for the same time, average 64.10 years. I find that in taking the ages of one hundred physicians of the nineteenth century, the average is 60.25 years. I have been unable to obtain proper biographical statistics to determine the average age of either lawyers or preachers of this century. It will be observed that the average life of a physician of the present century is much greater than that of the last.

It could hardly be shown by the statistics extant, that is, biographical sketches of eminent men, that it is a correct way of ascertaining the average age of any class of men, as hundreds die who never have any preserved records of their lives. In general, it is

only those who have, by force of superior talents or good luck, made themselves sufficiently famous to have a public record of their lives made for the benefit of posterity. Then, again, it is frequently the case that a man becomes advanced in years before he makes a notable mark in the world's history. No doubt that, if we could have a correct record of the ages of one hundred men of any profession taken as they die, the average would be less than that above given.

It will be noticed that the average age of statesmen, lawyers, and preachers, during the eighteenth century, greatly preponderates over that of physicians. The only way we can account for this great difference, being an average of nearly fifteen years, is the fact that the physician is compelled to be so irregular in his habits, many times going days and nights in succession without rest, and at the same time exposed to various causes of disease from the nature of his calling over and above those of the other classes named. If mental quietude and regular rest contribute to length of life, the agriculturist should have the greatest longevity. Of this class I have been unable to obtain any statistics.

There are certain occupations which tend to shorten life much more than others. From the mortality statistics, it would seem that exercise of the mental faculties exerts but little influence to the detriment of health. The lawyer, statesman, theologian, or scientist enjoys life as long or longer than the physician or artizan. But there are, as before remarked, some kinds of trade or occupation which materially tend to shorten life. These causes act independently of heredity, or the mode of life one may lead, and independent of mental exertion. Luxurious and dissipated modes of living greatly influence the duration of life. But few kings or emperors attain to the age of eighty years. Only six popes out of nearly six hundred have exceeded that time. As to the deleterious effects of certain occupations, I refer to Hirt's table of statistics of those sick pursuing the trades specified. We shall, however, only give the results as affecting the pulmonary system. The figures here given represent the per cent of lung trouble, respec-



tively, in all affections in those following the occupations given: Workers in brass, phthisis, 31 per cent; brush-makers, phthisis, 49—bronchitis, 28; carpet-weavers, phthisis, 25—bronchitis, 11; compositors, phthisis, 36—bronchitis, 39; engravers, phthisis, 26—bronchitis, 15; file-cutters, phthisis, 62—bronchitis, 17; bone-boilers, phthisis, 64; buckram-makers, phthisis, 63; catgut-workers, phthisis, 60; gasmen, phthisis, 63; dyers, phthisis, 63; parafin-makers, phthisis, 61; refiners, phthisis, 70; salt-boilers, phthisis, 67; slate-quarriers, phthisis, 65; tanners, phthisis, 61; tar-makers, phthisis, 61; tobacco-workers, phthisis, 37—bronchitis, 16; type-founders, phthisis, 35; varnish-makers, phthisis, 36—bronchitis, 19; weavers, phthisis, 25—bronchitis, 19; wig-makers, phthisis, 32—bronchitis, 18; glass-cutters, phthisis, 35—bronchitis, 25; grinders, phthisis, 40—bronchitis, 17; artificial-flower makers, phthisis, 36; watch-makers, phthisis, 25—bronchitis, 22; lithographers, phthisis, 40—bronchitis, 13; millstone-makers, phthisis, 48; mirror-makers, phthisis, male, 25, female, 40; needle-polishers, phthisis, 69; painters, phthisis, 24—bronchitis, 15; rope-makers, phthisis, 19—bronchitis, 12; sieve-makers, phthisis, 42—bronchitis, 11; stone cutters, phthisis, 36—bronchitis, 8.

It appears from this table that certain occupations are very deleterious to general health and even dangerous to life. Among these are most prominent such as fill the atmosphere with particles of dust of an irritating character, either of mineral, animal, or vegetable origin. Then, again, it seems that an atmosphere permeated with foreign matters of a gaseous character may also prove deleterious. We have long known that grinders, polishers, cutters in stone and glass, weavers, etc., were subject to lung trouble, but, until recently, it has been the popular belief that workers in tar, salt, and gas, as well as tanners, were exempt from injurious effects from those occupations. It is shown by this table that needle-polishers, file-cutters, bone-boilers, buckram-makers, catgut-makers, parafin-makers, salt-boilers, slate-quarriers, tar-makers, refiners, dyers, and gasmen, suffer more than those engaged in any other occupations. On an av-

erage sixty per cent of all diseases affecting persons employed in these occupations is consumption. This is a startling fact, and calls loudly, not only on the profession, but on all philanthropists for further investigation, and if possible a remedy to arrest such dire results. In examining this table, we are struck with the fact that vegetable, mineral, and animal matter are all alike dangerous to life when they permeate the atmosphere of workshops. In all cases where these matters consist of particles coarser than the atoms constituting atmospheric air, it seems a strainer might be constructed and worn as a mask to prevent the ingress of the dust into the lungs. In other cases where the irritating matters are of a gaseous character, some other means would have to be resorted to.

The medical profession have accomplished a great deal within the last century to preserve health and lengthen the life of man. Among civilized nations the life of a generation is now about eight years longer than it was a century ago. Even as far back as 1667, when the city of London was destroyed by fire, sanitary work was commenced. Previous to that time London was frequently decimated by terrible epidemics of the plague, resulting from improper drainage, or, you might say, no drainage, and accumulation of filth. In 1665, two years before its destruction, the plague destroyed over seventy-three thousand lives. The destruction of the city was regarded at the time as a great calamity, but it eventuated in a great blessing, as the plague has not visited it since. In the reconstruction of the city, the superintendence of drainage, laying out streets, etc., as well as the construction of public buildings, was placed in the charge of Sir Christopher Wren, a celebrated physician of his time. The people soon learned that what they had regarded as providential afflictions, in the way of disease and death, were due to their own ignorance of the want of proper hygienic surroundings.

But hygiene, through the agency of the profession, only began to make rapid strides about one hundred years ago, when Jenner discovered vaccine. This single discovery, with its practical use, has saved millions of

lives, and tended, perhaps, more than any one thing to lengthen the life of a generation. Great strides have been made in improving the manner of disposing of sewage filth of large cities; in the water-supply, in the construction of public buildings, in plumbing and guttering, in the introduction of traps to prevent the escape of sewer-gas into the houses, and in proper ventilation. All these sanitary measures and improvements have been effected by the genius of medical men. This is not all; by observation and research, the habitats of malaria and other disease-producing causes, have been ascertained, and their evil effects in a great measure combated. These are some of the means effected by the profession to greatly protract the longevity of man over what it was a century or so back; and all humanity should, with loud acclaim, award the honor to its proper source.

Notwithstanding the vast results thus obtained in a sanitary point of view, we are, it might be said, only in the midst of the great work. It is believed by many that in the near future means will be discovered to prevent the occurrence of destructive epidemics as well as to remove other preventable causes of disease, so that the life of man will be greatly protracted beyond its present limit. The minds of a few enthusiasts are imbued with the idea that the utopian age of three score and ten, allotted to man, will yet be attained. The question, right here, may be asked how are these great desiderata to be accomplished? At present we can only hint at the means to be employed. Hygiene must be taught in the public schools, epidemics must be prevented, more attention must be given to the hygiene of childhood. The management of children and the prevention of epidemics are the great means to be used in the preservation of human life, as nearly fifty per cent of the children born die before the age of ten years. But, before much can be effected in the curtailment of the mortality of childhood, it will be necessary not only to instruct parents in sanitary matters, but a system of inspection of premises will have to be inaugurated. This can, of course, only be done by legal enactment and at public expense.

When it was learned that some diseases were due to bacteria, and by some believed that all diseases were of microbial origin, it was hoped by some, and almost believed by a few enthusiasts, that we were on the eve of a grand discovery; that a germicide would soon be found by which the cause of all diseases could be removed and thereby all diseases avoided. But this utopian idea is becoming somewhat diminished. There is another thing in the way of public hygiene that but few of our profession have undertaken to combat; I allude to alcoholism. I regard this as being in the line of great obstacles to good health, to say nothing of morals; and whatever is detrimental to morals, as a rule, is injurious to health.

In my estimation, as a hygienic measure, the profession will soon be compelled, if not by the force of public opinion, by a sense of duty on their own part as well as justice to the public welfare, to grapple with this hydra-headed, pathogenic monster. The attention of all philanthropists is turned in this direction. The evil effects of the use of alcoholic liquors on the general health, and in the development of disease are so palpable to the observation, not only of the medical man, but to all thinking minds, that it is hardly necessary to recite the fact. This being true, why have the profession ignored the matter so long? We know that it is a bull with dangerous horns (popularly speaking) and will have to be handled with care; but nevertheless it must be handled, and it is nearly time our profession had inaugurated the movement. Dispensing with the use of this beverage would prolong life in the aggregate more perhaps than any one other measure of a hygienic character. Some doctors may tell you that they could not practice medicine without its use. This has been the view of a great many for centuries, as it has been regarded as a stimulant—one which, in their estimation, could not be substituted. It is at the present time regarded as a stimulant by a large majority of the profession. But it has of late been satisfactorily demonstrated (see Dr. Richardson's work, "Diseases of Modern Life") that it is not properly a stimulus, but a sedative, and in small doses



tends rather to lower the temperature than to increase it. It therefore can not be termed a heat-producer. He regards it more as a narcotic or sedative than a stimulus, and compares it in its physiological action to chloroform. In speaking of its use in a moderate way, Dr. Richardson says: "As a rule, the effect of the continued use of alcohol carried to the degree under consideration, is to create a series of functional, and afterward of organic changes which end in the establishment of distinct and irrevocable phenomena of disease." And further remarks: "To have to speak of diseases originating from the use of a fluid which, next to water, forms a part of the daily beverage of immense populations of civilized people seems a satire on civilization. It is nevertheless the duty of every physician to speak plainly on this subject, because it is his painful task, day by day, to treat the most terrible and fatal diseases, for the origin of which he can assign no other cause than the use of alcohol. It adds to the pain of the physician, while he makes these observations, to feel that when he calls to his aid the study of physical laws he can find no place for alcohol as a necessity of life. He contemplates its action on living function to discover that it supplies no force to living matter, and no new matter that is of natural character for the construction of organized tissue. In whatever direction he turns his attention to determine the value of alcohol to man, beyond the sphere of its value as a drug which he may at times prescribe, he sees nothing but a void; in whatever way he turns his attention to determine the persistent effects of alcohol he sees nothing but disease and death; mental disease, mental death; physical disease, physical death."

Our government establishes quarantines and creates health boards at public expense to prevent the ingress and spread of epidemics, when the loss of life from alcoholism is equal to, if not greater, than that from all the epidemics this country is subject to. From the best sources of information it is estimated that about sixty-five thousand people die annually in the United States, directly or indirectly, from the effects of alcohol. A large majority of this number consists of men in the prime of

life. This is not all; the evil effects of alcoholism are inflicted upon untold millions through heredity. And yet our governments, both State and National, license its sale, and thereby encourage its use.

Then it is readily seen what a vast field is open for work, both for the physician and philanthropist, not only as to the health-destroying effects of alcohol, but also as to its destruction of morals. It is estimated by some jurists that nine tenths of the crimes committed are done under the influence of alcohol.

As a sample of the salutary results of excluding alcohol from a community, I would cite the city of Pullman, near Chicago. It does not contain a saloon or any place where liquor is sold. In consequence the city has no jail, no police force, no sheriff or constable, nor does it need any. Peace and quietude reign supreme.

There are other narcotics which are taken at first to allay pain or by way of amusement, but by frequent use a habit is established by which the system calls for increasing doses; by persistent and long-continued use these may, and frequently do, develop various diseases, and occasionally by overdoses kill directly. I allude more particularly to opium, tobacco, chloral, chloroform, hashish, etc. The habit of using all these drugs, as well as alcohol to excess, is a legacy entailed by civilization. Here also is a wide field open for work on the part of the profession, first using their influence to have the evil effects of all these things, as before remarked, taught in our public schools; and, secondly, to directly exert their influence among the people to prevent the acquirement of such habits.

There is one other cause of destruction of human life which demands the serious consideration, not only of our profession, but of all philanthropists. I allude to syphilis. This terrible disease scatters in its march a vast amount of human misery, and registers its victims by thousands. This is not all; it lays its deadly grasp on their posterity. Some idea may be had of its blighting effect on offspring by examining reports of children's hospitals, clinics, etc. Prof. Larrabee, of Louisville, reports over fifty per cent of diseases at his clinic

for children as due to the effects of syphilis. Reports from similar institutions in New York give about the same statistics. Perhaps, if it could be ascertained, the destruction of the embryo, resulting in abortion from syphilitic influence, would about equal the number of children born at full time who are affected with this scourge. It is only from hospitals and clinics of the poor that we can obtain anything like definite statistics of mortality resulting from syphilis and alcoholism. From other sources we fail on account of deference to family feeling.

The question arises, can any thing be done by which this terrible scourge can be arrested, or even modified? Some suggestions and even efforts have been made in this direction, but so far of but little avail. Some ten or more years ago the plan of inspection was tried in St. Louis, but as it was connected with the license system the churches took such a stand against licensing houses of ill-fame the whole plan was soon abandoned. Possibly a well-regulated system of inspection, universally observed, might be promotive of a great deal of good in the suppression of this ungodly disease. I presume, however, that this means would not be sufficient to entirely stamp out the disease as it frequently exists in private houses. The short time the license and inspection plan was tried in St. Louis promised favorable results. In one year the disease was curtailed thirty-five per cent.

In enumerating diseases and their causes, I have omitted to mention consumption, as there is at present but few if any known means at our command which can be used to ward off the disease, unless we could educate the people to the danger of intermarrying with those predisposed. This, however, would be a hard matter to accomplish, as the judgment of the young is frequently eclipsed by the passions. As a general thing that portion of the human family predisposed to tuberculosis is possessed of traits of delicacy and beauty of features calculated to captivate the strong and robust of the opposite sex; hence any argument on the subject, as a rule, would prove nugatory.

Enactment of laws to prevent such intermarriage would be regarded as arbitrary and

unjust. Some microbe enthusiasts have of late gone so far as to assert that no case of consumption ever existed that had not for its origin the bacillus tuberculosis, and that heredity has nothing to do with it. Were this theory true, we might be induced to hope that by isolation, if not by germicides, the spread of the disease might be arrested and finally exterminated. But this theory in contradistinction to heredity will hardly ever become prevalent. This disease carries off about one seventh of the people of civilized nations, and no greater boon could be granted the race than a means to prevent its existence.

Judging from what has been accomplished by the science of our profession in the way of public hygiene, we are led to hope that in the near future the most of the obstacles to health and life herein named will be removed, when we shall expect that man's life will be extended on the average to the Divine allotment.

Why should this be an unreasonable hope, when we have on record men living in modern times twice that long? By way of illustration we cite the names and ages of a few who died within the last two centuries: Michael Dougherty, 135 years; Margaret Patton, 137; Countess Desmond, 145; Thomas Parr, 152; Thomas Damme, 154; John Rovin, 172, and Peter Torton, 185. It is quite common to see an account of persons living to be one hundred years old, and it is reasonable to suppose that if all preventable causes of disease were removed, and the laws of nature preservative of health were strictly observed, the human family might be preserved to the age of seventy years.

Too much praise can not be awarded to the genius and philanthropy of our profession for the great advances made in the prevention and cure of disease within the past century. We are commanded in Holy Writ to earn our bread by the sweat of the brow, but our medical philanthropists work to destroy the means of their livelihood. In other words, they work to prevent the occurrence of disease for which they would get pay for treating. We see this exemplified every day in the working of our health boards. We have over one hundred county boards of health in Kentucky, all of which work for nothing and bear their own



expenses. Is there any other class of men who do as much charity work as physicians? In many localities about one third of the work is among the poor who are unable to pay. But as a rule we do not complain. If we all could regard such work in the same light as did the celebrated Boerhaave, who on one occasion, being asked how he could afford to do so much charity work, replied that "God was the paymaster of the poor," we perhaps might do our work more cheerfully. It is fortunate that, as a general thing, the right kind of men get into the profession; and it should be a rule with all preceptors to ascertain the true character of applicants who wish to study medicine. No young man should think of studying medicine who is not possessed with kindness of heart, and is willing to do charity work. Any man who studies medicine with the sole purpose in view of making it pay is not one of us. He that can not sympathize with the unfortunate poor and render them help in time of sickness and distress does not belong to our guild.

### ETIOLOGY OF PHTHISIS.

BY R. W. TAYLOR, M. D.

My attention has been directed to the etiology of phthisis pulmonalis by a paper on this subject from Dr. Didama, of Syracuse, N. Y. The doctrine advanced by him is so radically different from that which has heretofore been considered orthodox, that I have been led to look up some of the recent literature on the subject.

I must confess that the result of my researches has not been very encouraging to such as expect the profession to settle the question at an early day. There has never been a time when opinions touching this question were more unsettled than at present; notwithstanding the fact that phthisis is more or less prevalent all over the globe, and in most civilized countries is responsible for nearly twenty per cent of adult mortality, we to-day know but little of its etiology.

The discoveries of Koch and others have done much to unsettle the mind of the profession. And as his discoveries are still in an incomplete state, we may expect to have to

wait a good while before we know how to estimate them. Some of his more sanguine followers are claiming that his doctrines are already established. This claim I think premature; yet I am inclined to think favorably of his views, and his experiments seem almost conclusive.

Phthisis pulmonalis is a constitutional, specific disease, produced by a specific germ. *It may be congenital*, it may be hereditary, or it may be acquired. The victim may have been born with that condition of the system or that diathesis that afterward developed into phthisis. He may have been born with this diathesis because a parent or parents were the subject of tubercular phthisis. In that case it would be hereditary. Again, consumption may be acquired where the diathesis does not exist. There are authorities who deny that the disease itself can be inherited, and say that at most only a certain aptitude may be inherited. It may be asked what is the difference between inheriting phthisis and inheriting the diathesis of phthisis? I admit that it is somewhat difficult to explain the difference, yet I think there is a material difference, and the distinction is just this: In case the diathesis only is inherited we can not have the disease unless we have extraneous agencies brought to bear. In the event the disease is inherited, it will be developed without the agency of extraneous causes. That the disease is inherited, I think has been pretty well established in the minds of a majority of physicians who have had much acquaintance with it. I have on my mind now the case of a gentleman who died thirty-five years ago, a victim of phthisis. Since his death as many as five or six of his children have died of the disease. The last one died less than two years ago.

I have seen too many instances in which it would be difficult to explain or account for the disease upon any other assumption than heredity. How often have we known of large families of children, reared it may have been under favorable hygienic conditions until they had reached manhood and womanhood, perhaps married and settled in localities at a distance from the parental home, but still under favorable but dissimilar sanitary surroundings, one

after another became victims of this disease! These instances are of such frequent occurrence that we can not attribute them to mere chance. The most rational explanation of these cases is that they have the germ of the disease in them, and when the time has arrived it is developed. That phthisis may be acquired is, so far as I know, not denied; all agree that we may have the disease where it is neither congenital nor hereditary. There is, however, a difference of opinion as to how and under what circumstance it may be acquired. Some authorities hold that it may be due to antecedent diseases of the lungs, traumatism, a "bad cold," or to noxious dust, as in the case of miners, marble cutters, grinders, etc. This, however, is denied by Flint, whose opinion I am inclined to adopt. These at most can only favor the development of the germ already planted, and if the germ is not there it can not be produced by any of these agencies. Probably a majority of our patients in giving a history will say that their trouble began with a "bad cold." This, I think, is due to the fact that the symptoms of incipient phthisis are very much those of a "bad cold."

Age seems to have much to do in the development of the disease, and we find great uniformity in all countries. A very large percentage is found between twenty and thirty; after that we find it decreasing with each decennial period until sixty is reached, after which it is rare. Climate seems to have much to do in its production; and, while no country or climate is exempt, it seems to prefer the temperate zones to either the frigid or torrid. This may be due to the fact that we have a greater range or variation in temperature in the temperate zones.

It is more apt to occur in moist than in dry atmospheres. Hence high altitudes with dry soil are to be recommended to those who desire to avoid it. Sedentary habits, confinement to ill-ventilated apartments, insufficient food, or food of poor quality, as well as great and prolonged mental depression, all tend to promote its development. Pregnancy seems to hasten its development; so does prolonged lactation.

Certain diseases, as measles and pertussis, seem to favor its development, while others, as chlorosis, emphysema, mitral regurgitant lesion, chronic alcoholism, according to Flint, hinder it.

It has long been a mooted question whether or not it can be communicated from one person to another; and while there is no very conclusive evidence on this question, I am inclined to the opinion that it may be so communicated under favorable circumstances. This is rendered more probable if we accept the "baccilli theory" of Koch and his school. In fact the strongest argument that can be urged against this theory is, that if the disease is infectious it should be more prevalent than it is. I am inclined to the opinion that the germs are often expectorated, and, becoming dry, are taken up as particles of dust, and in this manner find their way into the larynx of the attendants. The disease has been experimentally communicated to animals, and I see no reason why this may not occur in man. When the germs have in this way reached the lungs, after a period of latency or incubation, tubercle will be developed. We know nothing of the length of this period of latency or incubation; and it may be so long that the circumstances of exposure have been forgotten, or at least as to lead us to discredit any connection between the exposure and the result. I think it is pretty generally conceded that eating tuberculous meat may produce the disease. Dr. Bang, of Copenhagen, has recently found baccilli in milk from a cow with tuberculous udder.

Drs. Dugent and Harricont "have made the discovery that the fungus of pityriasis is very nearly allied to baccilli tuberculosis, and may be cultivated in the same way, and, when so cultivated and injected into guinea-pigs and rabbits, produces tubercle just as the tubercle baccilli. If this is true, it is a matter of very great importance, as this fungus may be found in several other skin diseases that have heretofore been considered trivial, and may we not in this way be able to account for a large number of cases that have heretofore seemed inexplicable."

In order that infection may be accomplished we must not only have the germ, but the system must be in a favorable condition to receive the germ. Now this is not only true of phthisis, but it is also true of all other contagious diseases. By this favorable condition I do not mean diathesis. I am now speaking of acquired



phthisis, and not of congenital or hereditary. As well may we say that a man has a typhoid diathesis, if he takes typhoid fever after being exposed to its poison, as to say that he has a tubercular diathesis because he takes phthisis after exposure to its germ.

LOUISVILLE.

### TREATMENT OF TRICHOPHYTOSIS.\*

BY J. CLARK M'GUIRE, M. D.

*Dermatologist to the Louisville City Hospital.*

Such a vast number of external remedies have been advised for the cure of this disease that even mention of the different plans of treatment so highly extolled by writers in dermatology would be out of place in this paper. Some cases may be cured by the simplest remedies, but there are many that persist for a long period and resist treatment most annoyingly.

To test the efficiency of the different remedies advised, I have tried a variety of methods in the last twelve cases which have come under my observation. Referring to my case-book, I find, on February 16th, in five cases tar and iodine in the form of Coster's paste were first used. This was reapplied every five days till March 3d. On March 17th two of these cases were pronounced cured. In the remaining three cases bichloride mercury in alcohol, gr. i to ʒi, was substituted. One of these was cured by April 3d. The other two cases were then treated with the chrysarobin pigment. Cured May 5th.

On March 17th a boy twelve years of age presented himself with a ringworm of the scalp, about the size of a fifty-cent piece. It had resisted treatment for several years. In this case I used croton oil, 1 in 3. In a few days the patch was converted into an elevated suppurating mass, from which he suffered great pain. He was subsequently cured by means of chrysarobin. March 16th three cases were treated by the method recommended by J. F. Payne (*Brit. Med. Journal*, May 23, 1885). The scalp was saturated during the day with the following lotion:

R. Boracis.....grs. xv;  
Glycerinæ.....ʒi;  
Aquæ.....ʒvii.

At night this treatment was applied:

R. Ung. hydrarg ammonii.....ʒii;  
Sulphuris.....grs. xv;  
Adeps-pomad.....ʒi.

These cases being no better, on April 5th I substituted chrysarobin. Cured May 3d. February 16th, three cases treated by means of a lotion composed of bichloride mercury, gr. i to ʒi alcohol, alternating with Payne's method. Two were cured by April 5th. The remaining case was cured with chrysarobin by May 3d. In examining the report of these cases, it is noted that two cases were cured with Coster's paste; one by means of Coster's paste, alternating with the bichloride lotion; two by Payne's method, alternating with the bichloride lotion; and seven by means of chrysarobin pigment.

As relapses are extremely liable to recur in all these cases, the hairs have been repeatedly examined with the microscope without finding any evidence of the parasite.

Chrysarobin was first introduced to the profession as a parasiticide, and was used in the form of an ointment. Alder Smith subsequently advised its exhibition in chloroform. In the above cases I used it dissolved in liquor gutta perchæ (ten per cent), as first recommended by Dr. W. T. Alexander (*Journal Cut. and Ven. Diseases*, February, 1885). The liquor gutta perchæ has the property of forming an artificial cuticle which does not become brittle—remains intact for several days—and is impermeable to water. In consequence of this quality it deprives the parasites of air (oxygen) and moisture, elements essential to their growth. Dr. Alexander's method of using it was as follows: The hair was closely cut, the scalp cleaned, and epilation practiced. The area of disease was then covered with a layer of pigment, applied with a stiff brush. The application was renewed twice a week. The author says this treatment may possibly not cure all cases, but he recommends it for trial, as a sound therapeutic measure. My experience leads me to second the author in this statement.

LOUISVILLE.

\*Read before the Louisville Medico-Chirurgical Society, August 27, 1886.

## Societies.

### CHICAGO MEDICAL SOCIETY.

Stated Meeting, August 16, 1886, E. J. Doering, M. D., President, in the chair.

Dr. F. E. Waxham presented a membranous cast of the trachea and larynx. The specimen presented was removed from a child nine years old. This cast had remained in the larynx and trachea for several months. The history is as follows: The child claims that in April she swallowed a hedge thorn while away from home. She was at once taken with suffocation, and twenty-four hours afterward was operated upon, when at the point of death, by Dr. McDavitt, of Winona, Minn., who performed tracheotomy. The child was unable to breathe through the natural passages after the introduction of the tracheotomy tube, although many attempts were made to remove it. It seemed impossible for her to get a breath through the natural passages when she was brought to me. Upon laryngoscopic examination, the larynx seemed to be closed, but digital examination revealed a very small opening into the larynx. In this opening a small sound was passed, and this was followed by one of the smallest size intubation tubes, this by a larger one, and finally the largest size tube was introduced. It could not be passed on account of the tracheotomy tube, and, violent vomiting ensuing, the tube and this cast were ejected. After the rejection of this membrane a large size tube was introduced, and pressed down into position as the tracheotomy tube was removed, which gave the child perfect comfort. She remained comfortable after the introduction of the tube, took several glasses of milk during the afternoon, and in the evening was taken to the train and returned to Minnesota, the intubation tube remaining in the larynx, to be removed by the doctor in the course of a few days.

Dr. John B. Hamilton, of Washington, D. C., read a paper on the Radical Cure of Inguinal Hernia, in which he said that the ablest surgeons, from the earliest times to our day, have given much attention to this subject. Dr. Baxter's tables show that out of 334,321

recruits and substitutes examined by the recruiting officers during the war of the rebellion, more than 17,000 were rejected on account of hernia. The London Truss Society, during the first twenty-eight years of its existence, issued over 83,000 trusses. Two factories in Philadelphia manufacture and sell from 216,000 to 250,000 per annum. Celsus was the first surgeon to have definite ideas about the operation for the cure of hernia; he used cauterization and a bandage. Ligature of the sac has been practiced from an early day. Maupas performed gastrorrhaphy. Lanfranc, in 1296, favored castration, Ambrose Pare was the first to absolutely abandon castration; he employed astringents. Freytag was the first to practice dilatation of the rings in strangulated hernia. Nicholas le Quin, of Paris, introduced the truss about the year 1660, but it was not until the middle of the eighteenth century that surgeons began to cut off the gangrenous portion of intestine in cases of strangulated hernia. The galvano-cautery was proposed by Dr. John C. Minor, of New York. Galaud, in 1878, favored the elastic ligature. The practice of scarification is a very ancient one, and has been brought down to recent date with excellent results. Guerin was probably the first to practice subcutaneous scarification. Invagination has for its object the occlusion of the inguinal ring by the fascia, and sometimes by the integuments. The late Dr. George Allen, of Springfield, Ill., reported fifty cases cured by Gerdy's method. Wood's method not only invaginates the fascia, but draws together the pillars. All of these methods have their greatest successes in small hernias and buboroceles, and are absolutely valueless in those which are so large that ordinary invagination will not occlude the opening. Dr. Alexander stated, in 1883, that he had performed the radical cure thirty times without any deaths. Wood reports 339 cases without special antiseptic precautions; ninety-six were cured, seven died, and fifty-nine failed; in the remainder the result could not be ascertained. Accidents may follow Wood's operation as well as others, such as sloughing, peritonitis, and tetanus. From official reports on file in the Marine Hospital Bureau at Washington, it appears that in Calcutta, India, in



1884, out of a total number of deaths from all causes of 1,293, nearly nine per cent were due to tetanus. Dr. Hamilton favored an operation in all cases affording a reasonable prospect of cure, and thought all cases of bubonocoele should be operated upon.

Dr. D. W. Graham said: I think I express the sentiments of every member present when I say that it is probably not possible to find in the English language as complete and satisfactory a review of the history of the various operations for the radical cure of hernia as Dr. Hamilton has given us in this paper. Certainly it has been gratifying and instructive to us all to listen to it. Some of the figures which the Doctor quotes gives us an idea of the great prevalence of hernia. I believe reliable statistics show that on an average about every fifteenth or sixteenth individual in civilized communities suffers from some form of it. When we remember its great prevalence, and when we remember that every subject of a hernia sustains thereby a certain amount of disability, and that very many are entirely disabled by it, the subject of the radical cure of hernia assumes an importance not always accorded to it. I think the author of the paper takes rather a highly colored view of the future of these operations. It is not probable that this generation, at least, will be able to use the expressions he thinks surgeons will be using some day in Chicago. However, this degree of success is to be looked forward to and attained if possible. In regard to the modern methods of operating, I understand the distinctive features of Wood's method to be that it is almost entirely subcutaneous, that he uses wire, and that he allows the sac to remain in the canal as a kind of plug. So far as I know, this method is not practiced in this part of the country to any extent. In Mr. Wood's hands it seems to be successful in permanently curing a considerable majority of those operated upon, and in decidedly benefiting a good many who are not permanently cured. His statistics show that there is almost no danger to life from the operation itself, at least in his hands. Any method which will give such results, and at the same time involves so little risk to life, must be a good operation.

The open method, the one chiefly practiced in this country, according to my observation, contemplates strict attention to antiseptic details and the avoidance of suppuration. It involves a little more risk to life from the operation *per se*, but to compensate for this it would seem to give, theoretically any way, a larger per centage of permanent and complete cures. The modifications or varieties consist chiefly in dealing with the sac. Although MacCormac claims that unless the rings are wide there is no advantage in attempting to close them. It seems to me, the best way to treat the sac is to excise a section of the neck between two ligatures, pushing the stump into the abdominal cavity and allowing the body of the sac to remain, unless it is small and loosely adherent, when it may be extirpated. After any of these operations there remains the funnel-like depression on the inner surface of the abdominal wall, which favors a recurrence of the hernia, however efficiently we may have obliterated the sac and closed the rings. MacEwen, of Glasgow, in a recent article describes and advocates a plan he has devised for obliterating the depression. He utilizes the sac by dissecting it from its surrounding attachments, putting a suture through it from side to side, beginning at the lower end, thus making a corrugated pad, which he pushes through the internal ring into the cavity, after first separating the peritoneum for a little distance around the ring with the finger. This makes a convexity on the inner surface of the abdominal wall, when there would otherwise be a concavity. This modification appears to be a real improvement, but the practical value of it is as yet largely conjectural. By way of adding something from an historical standpoint, I might mention, what I think was not alluded to in the paper, that electrolysis has been used and advised to set up a plastic inflammation in the inguinal tract. I believe this suggestion comes from a Cleveland surgeon, whose name I have forgotten. This is the same in principle, of course, as the use of subcutaneous injections, and I should think would be preferable to the injections, if I were to judge of it without having tried it.

Dr. Moses Gunn said: This subject is of in-

tense interest, and we are very much indebted to Dr. Hamilton for the exhaustive review he has given us. We have to consider what are the best methods for operating with the intent of effecting a radical cure. I am inclined to discard all the old invaginating processes. In the first place, the invaginated portions are always liable to subsequent prolapse; in the next place, it is always a foul mess. It won't do to simply remove the cuticle; all the organs of the skin must be destroyed. The skin contains the hair, sweat, and sebaceous follicles, and unless they are destroyed, they will continue their work, and thus accumulate material for decomposition. In order to make a success, you are obliged to do more than destroy the cuticle. You will have to destroy the skin, and that is a very slow process and exceedingly nasty. Therefore I am inclined to repudiate all invaginating processes. I repudiate, also, all of the subcutaneous processes, for they are blind procedures, and I would not adopt them where an open operation could be as well and even more advantageously and safely resorted to. I believe the best and surest method of trying to effect a radical cure of hernia is the open method. This method should be performed in every case where an operation is made for the relief of a strangulated inguinal hernia. Just as soon as the operator has opened the neck of the sac and restored the prolapsed viscera or viscus, he should close up the wound. He should begin at the topmost portion of the sac, and with a curved needle and catgut take it up and ligate it as near to the internal ring as he can. Then he should drop down about half an inch lower and ligate again, and so on down through the canal. He should then approximate the pillars at and above the external ring as closely as possible and close the outside tissues. Thus the operation which is made for the relief of the accident should be made an operation for radical cure. It can be done more effectually at that time than any other.

Then again, the physician is called upon to make an operation for a radical cure; the patient comes to him complaining of the truss, which has become ineffectual, the hernia escaping in spite of it, and his life becoming a misery

to him, and he asks if something can not be done to make a radical cure. The answer is, "Yes;" but the question is, by what method shall we make it? I say by an open operation, practiced with all antiseptic precautions. Cut down upon the parts, separate and dissect out as well as you can the neck of the sac, the hernia having been reduced; ligate the sac and cut out a portion. Thrust the stump back into the canal and approximate the pillars, closing them tightly and keeping the external ring tightly closed. So much for the method; now for the prospect of success. How much right have we to expect what might justly be called a radical cure? By the term radical, I mean permanent. In what proportion of cases can we expect to have a permanent cure, so that the patient will never have hernia again? What is hernia, and who have it? I think I can safely say that the typical man never has hernia. When the true type in development has been attained and the abdominal walls closely woven together, they are proof against such accidents and there will be no hernia. Hernia is the result of the imperfect development of the abdominal muscles and aponeuroses. When that imperfect anatomical development obtains in the patient, the abdominal muscles are thin and flabby, and in such cases we get hernia. Nor can we in such a case by an operation make a man better than his Creator made him, but if we can make him as good as he was we may congratulate ourselves. After we have operated and closed up this weak point as well as possible, the very best result that we can expect is that we have made the man as good as he was before he had hernia; but if he was weak enough to have hernia from certain exciting causes, he will be weak enough to have it under similar circumstances again. If his hernia is brought on by lifting and straining, the same exciting cause will bring it on again, and under these circumstances a radical cure is only measurably radical. We should tell the patient after operation, that if he will be more careful and take no violent exercise, he may hope for exemption from hernia.

In other cases the patient has an old and immense hernia and can not wear a truss; we



operate upon him and can say to him, that if he will be more careful and wear a truss, he can be tolerably comfortable for the rest of his life. Such, I apprehend, is the true aim and scope of operations for the radical cure of hernia; such are the precautions we should give our patients, as they must become our co-operators in order to make this operation a success; and with such co-operation and conscientious efforts on our own part, radical cure of hernia becomes a standard and important operation, as important as the subject itself, which, as we have seen, is of immense importance on account of the great dissemination of the disease.

Dr. E. F. Wells said: Dr. Hamilton has certainly read a very interesting and extensive paper. There is one point in particular mentioned by the author, namely: that he advocates an operation in all suitable cases where an operation is not distinctly indicated. Every practitioner of large experience must certainly have met with many cases in which the truss has been applied, resulting in a cure, and I think the truss should not be stricken entirely from the radical cure of hernia.

Dr. Hamilton, in closing the discussion, said: I need not say that I am gratified to find such unanimity of sentiment as to the propriety of the operation—nay, as to the necessity of operation—but there can be no doubt as to the necessity of further statistics on the subject. In regard to invagination, I think a reading of the paper will not show that I advocated the method of invagination recommended by Gerdy. In the recent open method there is no invagination. Under the original Wood's method, the subcutaneous fascia only was pushed up under the ring; by the open method we cut down directly on the sac. This open method is really a combination method, because it brings together the pillars and takes care of the sac. Statistics are necessarily unreliable as to the ultimate permanency of the cure of these cases. The best statistics are those shown by the Swedish Hospital, where out of three hundred cases a large percentage of recoveries is shown, and if statistics are worth any thing in determining the success of a method, we must place some reliance on these. It would be well to have

patients come back every year for the purpose of re-examination.

Dr. Fenger, if I correctly understood him, speaks of the influence of suppuration in curing these wounds by letting them heal from the bottom, but in the various subcutaneous operations that is exactly what it is intended to avoid. There is no doubt that suppuration will make a radical cure of hernia if the patient's strength lasts, and the suppuration does not extend into the abdominal fascia. That was the method by which the old red-hot irons accomplished their purpose. The mineral acids produced a radical cure by the destruction of the tissue and healing from the bottom. The seton also performed a cure, but it has so many disadvantages that it is not to be compared with those procedures that stop the inflammatory processes short of the decomposition or death of the exudate. In regard to operating on children, I think the argument can not be regarded as sound that we should not operate on them on account of the difficulty of keeping a bandage on, for surely if any cases are to be benefited by an operation for radical cure, they are those in which the patient is young enough to grow—in which the tissues can be brought together and retained with great hope of a permanent cure. Every body knows that cases do recover by the use of the truss, but the proportion, I believe, is less than by any other method. As stated by Prof. Gunn, it is found that a majority of operations for strangulated hernia are, in effect, really operations for the radical cure, and there are more than five cures from operations to one after-application of the truss. And when we remember that there are 250,000 trusses manufactured per annum in Philadelphia alone, I doubt very much if it can be shown that trusses have even a fair percentage of recoveries following their use.

Dr. Wm. T. Belfield reported a case of suprapubic cystotomy with extraction of large calculi and corrosive-sublimate poisoning. The patient was a feeble, emaciated man, seventy-one years old, who for nine years had suffered from cystitis of steadily increasing severity, caused, as was supposed by his various physicians, by prostatic enlargement. He had been

sounded for stone a year ago under chloroform, but with negative result. For two years he had been unable to empty the bladder except by catheter. He refused permission to introduce the sound because convinced that he had no stone, but was anxious to have an operation for the removal of the prostatic enlargement.

June 7th, suprapubic cystotomy was undertaken for the purpose of removing by galvano-cautery that portion of the prostate which was assumed to project into the bladder. The introduction of the sound under either revealed a large stone; the incision was made; the finger in the bladder found two calculi, one behind the prostate, the other adhering to the fundus of the bladder, each about as large as a walnut. The first stone was crushed, and the second, with much difficulty, removed entirely. The patient was so collapsed that no attempt was made to remove the prostatic outgrowth, which could have been accomplished without much difficulty, and the following day the temperature was 100.5° F., the highest observed. On the third day it was normal, and so remained. The wound was irrigated once daily with a bichloride of mercury solution. The progress was entirely favorable until the eleventh day, when there began a severe diarrhea with much rectal pain and tenesmus, and later the evacuations were tinged with blood and the patient complained of a metallic taste. Sublimate poisoning was recognized, and the solution discontinued. Temporary improvement followed, but death ultimately resulted on the thirty-sixth day after the operation. No autopsy was permitted, but a hasty examination of the abdominal contents was made. Peritoneum, kidneys, and bladder were normal, except that the latter was much hypertrophied. The intestines could not be opened. The calculi weighed two ounces and six drams.

**CREMATION.**—The German and Austrian Cremation Association will hold a congress at Gotha about the middle of September. A matter which will be specially considered is, how to overcome the opposition of the various governments who have hitherto declined to permit cremation.

## Reviews and Bibliography.

**The Use of Electricity in the Removal of Superfluous Hair, and the Treatment of Various Facial Blemishes.** By GEORGE HENRY FOX, A. M., M. D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York, etc. Pages, 67; paper. The Physician's Leisure Library. Detroit, Michigan: George S. Davis. 1886.

This little book gives a short and complete conspectus of the subject of which it treats. It has the advantage of many of its kind in that its author can speak authoritatively on the subject, for no one has had greater practical experience in the use of electricity in diseases of the skin than he. The removal of superfluous hair by electrolysis is essentially an American operation. European authors are either unacquainted with this plan of treatment or merely mention it without giving any record of personal experience. Dr. Fox says: "Of the advances which dermatology has made in recent years, the development of the operation for the removal of hair is without doubt the most brilliant."

The operation is explained in detail, with the results of treatment in many of his cases. For the removal of wine-marks electrolysis is recommended as giving the best results in all except the mildest cases in which a simpler plan of treatment will suffice. The author advocates its use in the treatment of telangiectasis, angioma, nevus pigmentosus, and xanthoma. In acne rosacea, both faradism and galvanism are worthy of trial, but he prefers galvanism.

C. M'G.

**Diet Tables.** Arranged by REED & CARNRICK, New York.

These tables are arranged in slips and duplicated so that the physician may detach one in any given case and leave it with the patient as a reminder of his directions. The tables are prepared in accordance with the views of the best clinical writers of the day, and having been carefully reviewed and corrected by more than twenty competent physicians, may be trusted without misgiving by the practitioner. A striking feature of the tables is a statement



of the indications for the use of the *beef peptonoids* and *liquid peptonoids* of Reed & Carnrick in all diseases in which they have proved their efficacy, and no physician who has put them to the test will venture to say that they are not well placed in any table of scientific dietary.

**The Pacific Record of Medicine and Pharmacy** (Spanish and English). A monthly *resume* of Medical and Pharmaceutical Progress. Vol. I, No. 1. San Francisco: August 15, 1886.

This is a large and handsome journal of thirty-two pages. It is well filled with well-written original matter, and well-selected excerpts from cotemporary medical and pharmaceutical literature.

The appearance of this imposing periodical in the far West, bears testimony to the fact that medical culture and enterprise are by no means monopolized by the great centers of the Eastern, Southern, and Middle States. We welcome the new-comer to a place upon our list of exchanges, and wish it full measure of success.

**Massage in Nervous Diseases.** By George W. Jacoby, M. D. Reprint.

**Mecono-neuropathia.** By C. H. Hughes, M. D., Saint Louis, Mo. Reprint from the *Alienist and Neurologist*, July, 1886.

**Note on Cholecystotomy:** Reply to Mr. Lawson Tait, F. R. C. S. By Mr. Augustus C. Bernays. St. Louis, Mo: Reprint. 1886.

**The Embryo Physician as a Specialist.** By B. T. H. Nott, M. D., Goliad County, Texas. Read before the Texas State Medical Society. 1886.

**The Non-identity of Croupous Tonsillitis with Diphtheria.** By L. Emmett Holt, A. M., M. D. Instructor in the New York Polyclinic. Reprint.

**Report on the Quarantine System of the St. Lawrence.** Approved and Adopted by the Provincial Board of Health, Ontario. Toronto: Warwick & Sons. 1886.

**Medical Education and Medical Licensure.** An address delivered before the Twenty-third University Convocation at Albany, July 9, 1885. By William H. Watson, A. M., M. D., Regent of the University of the State of New York. Reprint.

**Trigger Finger (*doigt à ressort*).** By George W. Jacoby, M. D., Physician to the Class of Nervous Diseases of the German Dispensary of the City of New York. Reprint.

**An Accidental Divulsion of a Pterygium Leading to an Improvement in the Regular Operation.** By A. E. Prince, M. D., Jacksonville, Ill. New York: G. P. Putnam's Sons. Reprint.

**Transactions of the College of Physicians of Philadelphia.** Third series, volume the eighth. 8vo, pp. lx and 460. Philadelphia: Printed for the College, and for sale by P. Blakiston, Son & Co. 1886.

**Surgical Lesions of the Brain and its Envelopes.** By Nicholas Senn, M. D., of Milwaukee, Professor of Principles and Practice of Surgery and of Clinical Surgery in the College. Reprint.

**Intubation of the Larynx for Diphtheritic Croup.** By E. Fletcher Ingles, A. M., M. D., Professor of Laryngology, Rush Medical College, Chicago. Presented to the Chicago Medical Society, June 21, 1886. Reprint.

**Enterocolitis (Summer Diarrhea of Children).** By W. C. Cook, M. D., Davidson County, Tenn., health officer. Read before the Nashville Academy of Medicine and Surgery. Nashville: Brandon Printing Co.

**Manual of Differential Medical Diagnosis.** By Condict W. Cutler, M. S., M. D., Physician to the New York Dispensary; Assistant Surgeon New York Hospital out-door department, etc. 16mo, pp. 161; cloth. New York and London: G. P. Putnam's Sons. 1886.

**Intubation of the Larynx as a Substitute for Tracheotomy in the Treatment of Pseudomembranous Laryngitis, with a report of eighty-three cases.** By F. E. Waxham, M. D., Professor Diseases of Children, College of Physicians and Surgeons, Chicago. Read before the Chicago Medical Society.

**A Treatise on Electrolysis and its Application to Therapeutical and Surgical Treatment in Disease.** By Robert Amory, A. M., M. D. (Harvard), formerly Professor of Physiology in the Medical School of Bowdoin College. 8vo, pp. vii and 307; cloth. Wood's Library for 1886. New York: William Wood & Co.

**Spinal Irritation (Posterior Spinal Anemia).** By William A. Hammond, M. D., Surgeon-General United States Army (retired list). Professor of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School and Hospital. The Physician's Leisure Library. Pages, 80; paper. Detroit, Mich: Geo. S. Davis. 1886.

## Foreign Correspondence.

### LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Dr. Cresswell Hewett, of Lincoln's-inn-fields, has discovered the synthetical or artificial mode of making quinine, by which the price of that drug will be reduced to something like three pence per ounce. The importance of this discovery (which it appears was made two or three weeks ago through the accidental breaking of a medicine bottle) is rendered greater by the fact that while hitherto we have been depending for quinine upon the cultivation of the cinchona tree, from whose bark only about two per cent of good quinine can be extracted, ninety-eight per cent being valueless, the drug can now be manufactured without limit by a very simple process from an article which can always be got in abundance in any part of the world. A few days ago Dr. Hewett submitted a sample of his preparation to Messrs. Howard & Sons, quinine manufacturers, who have expressed surprise at the result of their analysis, the sample being equal to the best quinine in the market. The discoverer is about to communicate with the government, which annually spends in India alone about £60,000 in the cultivation of the cinchona tree.

Sir Francis Bolton and Dr. Percy Frankland have recently given two lectures to the school of military engineering at the Royal Engineers Institute, Chatham, on "The Collection, Storage, Purification, and Examination of Water." These lectures have just been published, and contain some novel and important points on the subject to which they refer, especially in relation to the presence of micro-organisms in water, and their detection by means of the gelatine process devised by Dr. Koch, of Berlin. This process affords an invaluable test concerning the value of filtration, precipitation, or any method for the purification of water. It has thus been discovered that the filter beds of the London water companies intercept an immense number of the micro-organisms existing in the river-water whence the supply is originally taken. The reductions thus effected

during the last six months, have averaged from ninety-five to ninety-nine per cent. It is extremely desirable that science should be able to distinguish between organisms that are harmless and those which are capable of spreading zymotic disease. At present this point is not very clearly entertained, except it be in the case of the cholera and typhoid germs. But some satisfaction may be derived from the fact that a large number of the organisms in water are harmless, and that the filter beds act with remarkable efficiency in reducing the aggregate. Further progress in the biological system of investigation is confidently expected, and emphasis is laid on the fact that "an entirely new and important field" is thus opened out in connection with the water-supply of towns.

A case of hydrophobia successfully cured by means of sweating-baths appears to be well authenticated. A boy was bitten by a rabid dog on April 8th; on April 25th the boy first manifested signs of the disease, being unable to swallow liquids, the sight of which produced paroxysms. He was at once removed to the local hospital and placed by the doctor in a sweating-bath, the temperature of the water being gradually but rapidly raised to 42° Réaumur. At this stage the boy became unconscious for an hour. He was taken from the bath, quickly swathed in cloths and placed in a room having a constant temperature of 20° Réaumur. The same process was repeated in the evening, and twice a day for the following three days, when the patient's appetite was fully restored. The boy has now been dismissed from the hospital in his usual health, and is declared to be thoroughly cured. Whether the virus has by this means really been effectually eradicated or its malignant activity only temporarily repressed, remains to be seen.

Captain M. P. Wolff, in a lecture delivered at the Parks Museum of Hygiene on the "Rational Alimentation of the Laboring Classes," makes a very fair attempt to show how the human frame may be aptly nourished and successfully fitted for its labors upon food stuffs of cheaper kind and of widely different nature from the relatively dear substances in ordinary use. In Captain Wolff's scheme, as



set forth by himself, there are various points around which his arguments are clustered. Wisely he begins with the consideration of the food which mankind daily require regarded as to its nourishing powers and its price. He lays stress on the fact that the wholesale consumption of tea and coffee—which are not foods in themselves but merely adjuncts to the dietary—by the working classes is one of the greatest delusions of the times we live in. Working folks drink tea under the idea that it is a food, and the consequent waste of money is enormous. Cocoa he points out as a true food in every sense, and with added milk a very nutritious article of diet. It is practical facts of this kind and not so much scientific calculations respecting the quantity required of this food or that which the masses should be taught. Captain Wolff's chief reform is the proposed establishment of "public kitchens" in every center of population. Recognizing that the cookery of the working classes is, for many reasons, of a primitive and unsatisfactory kind, he proposes to overcome this grave difficulty by the establishment of kitchens wherein cooked meals could be prepared, and the toilers and moilers supplied with nutritious food at a cheap rate. In Sweden these establishments exist, while allied depots are found at the West India docks in London and at Gateshead-on-Tyne. Each kitchen would be the center of alimentation of its district. His scheme would provide such an establishment in every poor neighborhood. His view that these depots would speedily become self-supporting is, in all probability, correct. The chance of procuring good sound food well-cooked at the lowest rate possible is not likely to be neglected by the masses. Many of the leading medical men in London have given the evidence strongly in favor of Captain Wolff's suggestions, and in a short time some of the proposed kitchens will be opened experimentally.

Any facts which can be gleaned concerning phthisis, a disease so fatal in Northern Europe, are of the greatest importance, and the following facts will be read with no little interest. In St. George's Hospital, Hyde Park Corner, 50 per cent of the consumptive patients are

admittedly excessive drinkers, though in the general run of hospital cases this class contributes only  $33\frac{1}{2}$  per cent of temperate people; on the other hand,  $41\frac{1}{2}$  per cent are found among the general cases, but only 23 per cent of temperate people are found among consumptives. It appears that consumption in Great Britain is most prevalent in the counties of Lancashire, Derbyshire, and some parts of Wales. It is now so well known that consumption is not alone hereditary, that in Paris certain eminent professors will not allow students suffering from bronchitis to enter consumption wards, and in the German army special precautions have been taken to prevent communication of phthisis in barracks.

LONDON, AUG., 1886.

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## Translations.

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THE TREATMENT OF TUBERCULOSIS. (NOTHNAGEL.)—All the countless medicaments which have hitherto been employed against this disease are useless. There is no medicine with which any thing can be effected against the fundamental processes. Prophylactic measures may be taken against symptoms and the indications of the disease to a certain extent satisfied, but not with medicines. According to my convictions, we can apply to tubercular affections of the lungs nothing else than a dietetic regimen. What are the actual conditions: For the well-being of the tuberculous, air stands at the head; pure, clean atmospheric air, free from injurious mixtures, whether in Davos, the Eirgadine, on the sea-coast, or on the ship, it is all one at last, it is good, clean atmospheric air.

This maxim you must modify appropriately to the thousand-fold variations of life. You will, first of all, determine for such patient the selection of a vocation. There are a great many practitioners who permit consumptives to smoke. But I hold this to be distinctly injurious. A very good means is to sleep by the open window, the inhalation of cold air does not injure people at all, so that these patients may sleep by open windows just as well in winter as in summer. No health resort ex-

ercises a specific influence, it is the constant staying out in the open air that is of the greatest use. The value of health resorts depends upon a great many conditions: (1) How long the patient can be in the open air. (2) Is the air free from dust? (3) Can the patient obtain suitable food, and are the climatic conditions favorable; is it windy, dry, or moist?

To me one health resort is worth just as much as another, if the patient can remain out of doors in air free from impurities. Nice has rather too much dust. San Remo is excellent because its situation is the warmest. Meran is not suitable for December and January. Palermo and Catania are pre-eminent. On islands the temperature is not so changeable as on land.

The ideal abode is Madeira, the average difference of temperature there between summer and winter being but two degrees. The lowest temperature there during the past winter was 7°. As a rule, the temperature at this place fluctuates between 16° and 24°. Teneriffe would be equally desirable, except that there no comforts are yet to be obtained.

A second important matter is pulmonary gymnastics, especially in the primary stages. The lung tissue is expanded by these exercises. For this purpose the hands should be locked above the head, and deep inspirations practiced. Brehmer, in Görbersdorf, has the patients to climb the mountains; but, in doing this, it is well to take care that the patient does not get out of breath; every fifty or hundred steps he should take rest.

The third indication is hardening. We know that an existing catarrh in weak gums easily disposes to attacks of lower forms of fungus; so an existing bronchial catarrh in certain constitutions favors tuberculosis. Principal among the means of hardening are cold sponging and cold baths. Then comes good nourishment. Franke teaches that patients should not be treated after a model, but individualized. Good nourishment is of primary importance. Milk, meat, eggs, fat, alcohol, wine, and beer are especially to be commended.

In case of irritative cough and persistent febrile movement, it must be left to the judgment of physicians to suitably regulate nourish-

ment. As to the use of whey, I have never yet prescribed it. Cod-liver oil has value only as fat, an economical and also nutritious article of food, but it is vain to claim for it a specific influence. Since the investigations of Neumann we know that it is more easily assimilated than ordinary fats. Iceland moss has no significance. The use of mineral waters is in most cases to be forbidden; but an existing catarrh may be favorably influenced by the use of alkaline waters. For the dyspepsia, formerly pointed out as atonic indigestion, no medicine avails, and least of all change of climate. What shall be done for the cough. Inhalations have no influence on that process, neither upon the catarrh. Senega, saponaria, muriate of ammonium, ipecac, the expectorants need not be given. When patients have severe cough, let them drink alkaline water with a little carbolic acid. In very severe cough we give morphine, alternating with belladonna.—*Memorabilien*.

**HYDROPHOBIA.**—A death which has elicited lively comment (says *le Petit Lyonnais*) as well by the friends as the adversaries of Pasteur occurred some days since, being that of a young boy of Poleymeux, horribly bitten in the face and hand by a muzzled dog, whose muzzle had not been sufficiently fastened to hinder it from biting.

This child, reports the *Lyon Médicale*, died at Paris of hydrophobia on the twenty-second day, notwithstanding the inoculations of Pasteur, begun two or three days after the bite and continued with perseverance under the eyes of the master. The child having received the care of M. Pasteur with the shortest delay, his adversaries have made an argument of it against his method. It will be interesting to know the explanation furnished by M. Pasteur to account for the death of the little patient which "has been cared for with perseverance under the eyes of the master."

Two sons of a Dutch peasant, from the neighborhood of Dordrecht, bitten by a cat made rabid by the bite of a rabid dog, came about three weeks since, at the expense of the government of Holland, to undergo treatment at the hands of M. Pasteur. Having returned to their native country, one of these children,



aged thirteen years, died of hydrophobia on last Tuesday. M. Pasteur has been advised of this death by one of our *confrères* of the Dutch press. The illustrious savant fears that his directions have not been exactly followed in all instances by strangers to whom he has given his attentions, and who, not understanding French after having once been presented at his laboratory, are not subsequently accompanied by an interpreter.—*Le Matin*, Aug. 10th.

**TINCTURE OF TUYA IN THE TREATMENT OF VEGETATIONS.**—In the Therapeutic Society of Paris (June), Dr. M. C. Paul read a note on the treatment of vegetations by means of the tincture of *tuya occidentalis*. He stated that there are many varieties of *tuya*, among which is *tuya occidentalis* of North America. Formerly *tuya* was classed as having a diaphoretic action. In 1879, Dr. Menier, of Paris, presented a thesis on the internal use of *tuya* for the cure of vegetations. He referred to the fact that Monitke, of Berlin, and Leon Brecher, of Vienna, had employed the alcoholic tincture of *tuya* as a local application to combat rebellious condylomata, and had obtained satisfactory results; but, as some eminent physicians of the school of Tours had got rid of vegetations by the internal use of the alcoholic tincture of *tuya*, Dr. Menier experimented with the medicament on nine patients affected with vegetations. He gave the alcoholic tincture in the dose of twenty to forty drops, until two drams had been taken in the twenty-four hours. All the cases submitted to the treatment were cured or lost sight of after the amelioration was already considerable.

Dr. Paul had certified shortly afterward to the efficacy of the treatment, and had obtained very satisfactory results. Finally, in February last, he had prescribed thirty drops morning and evening to a patient having numerous non-syphilitic vegetations about the genitals; the cure was complete at the end of fifteen days. This evidently did not justify conviction, but is an encouragement to further trial. There are two peculiar facts to note in the progress of vegetations; the first is the multiplicity or the generalization of these lesions without evidence being furnished of their be-

ing transported from one point to another, and the other is the rapid disappearance of an eruption of warts when some one of them has been destroyed.

Dr. Marcel had demonstrated this fact, by transfixing the most prominent one with a pin, and heating this with a blow-pipe—when one was destroyed the others disappeared.

M. Paul had observed this phenomena in one of his patients, who was cured of multiple warts of the hand and a plantar papilloma by the destruction, with Filha's caustic, of a similar wart developed under the nail of the middle finger. Other facts of the same sort have been reported by various observers, among them MM. Bouchard and P. Lucas Champonniere. It is interesting thus to be assured that perhaps we shall not always remain unarmed against epithelial productions.—*Jour. de Med. de Paris*.

**THE INFLUENCE OF COCA AND ITS DANGER.** Von Markel, of Berlin, believes that coca is not a drug that influences the nervous system, but one that affects with peculiar energy the lymphatic-gland system. A cocaine habit of the nature of a morphine habit, he holds to be impossible on account of the want of a peculiar nerve influence. For a long time and in different places, Dr. Markel has observed that although cocaine does not produce the peculiar euphoria of morphine, yet the organism may become so accustomed to it as to necessitate its continued use. There have already been met a number of individuals who, in consequence of the continued use of coca leaves, as well also as of cocaine, have acquired cocaineism. The grounds which the writer offers for his view that cocaine is not really an agent for influencing the nerves but the glands, are the following: He has seen, after the administration of the alkaloid, both *per os* and subcutaneously, a kind of salivation supervene. Further, the lymph-glands in the neighborhood of the point of injection swelled rapidly in spite of the most careful sterilization and antiseptic precautions. In one case of a male patient, this effect of cocaine injection went so far that the rudimentary mammary glands became indurated, swollen, and painful on pressure,

which was most marked on the side where the injection was strongest. He believes also that the influence of cocaine exalts glandular activity, and that through the greater supply of nutritious material thus furnished the nervous system is aroused to more energetic action. *Deutsche Med. Zeitung.*

DR. LEONIDAS AVENDAÑO, of Lima, concludes as follows an article which he read before the Union Fernandina on the treatment of carbuncle: Having made a crucial incision, I touched the bleeding surface with a pencil dipped into the officinal solution of ammonia; for the rest of the day I ordered emollient cataplasms, and the following potion:

Mucilage acaciæ..... $\bar{3}$  iij;  
Acetate of ammoniæ..... $\bar{3}$  js;  
Tinct. of aconite..... $\bar{3}$  s.

M. S: A tablespoonful every two hours.

The result of this treatment was brilliant. On the following day I found the patient quiet and without fever, while the edema had almost completely disappeared. The cure progressed without accident. This completes five cases cured rapidly with ammonia.

The various caustics frequently employed in this disease cause the symptoms to disappear slowly, which leaves us in doubt whether the cure is due to the forces of nature or the power of the therapeutic agent. But the employment of ammonia admits of no such doubt, since its application is immediately followed by the remission of all the symptoms by which the carbunculous bacteria manifest their presence.—*La Cronica Medica.*

THE KOLA NUT.—The kola nut, which is native in West Africa, is used there not only for the purpose of rendering bad water drinkable and for restoring spoiled meat so as to render it fit to eat, but also as eminently efficacious against that greatest misery of mortals, the after-effects of a spree. A confection made of the kola nut will in half an hour make the worst head again easy and clear. In some garrison stations situated on highways traders furnish the kola nut to the passing soldiers who betray too abundant indulgence in spirits,

and by the time the soldiers have reached the barracks the smell has perfectly disappeared. The Mohammedans and Arabians, who in matters of drink can lead the natives considerably, avail themselves of this property by chewing the kola during drinks, and thus avoid the ill effects of the alcohol. Nevertheless it is said that the toper, after the use of the kola, during the next day can not indulge in his otherwise favorite beverage without nausea and disgust. *Deutsche Med. Zeitung.*

## Abstracts and Selections.

IRRITABLE BRAIN IN CHILDREN.—In the London Medical Press, August 11, 1886, Dr. William H. Day reports five cases of this affection, from the study of which he draws the following conclusions:

These cases are common enough in young children, though frequently overlooked at an early stage, when the symptoms might be subdued. The disease is sometimes seen in children who are rickety, and in whom dentition is delayed. Excitable and nervous children are prone to the disorder. This irritable state of brain may follow moderate exposure to the sun and also to cold, the head never becoming hot nor the face flushed. A long exposure to the sun's rays, or a greater degree of cold, invite an active form of cerebral congestion. If the congestion be moderate and promptly attended to, and the child is of good constitution, the attack passes off gradually and the usual health soon returns. It is in the initial stage that threatening mischief may be averted. This irritable state of the brain is, in many cases, primarily one of anemia of the brain, as already stated, for the vital powers are first depressed and lowered. The brain is imperfectly nourished. It ceases to respond. It has lost its tone. The little patient has pains in the head; his pupils are contracted, and he shuns the light; he is disturbed by dreams, and sleep is unrefreshing. The irritability persists until the congestive stage is reached, when it vanishes altogether, or is supplanted by lethargy and indifference. The distribution of blood through the brain in life is not uniform; some parts are more abundantly supplied than others; hence we come to understand why cerebral hemorrhage is common to certain situations, and softening of the brain in the adult from partial anemia in other parts, when the proper blood-supply is obstructed and the circulation is disturbed. In young children the peculiarities of the cerebral circulation are more



noticeable, and by reason of the fact that ossification of the skull is incomplete and the fontanelles are open and elastic, the amount of blood within the cranium is subject to great variation. Partial anemia of certain parts of the brain, followed by local congestion of other parts, may possibly explain some of the symptoms I have described, and the influence which the circulation must have upon the functions of the brain.

Congestion of the brain in early life very frequently succeeds the stage of irritation, if it does not usually accompany it in a greater or lesser degree. This arises from the readiness with which the brain circulation is disturbed. Young children in good health, who go too long without food, or do not obtain sufficient sleep, get wayward, fretful, and exhausted. When food and rest are obtained, the symptoms subside, and, the circulation being strengthened, they pass away. This is a state of irritation, and exhaustion is its chief cause.

The *diagnosis* in cases of irritable brain is rarely difficult. Failing health, caprice of manner, fits of ill temper, lassitude, pallor, loss of appetite, and unrefreshing sleep are among the earliest and characteristic signs. But even these symptoms may mean little in a young child, as they are common to many slight ailments, and quickly pass away. At the same time we can not be too watchful, as there is an ever-threatening danger while the brain is in active growth and development. As the disorder steals on, sleep becomes disturbed, and the cheeks occasionally flush. With these symptoms there may be no elevation of temperature, and no acceleration of the pulse, for the nervous system has not yet transmitted any disquieting influence to the circulation. A considerable time may elapse before we know there is any headache, for the child may be too young to express its sensations, but if the hand is frequently raised to the head while it rolls from side to side on the pillow, we may be tolerably certain that it is uneasy and painful.

In typical cases of congestion of the brain in children there are, in addition to the symptoms I have enumerated, severe headache and often vomiting. Sometimes there is much oppression, lividity of the face, and a tendency to heavy sleep, hence the similarity to meningitis in its later stages. Usually, however, the two affections run a different course. In simple congestion, if the constitution is good and no convulsions occur, the fever is slight and the attack passes off in a few days. This is not the rule in meningitis.

If we turn to the temperature as a means of diagnosis, it is worthless if not taken in con-

nection with other signs. The temperature in fatal cases of meningitis may not reach the height it does in simple irritation, but it generally does, and at the time of death is much higher. In the fifth case the temperature ran up to 104°, and yet the constitutional symptoms were nothing like so severe as in the first, second, and fourth cases. The temperature is exceedingly mobile in children of nervous temperature, rising and falling with extraordinary rapidity on very slight provocation.

In long-standing examples of cerebral congestion and disturbance, vascular changes may be expected to occur in the optic disks. Active congestion is such a near approach to inflammation that the line of demarcation can hardly be drawn. The two conditions are generally blended, a minor degree of inflammation being mixed up with, or superadded to, the cases of irritable brain and congestion. It is in cases of purely irritable brain that ophthalmoscopic changes are generally absent, and accordingly in nearly all the cases I have related none were found. Too great importance should not be attached to any ophthalmoscopic appearances that may be present in the cases I have been describing. We have seen that no optic changes were noticed in the cases that were *irritable* rather than *congestive*. As these are often absent in simple meningitis, and sometimes in the tubercular variety, even when it occurs, as it generally does, at the base of the brain, I think caution is needed before coming to a hasty conclusion.

*Treatment.* A favorable result depends in a great measure on meeting the symptoms with promptitude at the outbreak, when there are only slight headache, alteration of manner, and disturbed sleep to guide us in that early stage, when it is impossible to say what is the essential cause of the trouble, what is its exact nature, and what is its probable termination.

*Rest,* in these cases of irritable brain, is to be strictly observed, since it checks the overexpenditure of nerve force by conduction to repose and sleep. The brain being sensitive, exhausted, and easily fatigued, absolute rest is as much needed for its recovery as it is for a broken limb or a dislocated joint. This simple precaution is seldom sufficiently insisted upon until it is too late. Strong light, noises in the room, and the presence of anxious friends tend to excite these young patients. Through the medium of the nervous system the circulation becomes disturbed. Physiological rest tranquillizes the circulation, allays excitement, and favors recovery.

If the head is hot (and this belongs to the *congestive* rather than to the *irritative* class) a

cold lotion or ice-water rags may be applied to it. Cold continually applied to the head will often induce tranquillity and sleep, when bromide and chloral fail. Cold soothes the patient. If we dread the approach of meningitis, henbane, and even small doses of morphia in combination with hydrate of chloral, will prove of the utmost benefit in the early stages.

A aperient will generally be demanded. A grain of calomel, followed by a little syrup of senna, or by a few grains of sulphate of magnesia and nitrate of potash, will answer well, if the strength is good and there is any heat of head. After this some bromide of potassium, with small doses of the iodide or hydrate of chloral, according to circumstances, should be given regularly. When the symptoms of cerebral congestion predominate the bowels can scarcely be kept too open, and if there be arterial tension aconite in combination with the bromide will tend to reduce it and calm the excited brain at the same time.

The feeding of these cases is important. It should be nourishing from the first, and in the absence of vomiting (which we have noticed in all the cases) milk and beef-tea are to be freely given. Food from the first, in a nourishing and readily assimilable form, should be given.

ON THE ANTISEPTIC EFFECTS OF VINEGAR AND ITS UTILIZATION IN THE TREATMENT OF DIPHTHERIA.—Under this heading Dr. Friederich Engelmann, of Krenznach, publishes in the *Centralblatt für Klinische Medizin*, April 3, 1886, a paper, of which the following is a condensed abstract:

The fact of the absolute failure of the ordinary therapeutic measures in diphtheria induced Engelmann to institute trials with citric acid, which, as he had learned, was being successfully exhibited in the United States in this affection. The results obtained were sufficiently satisfactory and rather encouraging. In a grave case of diphtheria in the country, where citric acid could not be readily obtained, and a prompt interference was indicated, the author resorted to vinegar, and was gratified with the result obtained. He used partly ordinary vinegar, partly the official acetum, internally, in the proportions of one to four as a gargle, one to two and even undiluted as a spray, one to two or three for painting undiluted.

Engelmann tested the antiseptic action of vinegar after the ordinary methods, and was surprised at the degree of antiseptism obtained, which even surpassed that of a five-per-cent solution of carbolic acid. He added to fluids crowded with bacteria a quantity of vinegar

and two-and-a-half and five-per-cent solutions of carbolic acid separately, and obtained astonishing results after having transferred the fluids to gelatine plates.

Three to ten of vinegar suffices to completely check the development of micro organisms, while of a two-and-a-half-per-cent solution of carbolic acid an addition of ten to twenty, and of a five-per-cent solution of carbolic acid an addition of five to ten was required for the same result.

Other comparative researches of the same nature gave invariably identical results.

If these experiments are accurate, and if their results should be confirmed by other observers, we possess in vinegar an antiseptic agent of the highest type, which strangely has hitherto escaped the attention of therapeutists. Even Koch never alludes to vinegar as antiseptic medicine in any of his experiments of disinfection. Alongside of its disinfecting efficacy, rivaling and surpassing apparently that of carbolic acid, vinegar possesses such other advantages as will insure for it the first rank whenever an antiseptic remedy is needed for internal use and for the mucous membranes of the mouth and pharynx. It is not caustic or irritating, and is wholly innocuous. Later researches will no doubt determine whether and to what extent the well-known action of acetic acid on the animal cells and tissues need be considered in the application of this remedy.

The harmlessness of vinegar, together with its alleged powerful antiseptic influence, ought to induce practitioners to give the remedy a trial in diphtheria. If it is not productive of good, it can at least do no harm, and that is more than can be said of many therapeutic interferences practiced in diphtheria.—*Therapeutic Gazette*.

SOME MOOT POINTS IN THE NATURAL HISTORY OF SYPHILIS.—The Edinburgh Medical Journal, July and August, gives the following summary of this question, as set forth by Mr. Jonathan Hutchinson in the Lettsomian Lectures for 1886:

*Mutual Relations of the different Forms of Primary Venereal Sores.* No one thinks that there are two forms of syphilis, and no one doubts that there are two kinds of sores. Are they related or independent? That is all we dispute about. The fact that favors the creed of those who think that they are independent is, that the secretion of the chancre is very contagious, and always produces a sore like itself. This was proved by Bassereau by confrontation. Since then syphilization has abundantly proved his point. It must be remembered, however, that it was done almost exclusively on



those who had had syphilis. Here was a fallacy, for the patient might, in consequence of his prior syphilis, be insusceptible of fresh contagion. But the practice was tried by Danielsen on a number of lepers who had never had syphilis, with similar results. It might seem that the proof of specific distinctness was here given. It is necessary, however, at this stage to insist that there is an important difference between a specific contagion and a specialized contagion. All inflammatory products are probably, under favorable conditions, contagious, as gonorrhea, erysipelas, and diphtheria, and so on. It is possible, then, that the poison which produces the chancre is after all only a specialized product of inflammation, and not a specific virus. Many facts seem to support the conclusion just hinted at, and to imply that soft sores are after all an appanage of syphilis. In practice we encounter a great variety of conditions and great differences in course in the "soft" group of venereal sores, and are obliged to conclude that they agree in one feature only—the absence of hardness. The rounded form, punched out and ragged edges, and gray base, are conditions not present in Mr. Hutchinson's experience in one of five of the venereal sores which do not harden. This want of uniformity in conditions is a strong argument against specificity. Another equally strong argument is that the true chancreoid on the genitals is seldom seen, excepting in those who have had syphilis already. In using this argument he by no means wishes to deny that the typical chancreoid is sometimes seen in those who have never had syphilis. Mr. Hutchinson thinks all *a priori* probability favors the suggestion that non-indurated sores are produced by the secretion of true chancres, which have been changed in character either by the inflammatory process or by the non-susceptibility of the tissues of the recipient.

*Phagedena.* All will admit that syphilitic inflammations have a remarkable tendency to become phagedenic. This may occur in all stages of syphilis, and to all kinds of sores.

*Hospital Phagedena.* Epidemics of this form he believes to originate from cases of syphilitic phagedena. A knowledge of the fact that phagedena usually goes with true syphilis is of much importance for purposes of retrospective diagnosis. While some have assumed that scars on the penis, or its extensive malformation by bygone phagedena, imply the probability of syphilis, others have asserted that they rather favor the belief that the disease was not true syphilis. His vote would go with those who regard them as important, though not conclusive, evidence of constitutional disease. He also regards scars in the groin as presumptive evidence of syphilis.

*Second Attacks.* In 1839 Ricord said that a person who had once had syphilis was not liable to it again. Up to 1858 he had met with no exceptions that satisfied his mind. In the following year occurred the first case in which he himself witnessed and treated two attacks of undoubted constitutional syphilis in the same patient. It is, Mr. Hutchinson thinks, generally accepted, that second attacks after considerable intervals are not very uncommon; but, at the same time, that Ricord's law holds good in reference to a very large majority.

*Incubation Periods.* Opinions vary greatly on this point. If by incubation periods we mean, as he contends we ought to do, the interval between contagion and the production of an induration which can be diagnosed, then Mr. Hutchinson believes we shall seldom find it less than five weeks, and more often six. If we date to the first appearance of a sore, then it will be a week or ten days shorter, for the development of hardness takes that time. In the case of a medical man who vaccinated himself in the forearm from a syphilitic infant, the punctures, which had quite healed, became irritable on the twenty-first day, and were well characterized chancres on the forty-first. In another series of vaccination-syphilis, eleven patients received the virus on the same day. In all the punctures, or vaccine-vesicles, healed; and in all they became irritable at the end of the fifth week, and were well indurated at the end of the eighth.

*Recurrent Chancres of False Indurations.* They occur to those who have had syphilis, and usually on the site of former chancres. They occur usually within five years after syphilis. They develop in the retro-coronal fold of the prepuce, and are often wholly without ulceration. They do not resemble tertiary gummata. They are rarely attended by an enlargement of glands, and never followed by constitutional disease.

*On Indurations as a Symptom, and on Syphilis without Chancre.* In many cases it lasts only a very short time, and is only very doubtfully marked; in others it may, in size and duration, simulate a new growth. In women it is often very ill marked, and its characters vary much in relation to the special tissue affected. In some cases no initial lesion can be discovered. These cases divide themselves into two groups—those in which an attack of gonorrhea preceded the constitutional symptoms of syphilis, and those in which no local disease of any kind was observed. Respecting the last it is undoubtedly possible—indeed, in most instances, probably true—that a chancre had been present and had escaped recognition.

*Gonorrhea-Syphilis.* The frequent occurrence

of cases in which syphilis follows what was considered to be only gonorrhea suggests the suitability of recognizing what we might call gonorrhea-syphilis. Mr. Hutchinson quotes cases from several authorities in confirmation of this.

*Syphilis conveyed in Vaccination with clear Lymph.* A gentleman in our profession vaccinated his own arm repeatedly, and in many places, from syphilitic infants, being very careful on every occasion to use only clear lymph. On the first two occasions he failed, but on the third he succeeded, and three indurated chancres were the result, followed in due course by constitutional symptoms. Had that repetition not taken place, and had a report of results been given to the world after the first two trials, how strong would have been the conviction of all in the truth of the creed, that pure lymph, even from infected vaccinifers, is safe! The interest of this demonstration does not end with its relation to the practice of vaccination. It proves that the virus of syphilis may exist in a perfectly clear fluid, and in company with that of another specific fever. We know from experiments that if the purulent secretion of soft sores be filtered so as to get rid of pus-cells, it is no longer inoculable. The converse is probably true of the virus of syphilis. The contagion of the one is pus, that of the other the particulate micro-parasites of a specific fever.

**A CONTRA-INDICATION OF PARALDEHYDE.**—It has been asserted that paraldehyde does not give rise to any unfavorable secondary symptoms, and that there is no known contra-indication to its administration. In the *Neurologisches Centralblatt*, No. 31, 1885, is a note by Dr. Sommer, of Altenburg, which renders the correctness of these views doubtful. A patient, eighteen years of age, who for six successive days had taken daily doses of one dram of paraldehyde, showed on the seventh day, a few minutes after having drunk half a bottle of beer, a deep scarlet injection of the skin, covering almost the entire head, neck, back, posterior surfaces of the lower extremities, and partially the chest, abdomen, and upper extremities. This peculiar phenomenon lasted half an hour. For the sake of an experiment, Sommer gave the patient on the next evening another dose of paraldehyde, followed by a small quantity of alcohol on the next morning. The same vascular injection having appeared again, Sommer concluded that paraldehyde ought not to be given to patients presenting atheromatous defects, and should at least not be employed in connection with alcoholic liquids. Only one other observer, Eickholdt, has previously observed similar in-

terferences of the circulation following after the employment of paraldehyde. He noted the occurrence of cerebral congestions and of vaso-paralytic symptoms after the prolonged use of this drug.—*Therapeutic Gazette*.

**DELAY IN TYING THE CORD.**—Von Engel (*Centrbl. f. Gynäk.*, No. 46, 1885), writes in favor of delaying ligation of the umbilical cord, for the following reasons: (1) The placental circulation does not cease for some little time (even as long as a quarter of an hour) after the expulsion of the fetus; if the cord is tied at once, the child is deprived of an appreciable amount of blood, which is retained within the placenta and cord. This is proved beyond question by weighing the infant before and after the cessation of the placental circulation; the average gain is ten grams. (2) Contrary to the commonly received theory, the fetal circulation is not favored by the first respiratory efforts, but is rather retarded. The contraction of the child's heart is the sole propelling force. (3) The arrest of the placental circulation is due to the contraction of the vessels of the cord and placenta, the arteries being the first to contract. (4) These two forces, the cardiac action and the vascular contraction, are directly opposed, the amount of blood supplied to the fetus being proportioned to the preponderance of one force over the other. (5) Clinically, the mortality during the first ten days among infants whose cords were ligated immediately after delivery was 18 per cent, while after delayed ligation it was only 9.45 per cent.—*New York Medical Journal*.

**PULSATILLA.**—According to M. Bronevski, in *L'Union Med.*, anemonin, a substance prepared from the *anemoni pulsatilla*, first irritates then paralyzes the respiratory center. It diminishes cardiac activity and voluntary movement by its action on the spinal nerve centers. It causes death in dogs and rabbits by paralyzing the heart, in doses of three grams of the extract administered subcutaneously. This quantity corresponds to ten of infusion or decoction and to one to two of the tincture. One tenth of a gram of anemonin proved fatal to a rabbit in an hour; dogs succumbed to a subcutaneous injection of two grams in from twenty-four to thirty-six hours, with increasing dyspnea, torpor, paralysis of all the limbs, diarrhea, and cessation of cardiac movement. Autopsy showed hyperemia of all the parenchymatous organs. Therapeutically, anemonin is useful in bronchitis, convulsive cough, and asthma. The daily dose is from 0.05 to 0.1 gram taken twice, in powder. A larger dose causes headache and heaviness in the limbs.



# The American Practitioner and News

"NEC TENUI PENNĀ."

Vol. II. SATURDAY, SEPTEMBER 18, 1886. No. 6.

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A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

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## CAN ANY GOOD THING COME OUT OF NAZARETH?

Something like a year ago Dr. Ord, of London, published certain views in regard to the cause of heat in fever, accompanied by the report of some experiments on the temperature of growing cucumbers, by which he believed his theory was supported. The opinion of Dr. Ord is, that in tissue growth heat is being constantly dissipated or transformed into other forms of force which are used up in the processes of growth and repair.

In disease, or rather in fever, these processes of growth and repair are arrested, and the heat becomes manifest as fever. The experiments referred to, as supposed to support this view, were made by ascertaining the heat of growing cucumbers, when it was found that the temperature showed a gradual decrease as a delicate thermometer was moved from the stem end of the cucumber toward the distal end.

Perhaps not a single journal published in the English language failed to note the views of Dr. Ord, and with reason, for the subject is one of great interest and the experiments curious. But it so happened that, before the State Medical Society of Louisiana,

and in the New Orleans Medical Journal, Prof. J. B. Elliott, of the Tulane University, had, more than a year previously, enunciated identical views as to the cause of fever, yet only two or three times, even by Southern journals, has reference been made to the claims of Prof. Elliott to priority.

We are not, by any means, partial to this theory. As to the experiments of Dr. Ord, we believe he was looking in the wrong place for the processes of the storing of energy, which is the office of the chlorophyll and other vital agents in the leaf; but the point we wish to make is, that if Dr. Ord deserved so great credit, certainly Dr. Elliott, who had preceded him perhaps more than a year in enunciating the theory, deserved no less honorable mention, at least by medical journals in the great "malarial belt."

We are not among those who have any feeling against the men of the East; we would rob them of no merited reward, but we do desire that kind of intellectual independence which is only to be gained by claiming credit for what we do, and doing more that is worthy of credit.

s.

## STILLING THE HEART BY WILL-POWER

It has every now and then been mentioned as one of the curiosities of physiology, that instances have been noted of men capable of stilling the heart by the power of the will.

As in nearly all other manifestations of peculiar qualities, it will likely be found that this is only an exaggeration of a quality or faculty possessed in some degree as a normal attribute by the race in common. It may be, however, that, in the most remarkable of these cases, the fibers of the spinal accessory, instead of passing off to the superior and inferior laryngeal muscles, pass on to the heart, and give the individuals so organized an unusual voluntary control of the organ. Most persons control the heart's action to whatever degree they are able, either indirectly or unconsciously. It can be done, to a large extent, through the breathing. By taking full breath deliberately, we may often calm an excited heart. In some way, which we shall not at-

tempt to explain, an inhibitory action is exerted over the heart-beat. A continuous monotony of sound or touch will do it. Every one strokes the frightened horse to quiet him, and Poe had got hold of a physiological truth when he wrote,

"To still the beating of my heart, I stood repeating."

Some persons can also exercise an inhibitory control over the heart-beat, in the presence or prospect of danger, by visualizing in imagination the worst the situation may bring, and in this supplement courage to a marvelous degree. Indeed, the relation of this inhibitory control of the heart to the manifestation of courage is a question well worthy of critical examination. s.

### THE HIGHER EDUCATION OF WOMEN.

Dr. Withers Moore, President of the British Medical Association, devoted his recent annual address to disparaging the higher education of women. Dr. Moore, believing that the great aim and duty of woman is to become the mother of healthy offspring, does not think this office compatible with the physical and mental strain involved in the acquirement of the higher education, especially as required in the learned professions.

If the objection applies merely to law and medicine, it seems to us that the number of women who enter these professions, even admitting that they were all rendered unfit for maternity, is so small, compared with the multitudes who are wrecking their health in other walks where they need wise and kindly advice, that one can hardly think the best uses were made of the opportunity by the eminent speaker.

In the first place, whether students are men or women, there can be little doubt that harm comes mostly from crowding work rather than continuing it. It is perseverance that wins rather than haste. Very few men or women have by middle-life accomplished learning that might not easily have been obtained, by rightly regulating their task, without any injury to health; the great majority have not accomplished tasks out of proportion to time.

It is not denied that the incumbrances of maternity impair the capacity of women for work; even the physiological functions of the unmarried at times may do so, and by so much they are handicapped in the race with men. But that is their concern rather than ours. Every woman, however, can not marry to her satisfaction if she cares to marry, and the logic of the position of those who oppose the higher education of women is, that they must marry with only the prospect of unhappiness before them, or be prepared for menial positions only, or worse yet, be driven to lives of shame.

Even those who have braved the stiff prejudice of ultra conservatism, and become physicians, have found themselves so tried and harassed that a large percentage, especially in England, have become insane. Whenever a person, especially a woman, is made to believe that she is pursuing a course of doubtful propriety, she sustains herself in her position with an effort. In Latin and Mongolian countries women can sustain themselves socially after lapses; in Teutonic, especially Anglo-Saxon lands, when once it is known that a woman has lapsed from virtue she is doomed, and abandons herself to ruin. In one case the public condones, in the other condemns. The principle holds to a large extent in every calling, and in this view it seems to us that it is not wise or just for us to lay greater burdens upon the shoulders of women simply because we have the advantage of being free from some that they already have. s.

### SUPPRESSION OF COUGH.

Among the various measures in vogue for the treatment of cough, there are few to which a higher value may be assigned than voluntary suppression. Indeed, there are those who believe that many remedies resorted to in cough have no direct action on the membranes, the irritation of which produces this affection, but may possibly act merely as aids to the will through the imagination. And quite certain it is that the mucous lining of the respiratory tract may often be influenced by various drugs in less time after they are



taken than would likely suffice for their absorption and conveyance to the membranes in question. There is another way, however, in which they might act. The sight of food, as well as the smell or taste of it, is well known to cause a flow of gastric juice into the stomach. The contact of cold water, and even the sound of flowing water, may provoke action of the bladder. In these cases the action is partly by reflex and partly by suggestion. It may be then that a little tolu, liquorice, or some similar substance dissolved in the mouth provokes by reflex action, or by a kind of suggestion, the loosening and discharge of mucus. At all events, by the moist state of the membranes they produce, they are aids to the means above named, viz., the voluntary suppression of cough.

Through the fibers of the spinal accessory nerves passing by way of the vagus to the laryngeal muscles, the muscles of phonation are under voluntary control; so also is respiration to a very great extent. If now, when the provocation to cough is felt, we draw a full breath and hold all the respiratory muscles tense, we are able for some time to restrain the cough, and often, indeed, until the irritation has passed away. If, however, it can not be restrained, the glottis should be held open to the greatest extent, so that the air can not pass through jerkingly; in short, so that there will be no audible cough. There is hardly one patient in a thousand suffering from cough who may not be in this way more or less benefited; and very many, no doubt, might be saved from the state of debility and exhaustion together with local lesions that otherwise would lead to the development of consumption. One of the very best prescriptions to be made for a cough in the majority of instances is, "Don't cough at all."

S.

**A NEW SOURCE OF QUININE.**—The Indian Medical Gazette says that caprea bark has been found containing quinine; and has this advantage, viz., that the plants grow near the coast and consequently the bark can be exported at much less cost than the cinchona bark, which is brought long distances from the hills and at a heavy expense.

## Notes and Queries.

*Editors American Practitioner and News:*

It is a source of consolation, when one is neglecting his own business for pleasure, to find others of the guild who are under like or greater responsibilities quite as reckless as he. Hence I was pleased in no slight degree to find that two thirds of the active profession here had been for more than a month away upon a summer vacation, and that most of those who staid at home found little to do. In the months of July and August, when we in Louisville are usually busiest, the Philadelphia doctors are either contentedly summering in the country, sojourning at the sea-shore, or pretending to congratulate themselves on the good health of the city.

Through the courtesy of the attending staff surgeons at the Pennsylvania and Jefferson Hospitals, I have seen several interesting operations, and learned some valuable details of the management of cases. At the Pennsylvania full faith is just now put in the antiseptic powers of the corrosive sublimate solution, the strength used being 1-2000 for open wounds, and 1-5000 for cavities. Great things are claimed for antiseptics obtained after this method, but perhaps without good reason, for I saw quite a number of compound fractures and joint wounds which, having been treated with the sublimate solution and afterward enveloped in iodoform gauze and absorbent cotton, were suppurating in the usual way, after a period of five or eight days. It must, however, be admitted that no antiseptic precautions can be complete as applied to compound injuries, since, under all circumstances of traumatism, there is a period of exposure to possible contamination which can not be guarded against. Hence, though it so happens that I see none of the perfect results of which I heard so much, I do see marked evidences of good accomplished by the measure, and recognize in it great possibilities of future usefulness with probable victory over all other methods of treating wounds.

At the Jefferson the antiseptic method is employed, but with by no means that strictness and care as to the minute details of the process in every case which characterizes the work of the *internes* at the Pennsylvania. The sublimate

solution (1-1000 to 1-2000) is generally applied to the wound, and the iron-dyed silk employed for sutures, but the iodoform is often omitted, absorbent cotton alone making the dressing. Though the operators here do not pin their faith to antiseptics, they seem to have confidence in the measures employed. The old interrupted suture is used in closing most wounds, the continued not being so favorably regarded as with us.

I was fortunate enough to witness a laparotomy at the Pennsylvania Hospital, on Monday, for traumatic rupture of the bladder. The man, about thirty-six years old, fell ten feet in a ship's hold, and when admitted into the ward at 11 P. M. (two hours afterward) was found to have sustained a fracture of the right thigh, but with little evidence of shock. There was a quantity bloody urine in his bladder. On the following morning, the bladder not evacuating itself, a soft catheter was introduced, which failed to bring away any urine. A long curved instrument was then used, and about twenty ounces of dark colored urine, evidently containing blood, escaped. The diagnosis being still a little questionable, a delay for the sake of obtaining counsel was allowed until 9 P. M. At this time the man's condition having grown progressively worse, Dr. Fox, of the hospital staff, made the suprapubic incision. On division of the peritoneum a quantity of bloody urine escaped. Exploration disclosed a rent across the fundus of the bladder, three inches in length. All the requirements of antisepsis were observed. Fifteen Lambert stitches of catgut closed the wound, and warm water was injected into the bladder before the abdomen was closed. This was done to wash out the viscus and determine the condition of the rent. Intense redness of the peritoneal covering of the intestines was observed. The man rallied from the effects of the operation, but sank, in about forty hours, under peritonitis. Had the operation been made within the first few hours, the prospect of recovery would have been better by seventy-five per cent.

At the Jefferson Hospital, Dr. J. M. Barton did to-day an incision of the right testicle for a cystic sarcoma of four months' standing. The case had a vague history, and was complicated

with a congenital scrotal hernia of the right side. After removal of the testicle, which with the epididymis was much enlarged, the inguinal canal, below the presenting omentum, was closed with catgut sutures to prevent the ascent of pus into the peritoneal cavity. The danger of peritonitis seemed to be the chief concern of the operator. The antiseptic precautions were nominally, but not actually the same as those taken at the Pennsylvania Hospital.

Dr. Garretson is quite enthusiastic in the advocacy and successful in the practice of plastic surgery for the restoration of parts destroyed in the removal of epithelioma from the face. He showed me a case in which he had obtained most gratifying results by replacing the excised tissues with a flap from the arm, after the German method of rhinoplasty.

At the Pennsylvania Hospital I found in the out-patients' department that all cases of fracture involving the elbow-joint were treated after the method suggested by Dr. Allis, of this city. The arm is placed on a straight, well-padded splint, and kept thus extended until the fracture is healed. It is maintained that this position more successfully preserves the normal obliquity of the forearm, or "the carrying function," as they term it, than any other. But little attention is paid to passive motion.

In my observation of things surgical, I found occasion to reflect at times that, though they surely ordered some measures differently in Philadelphia, yet I could not see wherein they were often ordered better than with us; and while I shall go away with a grateful feeling of having learned a number of useful things, I go also with the comforting conviction that we are not behind the East in surgical facilities, knowledge, and skill.

H. H. G.

PHILADELPHIA, August 21, 1886.

**THE YELLOW-FEVER SCARE.**—Dr. John Godfrey, of the Marine Hospital Service, has just returned from an official visit to Biloxi, Miss., where he was sent by the department to investigate the nature of the fever at that point, which had been pronounced to be yellow fever by the health authorities of New



Orleans and Mobile, and had led to extensive quarantine.

After thorough and painstaking investigation, Dr. Godfrey came to the conclusion that the disease was not yellow fever, but a form of malarial fever, modified by the extremely unsanitary condition of the immediate district in which it prevailed.

It would seem that the authorities of New Orleans and Mobile have since come to the same conclusion, as we learn from the press that the quarantine against Biloxi has been raised. Judging from statements of Biloxi papers, the quarantine must have been rather half-hearted at best, inasmuch as those wishing to go from there to New Orleans had only to betake themselves to the Camp-ground, two miles distant, from whence they could take passage without hindrance.

DR. NATHAN S. DAVIS.—The British Medical Journal says: The leading position assigned to Dr. N. S. Davis, of Chicago, by his countrymen as president-elect of the approaching International Medical Congress at Washington, and the prominent position of honor assigned to him at the annual meeting of the British Medical Association at Brighton, will make many of our readers desire to know more of the professional life-history of this venerable and respected physician. Dr. Davis received the degree of Doctor of Medicine from the Regents of the University of New York in 1837, and has been engaged in the practical duties of the profession from that time until the present. In 1844, while a member of the New York State Medical Society, he originated the movement that resulted in the permanent organization of the American Medical Association in 1847. At the annual meeting of that Association, in 1851, he read a valuable paper, giving the results of original investigation in regard to the effects of different kinds of food and of alcoholic liquors on the temperature of the human body, etc. His contributions to medical literature since have been valuable and numerous. In 1850 he was elected Professor of Principles and Practice of Medicine in the Medical College in Chicago, and Professor of Clinical Medicine in the Mercy Hos-

pital, which positions he continues to hold at the present time. He was President of the American Medical Association during the years 1864 and 1865. In 1879 he received the honorary degree of LL. D. from the Illinois Wesleyan University. He is an honorary member of the New York Academy of Medicine, of the College of Physicians of Philadelphia, and of many other scientific and medical societies in his own country. In 1883, the American Medical Association having decided to publish its Transactions in the form of a weekly medical journal, Dr. Davis was chosen its chief editor. In 1886 he was appointed Secretary General, and, after the death of the late Professor Austin Flint, he was unanimously elected President of the Preliminary Organization of the International Medical Congress to be held in Washington in September, 1887. The above is a brief description of Professor Davis's career. It remains only to state how highly he is esteemed by his compeers in the United States. He stands now as the recognized head of the profession in his country, the successor of the lamented Flint and other great men who preceded him. Probably no physician in the United States has done more to keep up the tone of the profession, and to make the profession one solid, earnest body, desirous of advancing science, benefiting humanity, and adding to the glory of the country.

ANOTHER REMEDY FOR VOMITING OF PREGNANCY.—Still another remedy for this much medicated condition has been found in the hydrate of cocaine. When every thing else had failed, when hope had fled and abortion seemed the only alternative, Dr. Holtz gave his patient a hypodermic injection of cocaine, and the vomiting ceased. The writer is happy to record the instance as one of the few in which cocaine has appeared to be good for any thing, except for local anesthesia.—*Canada Medical Record*.

A PENNSYLVANIA man lately attempted suicide with Paris green, and the physician who was called said that he could not have saved him if the poison had not been adulterated. "It's an ill wind," etc.—*Boston Medical and Surgical Journal*.

*Editors American Practitioner and News:*

A ONE-SIDED CASE.—About a month since, during a visit to another member of the family, my attention was called to a little boy about two years old, who presented a remarkable anomaly of development. On stripping the child I found that the right breast was as well and evenly developed as that of a sixteen-year-old girl. In fact, few girls of that age could make as handsome a mammary showing. The gland seemed to be abnormal in nothing except the size. It was round, even, plump, and even handsome. In other respects the child is of normal development and in perfect health. I would be glad if some of the readers of the PRACTITIONER AND NEWS would express themselves upon the subject. Respectfully,

PATESVILLE, KY.

R. W. FRYMIRE, M. D.

THE COCAINE CRAZE.—In an article entitled Sensationalism in Therapeutics, Dr. C. H. Hughes (Weekly Medical Review) says:

The truth about cocaine is that it is a tonic and stimulating exhilarant of some power in melancholia, mental depression, and nerve weariness.

That it acts rapidly but much more evanescently than morphia.

That, excessively used, it intoxicates and converts melancholia into mania.

That, given largely in the upright position, it is capable of inducing vertigo, whether, as Dujardin-Beaumetz thinks, by inducing anemia is not proven.

That, as an antidote to alcoholism and its effects, it is not equal to morphia.

That it is not equal to morphia as a tonic in melancholia or as a narcotic in certain states of nervous debility.

That in equal doses it nauseates more certainly than morphia.

That it is not an antidote to meconophagism, though beneficial if judiciously used and timely abandoned.

That it may be used with advantage, if carefully given, in the withdrawal of opium and the cure of the opium habit, as one of many substitutes, but can not be alone relied upon.

That it intoxicates some persons and poisons them.

That its continuous use is difficult to break off.

That it is probably capable of developing permanent madness, like similar intoxicants, as a few doses occasion temporary insanity.

That it is a dangerous therapeutic toy, not to be used as a sensational plaything.

That it will probably help to fill rather than deplete the asylums, inebriate and insane, if it should unfortunately come into as general use as the other intoxicants of its class.

As an intoxicant it is more dangerous, if continuously given, than alcohol or opium, and more difficult to abandon.

THE TREATMENT OF SICK-HEADACHE.—Dr. W. Gill Wylie, of New York, has produced excellent results with the following method of treatment: So soon as the first pain is felt, the patient is to take a pill, or capsule, containing one grain of inspissated ox-gall and one drop of oil of gaultheria every hour until relief is felt, or until six have been taken. Dr. Wylie states that sick-headache as such is almost invariably cut short by this plan, although some pain of a neuralgic character remains in a few cases.—*New York Medical Journal*.

DANGER IN THE TOY BALLOON.—It seems that the little toy balloons or india-rubber bladders which children inflate with the breath may be readily reversed by inspiration and even drawn into the air-passages. In two instances recently death has occurred by suffocation, a balloon of this sort being drawn into the opening of the glottis. This a matter of danger which ought to be recognized. The parents and nurses should be constantly on their guard.—*New England Medical Monthly*.

THE SURGERY OF THE LIVER.—At the recent meeting of the British Medical Association, Mr. Lawson Tait read a paper before the Surgical Section in which he gave the statistics of fifty laparotomies undertaken for disease of the liver or of the gall-bladder. They included 7 exploratory incisions, with 1 death; 13 hepatotomies, with no death; and 30 cholecystotomies, with 3 deaths, two of the latter being from the subsequent progress of cancer of the liver.



THE HOMEOPATHIC TREATMENT OF PROFANITY.—“Another mental condition characterizing anacardium is a propensity to swear. Now, do not suppose that I recommend anacardium for the cure of profanity when it exists as a result of low morals; far from it. When, however, the propensity to swear comes as a result of mental disease, anacardium may do noble work. I once treated a minister who exhibited a remarkable *penchant* for profanity. Try as hard as he would, he could not help it. Anacardium made a complete cure in his case. Another remedy producing a disposition to swear, is *nitric acid*; but I have never seen it do any good in these cases, excepting after the abuse of mercury.”—*Hahnemann Monthly*.

A NEW BRAIN-FISSURE—THE PAROCCIPITAL. Prof. Burt G. Wilder, of Ithaca, has subjected a certain fissure, or, Ithacally speaking, “gyre,” in the occipital lobe of the human brain to neuronymic and monographic treatment. The article may be found in the ventral portion of the *Journal of Nervous and Mental Diseases* for June, 1886. The fissure in question has heretofore been considered to form the posterior (caudal) extremity of the great interparietal fissure, but the investigations of Prof. Wilder lead to a different view, and the fissure in question comes out from these investigations with a nosological enrichment and an anatomical autonomy that are most gratifying.

Prof. Wilder believes that he has shown that the transverse fissure of Ecker, with which the interparietal fissure generally connects, caudal, *i. e.*, posteriorly, is not an independent fissure, but is made up of the caudal ramus and stipes of an independent fissure, the *parooccipital*. This parooccipital fissure is spoken of generally as the posterior division of the interparietal; but Wilder claims, from a study of a number of brains injected with alcohol, and otherwise prepared brains, that it is independent, and should be described as such. This new fissure is yoke-shaped, the yoke having two rami laterad, and two stipes mesad (we are using here pure Wilderese), while the main bar is called the “zygon.” We have never seen a yoke exactly like that figured by the distinguished neuronymist of Cor-

nell. It comes quite as near to resembling that article, however, as the Great Dipper does to outlining a bear, and we are not disposed to complain.

Writers of anatomical text-books and republishers of Eker's cuts will have to bear in mind these two things, made probable at least by Prof. Wilder's painstaking, though word-en-crusted researches:

First, The transverse occipital fissure, always figured as a separate fissure, is not such, but only a branch of the parooccipital.

Second, The posterior or occipital end of the interparietal fissure is to be regarded, perhaps, as an independent fissure (the parooccipital), and not as part of the interparietal.

Prof. Wilder's article is accompanied with an excellent translation from Ithacan to English.—*Med. Record*.

AN ERROR IN DIAGNOSIS.—The following is vouched for by an exchange as an actual occurrence: “A young man, fresh from college, was sent by his father, an old practitioner, to attend a case of labor. On making an examination he found the os undilated. After waiting an hour he applied belladonna ointment and endeavored to make forcible dilatation. Another hour passed, but no dilatation. Being alarmed, he went for his father, but before they returned the child was born. The father found the child's anus red and patulous, and besmeared with belladonna ointment. The young man had met with a breech presentation, and had mistaken the child's anus for an undilated os uteri.”—*Ibid*.

MILK-POISONING AT LONG BRANCH.—An outbreak of illness from bad milk has recently occurred at Long Branch in the Ocean Wave Hotel. A large number of the guests and attaches were made ill, suffering from vomiting and purging. The proprietor was able to trace the trouble to milk, which had become stale on the dealer's hands, and to which he had added chemicals to preserve or freshen it.

THE VIRGINIA MEDICAL SOCIETY holds its next annual meeting at Fredericksburg, beginning October 26th.

**MASSAGE IN GLYCOSURIA.**—Finkler recommends massage in the treatment of diabetes. He has employed the method a number of times, and asserts that the quantity of sugar is considerably lessened, even when the patients continue with a mixed diet. Profuse perspiration begins shortly after the commencement of treatment, and the patients so treated almost always increase in weight.—*Medical Record*.

**CONGENITAL ANIDROSIS.**—At a recent meeting of the Obstetrical Society of Boston, Dr. C. E. Stedman reported a case of eclampsia, in which he had given three doses of one third of a grain each of pilocarpine, without inducing perspiration. The hot-air bath was also ineffectual. He afterward learned that the patient never perspired, even when in health.

**PRESCRIPTION FOR ALOPECIA.**—Oil of sweet almonds and stronger liquor of ammonia, of each, one ounce; spirit of rosemary, four ounces; honey water, two ounces. Mix. This lotion is to be rubbed well into the roots of the hair and over the scalp, and the head should afterward be washed with clear, soft water—rain or distilled water, if possible.—*Canada Medical Record*.

**CONDEMNATION OF A MIDWIFE.**—In Altenburg, recently, a midwife was sentenced to imprisonment for two years, because she advised the parents of an infant suffering from ophthalmia not to seek medical advice. The only treatment consisted in local applications of chamomile tea, and the child lost one eye in consequence.—*Medical Record*.

**HARDIN COUNTY**, not content with having the largest free school fund of any county in Kentucky, now leads off with a salaried health officer. Dr. C. Z. Aud, of Cecilia, is the excellent recipient of the appointment. Dr. Aud will call a Sanitary Convention to meet at Elizabethtown on the 20th proximo.

**M. BROWN-SÉQUARD** has been elected titular member of the Académie des Sciences, having received twenty-eight votes more than his competitor, M. Germain Sée.

## Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from August 29, 1886, to September 11, 1886:

*Maj. P. Middleton*, Surgeon, assigned to duty at St. Francis Barracks, St. Augustine, Fla., as post surgeon. (S. O. 126, Div. of the Atlantic, Sep. 2, 1886.) *Capt. L. A. LaGarde*, Assistant Surgeon, upon departure of Third Infantry from Fort Ellis, M. T., to proceed to Camp Sheridan, Mammoth Hot Springs, Wyo. Ty., and report to the commanding officer for duty, relieving Assistant Surgeon Pilcher. (S. O. 87, Dept. of Dakota, Aug. 27, 1886.) *Capt. L. W. Crampton*, Assistant Surgeon, relieved from further duty at Bellvue Rifle Range, and granted leave of absence for one month, to take effect before rejoining his proper station, Fort Bridger, Wyo. (S. O. 108, Dept. of the Platte, Aug. 28, 1886.) *First Lieut. James E. Pilcher*, Assistant Surgeon, when relieved by Assistant Surgeon LaGarde from duty at Camp Sheridan, to return to his proper station, Fort Custer, Mont. (S. O. 87, Dept. of Dakota, Aug. 27, 1886.) *First Lieut. L. Wood*, Assistant Surgeon (recently appointed), ordered to report by letter to the Commanding General, Dept. of Arizona, for assignment to duty. (S. O. 202, A. G. O., Aug. 31, 1886.) *First Lieut. Chas. F. Mason*, Assistant Surgeon, relieved from duty in Dept. of the East, and assigned to duty in Dept. of Arizona. (S. O. 203, A. G. O., Sept. 1, 1886.) *First Lieut. Freeman V. Walker*, Assistant Surgeon (recently appointed), to report in person to the Commanding General, Dept. of the East, for assignment to duty. (S. O. 203, c. s., A. G. O.) *First Lieut. Wm. J. Wakeman*, Assistant Surgeon, granted leave of absence for one month, with permission to apply for three months' extension, to take effect when his services can be spared in the Dept. of the Platte. (S. O. 207, A. G. O., Sept. 6, 1886.) *First Lieut. Phil. G. Wales*, Assistant Surgeon, granted leave of absence for one month, with permission to apply for an extension to November 5, 1886. (S. O. 70, Div. of the Pacific, Aug. 31, 1886.) *First Lieut. Wm. B. Banister*, Assistant Surgeon (recently appointed), to report by letter to the Commanding General, Dept. of Arizona, for assignment to duty. (S. O. 208, A. G. O., Sept. 7, 1886.) *First Lieut. F. V. Walker*, Assistant Surgeon, assigned to temporary duty at Fort Adams, R. I. (S. O. 131, Div. of the Atlantic, Sept. 8, 1886.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the three weeks ended September 4, 1886:

*Bailhache, P. H.*, Surgeon, to proceed to Cape Charles quarantine as inspector. August 27, 1886. *Fessenden, C. S. D.*, Surgeon, granted leave of absence for thirty days. August 30, 1886. *Godfrey, John*, Surgeon, to proceed to Biloxi, Miss., and investigate alleged yellow fever cases. September 1, 1886. *Irwin, Fairfax*, Passed Assistant Surgeon, granted leave of absence for thirty days. September 2, 1886.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. II.  
[NEW SERIES.]

LOUISVILLE, KY., OCTOBER 2, 1886.

No. 7.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### EARLY DIAGNOSIS OF PREGNANCY WITH THE UTERINE SOUND—INFREQUENCY OF ITS USE DEMANDED.\*

BY J. G. CARPENTER, M.D.

Dr. E. S. McKee, of Cincinnati, Ohio, read a paper on this subject at the last meeting of the American Medical Association. In speaking of the objective symptoms of pregnancy, the writer mentions the sensation communicated to the fingers through the uterine sound by the ovum,† and gives the credit of this discovery to Dr. Gerhung.

It may be that Dr. Gerhung was the first physician to make this discovery, but in the year 1879 I diagnosed pregnancy in a multipara with the uterine sound. The patient was suffering with endo-cervical metritis, and had been under treatment many weeks. She had menstruated regularly for a year or more. On introducing the sound two weeks after the last appearance of the menses, I observed that the womb had increased half an inch in its longitudinal diameter; as the sound passed a new growth in the uterine cavity a thud was communicated to the finger. I again questioned the patient particularly in regard to her last menses. She

stated, and so did her husband, that two weeks before menstruation had occurred, that the flow was normal in duration, color, and quantity, and that she certainly could not be pregnant, since no symptoms of this condition had been made manifest.

I made no application, but informed the patient and her husband that pregnancy existed. In eight months and a half I delivered the lady of a live eight-pound female babe.

1880. Mrs. W., a multipara, aged twenty-five years, was under treatment for retroversion with endo-cervical metritis and erosion of the os. She had menstruated regularly since weaning her last child about twelve months ago. On cleansing the os and endometrium with absorbent cotton wrapped around a uterine probe, the latter passed over a growth with a thud. Nothing of the kind had been manifested on former examinations. I discontinued local treatment to the lining of the uterus at once, though I made application to the os once every ten days. The patient was informed that she was pregnant, and was delighted with the idea, but said she had had no symptoms to indicate her condition. Three months subsequently she aborted.

1883. Mrs. X. was under treatment for endo-cervical metritis. She had been regular in her menstruation, the flow having appeared every month, even during lactation, since August, 1881. Introduction of the sound into the uterus detected an ovum, and further local treatment was discontinued. The lady was advised of existing pregnancy. She said, "No, it can not be true, for one week ago my menses subsided, having lasted four and a half days. In eight and a half months a living, well-developed child was born to her. About five months after confinement, Mrs. X. again placed herself under treatment for the old

\*Read before the Central Kentucky Medical Association, Lancaster, July 21, 1886.

†This impulse or thud is communicated to the fingers through the sound by the ovum. It is elicited by moving the distal or uterine end of the sound from one side of the womb to the other gently, on the floor or posterior surface of the endometrium. By fixing the distal end of the thumb, placing the pencil transversely on the thumb and moving it over the distal knuckle toward the nail, very much the same sensation is conveyed to the fingers as by the sound in the uterine cavity.

uterine affection. She had menstruated regularly every month since parturition. The uterine sound was introduced into the womb, and from the sensation communicated to the fingers, as the sound passed over the ovum, I again diagnosed pregnancy. This the lady denied, but in two weeks aborted.

1883. Mrs. L., aged twenty-five years, had been in delicate health, having had endo-cervical metritis for a year or more. She was the mother of two children and had always been regular in her menses. She had formerly been treated locally every seven days, but at the time noted had submitted to treatment once every two weeks. On introduction of the uterine sound, an ovum or growth was diagnosed in the uterine cavity by the sensation communicated to the fingers as the sound passed over it. The womb measured half an inch more in its long diameter than it did at other times of treatment. The patient and her husband were informed of the existence of pregnancy, but both denied the fact. Three weeks subsequently this patient aborted.

1885. Mrs. J. D. was under my treatment for retroversion, and endo-cervical metritis. She had been twice married, and was the mother of several children. She had menstruated regularly every month. Her husband was sixty-five years old, and also twice married. He had no children by his first wife, and was anxious, as was also his wife, to have children.

September 22d, Mrs. J. came to my office for treatment. Introduction of the sound or probe showed no increase in the long diameter of the uterus, though, in passing the sound from side to side in the womb, it passed over a growth which communicated a thud to the fingers. Pregnancy was diagnosed, and the fact stated to the wife and her husband. They were both delighted at the thought, but said it could not be true, as Mrs. J. had menstruated regularly for years, and had not had the slightest symptom that indicated pregnancy. At the next monthly flow a blighted ovum was passed. This patient at this time had been treated every two weeks.

October 13th, Mrs. J. D. was again treated for the uterine affection one week before menstruation. The diameter of womb was normal, and

no growth or ovum detected. October 20th the patient came again for treatment. She had menstruated since the time of the last treatment. The long diameter of womb was normal, but the sound passed over an ovum and the characteristic impulse was communicated to the fingers. Pregnancy was again diagnosed, treatment discontinued, and the patient directed not to return until after the next menstruation. June 22, 1886, Mrs. J. gave birth to a ten-pound girl.

April 27, 1886. Mrs. H. has been under treatment for endo-cervical catarrh for several months, having been regular in her menses since February, 1885. She is the mother of eight children. On cleansing the uterine lining with absorbent cotton wrapped around a probe, an impulse was communicated to the fingers as the probe passed over a small growth. Pregnancy was diagnosed, and local interference or treatment suspended. Information was given patient and husband of the existence of pregnancy, but both denied it emphatically, and said that I was mistaken. On May 4th a uterine hemorrhage occurred with intense pain in the right iliac and hypogastric regions. Vaginal tampons had to be introduced to control the hemorrhage, and were continued until the 9th. On removal of the last tampon an ovum was expelled from the os uteri, when all hemorrhage and pain subsided. Mrs. H. was afflicted with malarial neuralgia, and had taken from twenty to thirty-six grains of quinine per day to control the paroxysms. The quinine was, to say the least, an important factor in the production of the abortion.

In these cases no subjective symptoms were present, and no objective ones, except in some an increase of one fourth to one inch of the longitudinal diameter of the uterus, and the thud communicated to the fingers by the ovum as the sound passed over it. All the patients denied pregnancy, though most of them were anxious to have children, and all had menstruated at a period of from one to three weeks previous to last specular examination or treatment.

The thud or sensation communicated to the fingers may indicate either pregnancy or uterine neoplasm. If pregnancy exists, this sign will



be present from the fourth week after the cessation of the menses till the end of gestation; if a tumor is present, the other symptoms of pregnancy will not supervene. Menstruation, *ceteris paribus*, will continue and the womb will increase in size, *pari passu*, as the tumor grows. The longitudinal diameter may be normal during the first two or three weeks of pregnancy, if the uterus be that of a multiparous woman; the normal diameter of such a womb is known to be two and a half to three inches. If the impregnated womb is that of a primiparous woman, it is presumed that its long diameter will be increased one fourth to one inch during the first two or three weeks of pregnancy. Increase of the long diameter of the womb indicates either pregnancy, uterine tumor, subinvolution, or chronic cervical or corporeal hyperplasia.

Lusk (Science and Art of Midwifery, page 72), writing on the Development of the Fetus in the Successive Months of Pregnancy, says: "First month—At the end of the second week the embryo is represented by the embryonic spot, which has assumed a biscuit shape. The dorsal plates are developed. The entire ovum measures one fourth of an inch and the embryo one twelfth of an inch. A week later the embryo has doubled in length and presents special features—a curving of the back, an enlargement of the cephalic extremity, with rudiments of the three higher organs of special sense, and the appearance of the visceral arches. An ovum described by Waldeger, exactly four weeks old, was of about the size of a pigeon's egg and three fourths of an inch long by two thirds of an inch broad. It weighed upward of two scruples. The embryo measured nearly one third of an inch, or four fifths of an inch in length, following the dorsal curve from the top of the cephalic extremity to the end of coccyx. An embryo described by Waldeger, from the sixth to the seventh week, measured about one inch in length, following the dorsal curve. Another in the eighth week, described by Ecker, measured two thirds of an inch in a direct line from the head to the caudal curve. The ovum itself was about the size of a hen's egg."

I quote from Lusk to show the relative sizes of the ovum and embryo during the early weeks

of pregnancy, that you may readily see the feasibility of an early diagnosis of gestation with the uterine sound. *Had not an early diagnosis been made by this means all the patients might have aborted, or an abortion might have been produced during subsequent examinations and treatment, by rupture of the oval and uterine attachments and consequent death of the ovum.*

My experience with these cases convinces me that impregnated ova have been detached and destroyed by the uterine sound, probe, or strong medicaments, and that at the next menstrual period a menorrhagia or a dysmenorrhea—an early miscarriage—has occurred without the physician or patient being cognizant that conception existed. The results of the early diagnosis made by means of this sign in the eight cases reported are, that three lives were preserved, these patients going to the full term of utero-gestation, and that six patients were much comforted by the revelation thus made. One of the women and her husband have been in a state of ineffable happiness ever since the uterine sound revealed the existence of pregnancy. In the five other cases abortion took place in from the fourth to sixth week.

Statistics, so far, do not justify the introduction of the sound for the purpose of detecting pregnancy; but, should no symptoms of pregnancy exist, and the physician in introducing the sound to make a correct diagnosis of certain disease should detect an increase in the long diameter of the uterus, or have a thud communicated to the fingers by the sound revealing pregnancy, he is not culpable; but he should desist from further treatment.

*Conclusions.* (1) Conception may occur at any time of the month; (2) menstruation is no indication that pregnancy does not exist; (3) the thud or sensation communicated to the fingers by the sound may mean an impregnated ovum or a uterine growth; (4) the longitudinal diameter of the uterus will be normal if the woman is multiparous; if primiparous it will be increased one fourth to one inch from second to sixth week of gestation. The writer condemns the practice of making a play-house of the vagina and womb, and the frequent and unnecessary use of speculum and sound as is done by many physicians. The

question arises, did the sound or other causes produce the abortions? No pains or hemorrhage accompanied or followed the introduction of the sound in the cases here reported; all of the patients had endometritis; as this disease was of long standing, there was more or less hypertrophy of the uterine mucous lining. Coitus had been too frequently indulged in by four of the patients. One patient had great nervous irritability; all the patients had used hot vaginal injections. Two of the cases had endometritis with retroversion in one; in these there was also left lateral obliquity. One patient had taken twenty to thirty-six grains of quinine for malarial neuralgia. All these, according to Lusk, are causes of abortion, except quinine. (5) Increase of the longitudinal diameter of the womb may indicate pregnancy, a tumor, subinvolution, corporeal or cervical hyperplasia.

The only safeguard to the physician in the treatment of affections of the endometrium, is never to permit patients to have sexual intercourse from the beginning to the end of treatment, although the latter may continue for months. Both married and single women will come to the physician with or without uterine affection, claiming to be regular in menstruation, (when in reality the function is suspended and they are pregnant) in the hope that the doctor will take their word for truth, introduce an instrument, and cause miscarriage.

The uterine sound is a dangerous instrument, should be seldom used, though it is sometimes essential in the diagnosis of subinvolution, versions, and flexions; it may be like a poison in the hands of the physician, a valuable means in practice; but in the hands of a fool it may destroy life or increase the afflictions of the patient.

Lawson Tait says: "As a matter of fact, the sound is one of the most dangerous instruments which was ever invented for the treatment of human suffering, and in my own practice obtains hardly any kind of employment at all." In Gaillard's Medical Journal, June number, 1886, is the following: "There is a new sign of pregnancy, Hegar's, which consists of an unusual resilience, compressibility, softness, boggy, yielding, and thinning of the lower

uterine segment; that is, the section immediately above the insertion of the ligamenta sacro-uteri. The shape assumed is that of a fan, balloon, or jug. The change is most apparent in the mesial line.

The examination is made by conjoined manipulation; it may be necessary in some cases to insert one finger into the rectum and the thumb into the vagina, instead of the finger alone into the vagina to make a thorough examination. The bladder distended with urine, and the womb with menstrual blood, may simulate Hegar's test. Hyperplasia would show increased density; subinvolution would show both the long and transverse diameters increased. In retroversion, unless a rectal exploration is made, Hegar's test might fail. Dr. Reine tested 22 cases and failed in 2; Dr. Cowper tested 8 cases successfully; Dr. Grandin reports 18 cases, and says he can diagnose alone by this sign before the eighth week; it is found earliest in the fifth week. In one case Hegar's test was made out three times in sixth week of pregnancy.

STANFORD, KY.

## DAMPNESS AS A CAUSE OF DISEASE.\*

BY J. W. IRWIN, M. D.

In bringing before you the subject of "dampness as a cause of disease," it is not my purpose to enter into details, but merely to offer a few remarks, which I trust may prove an incentive to some member of the Society present to pursue in a more practical form a matter of much importance to the public health.

Dampness, as is seen in dwelling-houses, has long been regarded, both by physicians and laity, as a fertile source of disease. Not until within a recent period has the true element of infection in dampness been brought to our notice.

Mycologists have shown that the *Aspergillus albicans* (the white mold) possesses great power in giving rise to disease of the respiratory passages. The catarrhal affections of the nose, throat, and bronchial tubes, the origin of which heretofore remained a mystery to the physi-

\* Read at a meeting of the Louisville Medico-Chirurgical Society, September 10, 1886.



cian, may now be traced to the *Aspergillus albicans*, a micro-organism developed in dampness.

The mortuary reports from all of the larger cities show an increase in the number of deaths from consumption and other lung diseases. It may be that this increase of pulmonary affections will be found to be influenced largely by the effect of dampness.

It is now a well-recognized fact that the greater number of persons afflicted with throat and lung diseases obtain more relief from their troubles in dry than in moist climates. It must therefore follow that some element arising from moisture is the cause of the increase of mortality from lung diseases.

Apart from the developments made by microscopists in the discovery of the germs of disease in dampness, farmers have been recognizing its injurious effect, as may be seen by systematic draining and tiling of the soil, not alone with a view of increasing its productiveness, but for the immunity thereby obtained from disease.

Here in the lowlands, where the river often overflows its banks, dampness prevails throughout the greater part of the year. Here we have numerous opportunities for observing the injurious results of dampness. In the productiveness of the germs or plants of malarial and kindred affections we ascribe to water the first place. In summer, when the heat is very great, dampness, although reduced to a minimum, is never absent as a disease-producing agent. We discover in persons who sleep in lower rooms evidences of disease resulting from dampness during the hot summer months. Such persons are oftener the subjects of rheumatic and catarrhal affections than those who sleep in the upper stories of dwellings.

The baneful effect of dampness is most potent during the spring, autumn, and winter, as may be seen by the increase of diseases at these periods of the year. At these seasons we frequently observe an increase in neuralgias, malarial and rheumatic disorders, cerebro-spinal affections, and many of the diseases peculiar to women, all of which have been brought about by dampness.

You are familiar with a practice that is being carried on in all of the larger cities—a prac-

tice that has lately been on the increase—which I believe will be recognized as a prolific source of disease. I allude to "street-sprinkling." When the rain is not pouring down and allaying the dust, artificial means are being employed for this purpose, regardless of the consequences. The matter of health is lost sight of, as though it were of secondary importance. To most people it seems easier to convert the dust into mud and slush than to have it swept up and taken away. Perhaps few people are ready to believe that in controlling the dust of the street by means of the water-wagon, they are creating an evil of greater magnitude by supplying a fertilizer in which disease germs may take root, grow, find their way into the human system, and give rise to numerous disorders. Persons predisposed to catarrhal affections of the respiratory passages and consumption become more readily the victims of these diseases. Living in an atmosphere heavily charged with moisture conduces to disease by interfering with the normal perspiratory function, relaxing and rendering the tissues of the body more soft.

Physicians sometimes obtain from patients ideas worthy of consideration. We often hear patients remark, "I went out walking, got my feet damp, and my cough is troubling me." "Every time I go out shopping the dampness chills me, and I have the rheumatism." "I can not take outdoor exercise, as it always brings on an attack of neuralgia." "I can not stand the dampness."

Again, it is frequently the case that persons of delicate constitution have to remain shut up in their houses or seek dry climates, so as to avoid the chilling effect of dampness. Convalescents are often afraid to venture out on the streets on beautiful spring and autumn days because of the dampness, which is often brought about by the zealous efforts of the shop-keeper and the housewife in allaying the dust of the streets by means of the water-wagon and other devices that accomplish this purpose.

If dampness may be regarded as a source of disease of so much importance, would it not be well for us to consider whether, for the sake of health, we can forego the pleasure or necessity of

controlling the dust of the streets by means of the water-wagon. I believe we can. This end can be accomplished. A comparatively easy way in which to get rid of the dust would be to have the streets swept clean at short intervals and the garbage taken away. Such a measure as this should be instituted by the municipal health authorities. The germs or plants of disease would then be without a suitable soil in which to grow, mature, and infest the human race. Invalids and persons of delicate constitution would thus be enabled at times to venture out of their homes and enjoy the pure air and sunlight, fearless of infectious germs or the chilling influences of the cold vapor bath.

Sanitarians and others interested in the prevention of disease would do well to investigate this matter, and endeavor to enlighten the inhabitants of cities upon the injurious effect of street-sprinkling as it relates to the public health.

We should have the thoroughfares, at least in the spring and autumn seasons, to ourselves as nature provides them with moisture, which would afford an occasional opportunity for enjoying a promenade upon the streets or a ride in the carriage without dread of the ills incidental to dampness.

LOUISVILLE.

## Societies.

### CINCINNATI ACADEMY OF MEDICINE.

Stated Meeting, September 20, 1886.

E. S. McKee, M. D., Cincinnati, Ohio, read a lengthy paper on Pruritus Pudendi; Report of Five Cases. He said:

My apology for bringing so delicate a subject before this learned Academy is its frequency and persistence. It renders the lives of many of our patients unbearable, and is a trouble with which we are utterly unable to cope in many instances. Rather in the hope of gaining than imparting information I present here a few cases.

CASE 1. Married woman, aged thirty-four, German, and five months pregnant. Fetal heart distinctly audible, and beating one hun-

dred and thirty-eight per minute. Bowels costive, urine normal, appetite poor; leucorrhea. She asks relief from an incessant, harrowing, torturing itching. She has, in fact, pruritus pudendi from pregnancy.

The treatment in this case has been to inject a solution of boracic acid. This was continued for some time, and was followed by no permanent relief. She was then given a solution of bichloride of mercury as an injection. This likewise did no permanent good. She finally settled down with the determination to stick to borax-water to the end. The delivery of the child brought permanent relief.

CASE 2. A married woman, aged forty-eight, came to the clinic, Medical College of Ohio, December 1, 1885. Has had ten living children and two miscarriages. Has been married thirty-one years. Appetite fair. Has suffered from chronic dysentery for three or four years. She has not seen her menses for three years. They were very irregular for three years before that. She has suffered from an intolerable itching the greater part of the time for five years past. She suffered also from painful and frequent micturition caused by acidity of the urine. This has disappeared under

R. Potassi bicarbonatis..... ʒ ii;  
Aque..... ʒ ii.

M. S: Take one teaspoonful three times a day.

She has backache. Upon examination it is found that she has suffered a rupture of the perineum to the first degree, which is followed by a rectocele, an inflamed condition of the urethra, and evidences about the genitalia of severe and determined scratching. The uterus is found in good condition and position, and leucorrhea absent. Her pruritus is probably due to the menopause. It came on soon after the menses became irregular, preparatory to their entire cessation. The trouble with her urine was only present for two months. Brushing the parts with a two-per-cent solution of cocaine brought prompt but brief relief.

CASE 3. Married American woman, aged forty, the mother of three children, suffered for three months from pruritus confined to the outer portion of the left labia majora, except



during the menstrual flow, when the pruritus extended. Leucorrhea absent. The veins of the labia were varicose and the skin atrophied. The hair was gray and limp upon the affected side, while on the other it had the usual appearance. The pruritus resisted various treatment, and disappeared with the change of life.

CASE 4. American, aged thirty-three, married, and the mother of five children. She had a thin, purulent discharge coming from the vagina and uterus. There were some small scars in the vagina, supposed to be the result of a forceps delivery some years before. The pruritus was confined to one side, upon which there was but a sparse growth of hair. Cure of the catarrh, as well as stretching and cutting of the scars, brought no relief. Arsenic in increasing doses proved beneficial. Cocaine in two-per-cent solution brought but temporary relief. On the woman's becoming pregnant the pruritus disappeared, and has not reappeared during the year which has followed. The pruritus was probably due to atrophy of the skin.

CASE 5. Irish woman, aged fifty-two, the mother of five children. She has an immense rectocele, the result of a rupture of the perineum. The labia majora were edematous, stood out in puffs and rolls, and were purple from varicosity of the veins. The rectocele and the ostium vaginæ were highly injected. Uterine discharge. Urine normal. Tampons of boro-glycerin applied to the cervix lessened the congestion, relieved the pruritus, and cured the uterine discharge. During the six months which have intervened the pruritus has not returned, but might have done so but for frequent topical applications of the boro-glycerin in treating the rectocele. In this case the patient could not localize the pruritus to any particular part of the pudendum. The hair on the genitalia seemed to have lost its vitality.

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THE Medical Record, of New York, has opened a subscription fund for the relief of the suffering physicians of Charleston, S. C. It is stated that the families of many physicians are still without sufficient shelter, and more funds are urgently needed.

## CHICAGO MEDICAL SOCIETY.

Stated Meeting, September 6, 1886, E. J. Doering, M. D., President, in the chair.

Dr. J. S. Jewell gave a partial verbal abstract of his paper on Overfilling and Dilatation of the Colon. He said that for the last ten years this subject had attracted his attention more or less. During the last eight or ten years he had accumulated a list of over five hundred carefully studied cases, in which the condition named existed, and concerning which he gave his observations. His mode of investigating the cases in which the overfilling existed has been as follows: The patient is stripped so that the abdomen is bare, the abdominal walls being relaxed. Then he takes a plate of soft rubber, at least two inches in length by an inch and a half in breadth and one quarter inch in thickness, and a heavy steel hammer, quite as heavy as the ordinary surgical bone hammer. With this the abdomen is carefully percussed over the track of the colon, from its origin tracing it up under the liver, across and down to the sigmoid flexure. Thus percussing over the track of the colon and carefully locating every mass of feces (even in persons with fleshy abdominal walls), he has been able to get at its course and contents. Out of these five hundred cases, perhaps a hundred have said that they were as "regular as clock-work" in having movements from the bowels. But upon examination in most such cases the colon was found to have variable quantities of fecal material lying in it. The part of the colon most subject to dilatation is the sigmoid flexure and the descending colon. At the flexure of the colon, deep in the left hypochondriac region, almost as frequent as in any other part of the course of the colon, he had found it dilated and filled with fecal matter. The next most common situation is the transverse colon, last of all the cecum. In one case where the colon was very largely dilated, during the thirty or forty hours that were devoted to emptying the same (not continuously but at different times), two gallons or more of material were removed. The common way is to find masses of feces lying in lumps here and there, not filling the entire intestine.

In one case a mass was removed from the

right extremity of the colon by massage and flooding the colon its entire length with water. The fact that this mass had remained in the colon for more than nine months was ascertained in this way: The patient had taken a dish of dewberries, such as appear in the fall after the ordinary blackberry has passed its season. He was in ill health, and, growing worse during his visit, returned home. This was in September. Dr. Jewell saw him early in June following. When the mass was removed it was found to be more or less filled with the seeds of the dewberry, and according to his own account he had not taken berries of any kind since the September previous, certainly no dewberries. This mass was about the consistence of soft putty and the size of a large Irish potato.

In most cases investigated the colon was dilated apparently, in some part or other, all the way from two to three times its proper caliber. This class of patients are all liable to become "bilious," and are habitually taking cathartic pills, mineral waters, etc. In nearly every instance Dr. Jewell could trace their "biliousness" to gradual filling up of the colon, and the disturbance produced from this cause in the digestive apparatus higher up. The change in the secretions of the mouth, the bad breath, the unhealthy odor of the skin produced by absorption of fetid substances from the rotting masses in the intestine, together with the coloring matter in the same, gives the skin of the patient a peculiar dirty, sallow color. One of the first things to occur, in addition to the dilatation and weakening of the muscular coat of the colon by accumulation of material in it, is irritation of portions of the mucous membranes where the fecal masses lie, producing local catarrhs. This occurs with a frequency and to an extent that no one would suspect, unless they set the patient or nurse to carefully watching the stool. The next important factor in these cases is irritation of the peripheral ends of the sensory nerves of the intestinal mucous membrane, irritated by contact with the fecal masses. The nerves that return from the colon probably enter the spinal cord at a level not lower than that of the tenth or eleventh dorsal vertebra. Above the level named they prob-

ably enter the cord at various points higher up in the lower two thirds of the dorsal cord, not to mention direct medulla connections, etc. Along these nerves are propagated the irritative impressions from the colon into the spinal cord or medulla, and thereby "switch" connections, outgoing or reflex impulses are sent to other portions of the body, producing thus various forms of disorder to be referred to later. He believes that he has not found one case out of twenty of ordinary melancholia that has not had its origin partly or in some cases apparently entirely in overfilling of the colon. Headache and a great many transient disorders referred to the head more frequently owe their origin to this source than he had ever supposed, next to the influence upon the circulation in general, especially upon the heart's action, by lowering its tension and thus giving a feeble pulse.

Dilatation of the colon often causes a sluggish capillary circulation, and this accounts for the frequency with which patients complain of cold extremities. Dr. Jewell has found patients who could not remember having had naturally warm feet for years, when upon removal of the masses in the colon the feet would become warm. In insomnia he has found the condition of the colon described to be a frequent cause, the colon being the seat of the original disorder. There is lowering of the vascular tension nearly always in these cases, hence the feeble nutrition and feeble circulation in the brain, not to mention other parts. The next most important result of dilatation and overfilling of the colon is the fact that these masses of retained fecal substance in various ways poison the individual by absorption of septic material. He has had three cases of epilepsy that he traced exclusively, as far as could be told by the results of treatment afterward, to disease in the left extremity of the colon caused by fecal accumulations, and when the disorder was removed by proper means he was able to remove the epilepsy.

For the removal of these masses, as a rule, he does not use purgatives, but injections are given after the following plan: A large bag-fountain syringe, holding half a gallon, is adjusted at a convenient height from the floor,



the patient lying down in the knee-chest position. The fluid should flow with considerable force until it makes its way past the upper sphincter, which is at the lower part of the sigmoid flexure; pass one quart to one half gallon of water, according to the size of the colon, so as to fill the entire organ to the cecum. In some instances he has been able to introduce as much as a gallon of water into the colon, the patient feeling no serious inconvenience from it; and a half gallon is a common amount to introduce. The patient is then directed to lie down upon the left side, and by proper massage over the ascending colon the liquid is moved, and with it the contents of the bowel, toward the rectum. This should be done once or twice in the twenty-four hours until the colon is clear, and by this means it should be kept so. After this has been accomplished, give the patient something that will act as a stimulant to the nervo-muscular coat of the colon. A good prescription for this purpose he has found should contain, in pill or capsule form, extract of cascara, a little belladonna, strychnia, hydrastis canadensis, and aloes. By care the colon can be kept clear, and the disorders of the stomach usually disappear, the secretions of the mouth are improved, the skin becomes of a healthier color and loses the distinctly fecal odor that it frequently has.

He has met with a number of cases of so-called typho-malarial fever in their earlier stage with a temperature as high at times as 103°-4-5, in which, by removing a great mass of material undergoing rapid fermentative decomposition at the high heat of the body, leading to rapid distension of the colon with gas, the signs of disease abated in a few hours and rapid recovery occurred. Where there is considerable inflammation in the bowel itself he introduces water pretty well charged with listerine or some other antiseptic, and a little glycerine or other medicinal agent, and in this way the intestine is purified and cleansed and the individual immediately improved. It seems now astonishing that it never occurred to him earlier, that to have a mass of feces undergoing fermentation and decomposition in the interior of the body, and in contact with an absorbent surface like

the colon mucous membrane, is or may be often the real cause of serious diseases.

Dr. H. A. Johnson said: This is a subject to which I have given no special attention, but perhaps if I propose one or two questions it may elicit some information. First, the inquiry suggests itself to me as to why this state of things exists; what is the cause of it? Perhaps, as the author has suggested, our rapid mode of eating and our neglect of the natural demands of the functions of digestion have something to do with it, but this does not seem to me to cover it all. Secondly, the question arises in my mind as to how far such a state of things as he describes does actually exist in the colon, viz., putrefaction of the contents. So far as my observation goes, the contents of the cavities of the body, including the alimentary canal and bladder, are kept from undergoing these putrefactive changes while they are inclosed. It is true that the fecal matters are full of bacteria in various forms, but I am not sure that the ordinary processes that take place out of the body go on here. Thirdly, as to the function of the colon; it is both an excretory and secretory organ, and nutritive matters that are carried into it are undoubtedly taken up in their passage through it. There should be a delay, a normal arrestation of the progress of the fecal mass from the time it enters the colon at the cecum till its discharge. In the normal condition the fecal mass is made up of the debris of the waste matters of food and the material removed from the blood; there ought to be, physiologically, a retardation—time for the accomplishment of these two functions. What is that time?

Dr. William E. Clark said: My first call in consultation, after my return to the city some twenty years ago, was to a female patient who had been an invalid for a number of years. A tumor could be felt through the abdominal walls, supposed by the attending physician to be a tubercular enlargement of the mesenteric glands, but which proved to be a mass of fecal matter in the colon. It had probably been accumulating for a long time, as after removal it was found largely to consist of bran from Graham bread, her principal diet for several years previous. Under appropriate treatment, with

particular attention to the condition of her bowels, the patient apparently recovered her health, though she died some years after with disease of the kidneys, the latter perhaps having some relation to the previous condition of the bowels.

Again, to-day I made an examination of a supposed uterine tumor, and found a tumor, but not connected with the uterus, but an accumulation of fecal matter in the colon, and consequently have made arrangements for its evacuation. For the removal of these masses of fecal matter I first give cathartic with large doses of olive oil, and then use injections of water into the bowel as far up as possible through a stomach-tube, sometimes resorting to the placental forceps for the removal of large fragments.

Dr. G. C. Paoli said: We know that expansion of the colon occurs in many different diseases, and there is hardly a practitioner who has not seen it in his practice for years. We see it in typhoid fever, nephritis, hysteria, and lead colic. Constipation is undoubtedly a great cause of expansion of the colon. A man gets constipated, neglects himself, his feces become very hard, and in consequence pains occur in the colon. With due respect to the author's experience and observation, he must admit that although we meet with cases in our practice, they are not so common that we see them in the hospital. In regard to the treatment, we ought to administer such remedies as will give tonicity to the muscular coat of the bowels, such as *cascara sagrada* in combination with small doses of aloes. But without physical exercise medicine has very little beneficial effect. I have seen a shower bath over the abdomen have a good effect in producing contraction and tonicity of the muscular coat of the bowels.

In regard to the injection which the author advises, it is well to remark that the rectum should first have a digital examination, because often hard excrement is impacted in it, and under such circumstances the injection would meet with an obstacle. Strychnia may be very good in chronic but not in acute cases.

Dr. Jewell, in closing the discussion, said: The members of the Society will of course un-

derstand that I have spoken only of the sick people who have come to me, a special class that is not met with so frequently in general practice. I am speaking entirely within bounds when I say that the number of cases that I now have on my record, in which overfilling of the colon was one of the principal features of disorder, must be seven or eight hundred during the last ten years, and five hundred of these have been made the basis of my study. The question as to how long the matter may be left in the large intestine without harm is to me exceedingly interesting, and I have made that a study. The difference between the ordinary slow decomposition of fecal matter in the intestine and unhealthy decomposition I have taken into account in my study, as well as the conditions or causes that bring about unhealthy decomposition. I am convinced that not enough stress is laid upon this subject. Many persons in the condition I have referred to have been all but ruined by taking by the week, month, and year, cathartics, which must be taken into the stomach first, dissolved and go the entire length of the small intestine before they reach the colon. The colon may be emptied in a much more satisfactory way by means of large injections, together with the use of medicinal agents to stimulate naturally its weakened muscular apparatus.

Dr. A. Schirmer reported a case of actinomycosis hominis, with exhibition of patient and specimens of actino-mycosis.

Dr. A. V. Park read a paper on a case of Caries of the Right Parietal Bone Caused by Railway Injury. The patient was a stout German boy, aged sixteen, who was injured September 18, 1883, sustaining various lacerations and contusions on the body, besides a V-shaped wound over the left ear and a circular wound nearly over the center of the right parietal bone. No fracture of cranium was discovered, although at the request of Dr. Park the case was examined by the family physician and the railway surgeon on different occasions. Patient exhibited signs of collapse and rallied slowly. Erysipelas ensued. After fourteen days the boy commenced to regain consciousness, but could not distinguish one person from another, nor remember events



which occurred only a few hours before. It was over a week before he had complete control of his senses. Seventy days after the accident a piece of exfoliated bone, size of three-cent piece and thickness of external layer of cranium, was removed from wound over right parietal bone. More dead bone was detected, and ninety-two days after the injury an area of two and one half inches in width by three and one half in length of diseased bone was removed, the bone being removed down to the diploë. Erysipelas again ensued, and lasted about one week. One hundred and fifty-one days after the injury the patient was discharged, with partial deafness of the left ear and impaired vision of the left eye as the only unfavorable results of the injury. Dr. Park gave, as the result of his observations of railway injuries, the following conclusions: (1) Sloughing is the rule in contusions and lacerations. (2) Hemorrhage may be little, but is apt to be great in injuries to the head, or extremities where large vessels are lacerated. (3) Examination of wounds should be thorough, and is best done during period of shock. (4) Shock may be excessive and death ensue rapidly, or reaction take place slowly with symptoms of collapse. (5) Amputations are attended with high rate of mortality, owing to liability of stump being attacked by erysipelas; osteo-myelitis, sloughing, or pyemia may ensue. (6) Erysipelas may ensue rapidly and must be manfully combated. (7) A large majority of persons injured on railways recover but partially. The sequelæ may be paralysis, insanity, loss of memory, impaired vision, deafness, etc. These results may follow immediately, or not appear until months or years after the injuries were inflicted.

**HIGH DEATH-RATE IN KANSAS CITY.**—During the week ending August 21st, the death-rate of Kansas City reached the very alarming figure of 31 per 1,000 inhabitants. This is by far the highest death-rate ever known in Kansas City, the average for the past fifteen years having been about 15 per 1,000. The city is said to be in a very unsanitary condition, and the high mortality has been attributed to that cause.—*Medical Record*.

## Reviews and Bibliography.

**A Manual on Inhalers, Inhalations, and Inhalants,** and guide to their discriminating use in the treatment of Common Catarrhal Diseases of the Respiratory Tract. By BEVERLY ROBINSON, M. D., Clinical Professor of Medicine at Bellevue, etc. Paper, pp. 72. The Physician's Leisure Library. Detroit: George S. Davis. 1886.

This manual gives the author's experience in the use of inhalation in the treatment of diseases of the respiratory tract. Different forms of apparatus for cold sprays, steam sprays, and vapor inhalers are given. We agree with the author that, as a rule, the ordinary cold spray is of questionable utility in the treatment of nasal and naso-pharyngeal inflammations beyond its power to cleanse the implicated organs. Astringents used in this manner, as a rule, do more harm than good by irritating the mucous lining of the nose, causing turgescence of the turbinated bodies, increased determination of blood to the part, and increased secretion of mucus. Their indiscriminate use often exaggerates an existing inflammatory condition. Vapor inhalations are of undoubted service in acute inflammation, especially of the larynx and bronchi. The vapor of volatile liquids is sometimes found to be of service. The author's personal experience only is given, but this is of sufficient extent to be of great value.

J. M. R.

**A Manual of Midwifery.** By ALFRED LEWIS GALABIN, M. A., M. D., Obstetric Physician and Lecturer on Midwifery and the Diseases of Women to Guy's Hospital, etc. Illustrated with two hundred and twenty-seven wood engravings. 12mo, pp. 753. Cloth, \$3.00; sheep, \$3.50. Philadelphia: P. Blakiston, Son & Co. 1886.

"The object in writing the present work," says the author in his preface, "has been to produce a book which should be literally a manual in point of size, and yet should include all that is likely to be required by students and practitioners." To this end Dr. Galabin has omitted much of the occult and abstruse embryological material, with which most

obstetric authors are wont to "encumber if they do not bar the difficult path" which the student of medicine must tread. Essential points only in the anatomy of the generative apparatus are stated, and matters of pure theory (save those of the author's own making) are excluded from the work. That the unbiased reader will hold the author's ruling to be wise, we may confidently predict.

But while the book may be warmly commended upon the negative features of its construction, its points of positive excellence are many, and give good warrant for its appearance. Among these may be mentioned, some new features in the mechanism of labor; some original and practical suggestions as to the use and action of the forceps as applied to delivery; an admirable discussion of the question of puerperal fever; some new and practical illustrations, and much valuable statistical data gleaned from the exhaustive records of the Guy's Hospital Lying-in Charity, which have been kept with scrupulous care for more than fifty years.

The work is scholarly, sound, and practical; and, being issued in small compass, at a reasonably low price, can not fail of deserved popularity.

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**The Modern Treatment of Ear Diseases.** By SAMUEL SEXTON, M. D. The Physician's Leisure Library. George S. Davis, Detroit, Michigan. 1886.

This monograph is founded on the experience gained from the treatment of over two thousand consecutive cases of ear diseases, in Dr. S.'s clinic at the New York Eye and Ear Infirmary. A classified list is given, and many interesting cases discussed in detail. Particular attention is paid to acute ear troubles, and the differentiation between inflammation of the attic and antrum. He finds that one of the most frequent sources of acute middle-ear disease is sea-bathing. For treatment he recommends the use of calcium sulphide to prevent the formation of pus, and pulsatilla, aconite, and gelseminum to relieve the pain. For chronic cases he uses small doses of mercury, continued for a long time. If this is the modern treatment, we prefer to cling to ancient methods.

We have never seen any favorable results that were clearly due to calcium sulphide, although we have made frequent use of the drug. In the treatment of chronic cases he does not mention the use of the Eustachian catheter. We are sure that ninety-nine per cent of the aural surgeons will agree that the only favorable result gained in these cases is by the systematic use of the Eustachian catheter, together with careful treatment of the nose and naso-pharynx, at the same time attending carefully to the hygienic surroundings of the patient. The work will be of interest to specialists in aural surgery who know the indications for treatment, but in the hands of the general practitioner it will be of little service.

J. M. R.

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**The Refraction and Accommodation of the Eye and their Anomalies.** By E. LANDOLT, M. D., Paris. Translated under the author's supervision by C. M. CULVER, M. A., M. D., formerly Clinical Assistant to the Author. With one hundred and forty-seven illustrations. Philadelphia: J. B. Lippincott Company. 1886.

It has been twenty years since Donder's classical work opened new fields for study in physiological optics, and the masterly manner in which he worked out his problems and proved his propositions has left but little to be done in this department. But the work under notice is the most scholarly and complete of its kind that has appeared in the English language since, and must take rank among the classics of ophthalmological literature. In his prefatory remarks the author says truly, that in order to treat the eyes successfully an intimate knowledge of their optical construction and function is indispensable. "Manual dexterity alone no longer suffices in this department of practice. It is necessary, besides, to be able to correctly diagnose a case and to crown one's work by the adaptation of the organ to its function."

The work is divided into three parts, Physical, Theoretical, and Clinical. The first deals with lenses and their influence on light, or simple ocular optics. The second is an able theoretical discussion of refraction as applied to that complex physical structure, the eye.



The third part is an adaptation of the first and second to the practical and clinical uses of the ophthalmologist. Here many interesting facts and theories are discussed at length, and while the author sets forth many original thoughts, the views of other writers are given full weight and credit. Among these the American ophthalmologists are accorded the high place to which their work so justly entitles them. The mechanism of accommodation and the relation existing between this function and convergence are treated in a most full and satisfactory manner. Dioptry is given in detail. The shadow-test he calls *koroscopy* and claims that he gave the first explanation of the phenomenon.

The chapter on astigmatism is very instructive. The author claims that there is some connection between asymmetry of the cranium and astigmatism. As to the influence of the lids in producing the trouble, he says: "The vertical meridian, or one near it, is generally the most convex. Some have on this account supposed that the pressure exerted by the lids might be looked upon as a cause of astigmatism. That this would tend to produce greater curvature of the cornea, and perhaps of the crystalline (?) in the vertical than in the horizontal direction, would appear not unreasonable; but exceptions to this rule are very frequent, and one should not always expect to find the strongest refraction in the vertical and the weakest in the horizontal meridian." He claims that astigmatism is more often situated in the crystalline than we have been wont to believe.

He advises against the too intimate association of the relationship between the doctrines of ocular refraction and physics. Too many look upon the eye as a purely physical apparatus, the construction of which can be determined in accordance with strict mathematical laws. It is, on the contrary, a living organism in which the accommodation frequently defies all calculations or physical laws. He says we are apt to succeed much better by adapting eyes to what they are destined to accomplish in proportion as we associate more closely perfect knowledge of theory with the most careful clinical observations. He wisely cautions

against the fashion of the day to run into optical polytherapy. "We shall abstain, therefore, from giving spectacles except in cases of absolute necessity, or unless they render the patient so great service that the attendant inconveniences disappear in comparison with it." Many other excellent points could be noted, as the work is thorough in detail. It is abundantly worthy of the careful study of every seeker after ophthalmological knowledge. The type and illustrations are good, and the best index we ever saw completes the volume. The work can not fail to add much to the already great reputation of its scholarly and accomplished author.

J. M. R.

**A Manual of Surgery**, or Treatises by various authors, in three volumes. Edited by FREDERICK TREVES, F. R. C. S., Surgeon to and Lecturer on Anatomy at the London Hospital. Vol. I: General Surgical Affections—The Blood-vessels—The Nerves—The Skin. Vol. II: The Organs of Locomotion and of Special Sense—The Respiratory Passages—The Head—The Spine. Vol. III: The Thorax—The Organs of Digestion—The Genito-Urinary Organs. Philadelphia: Lea Brothers & Co. 1886.

This work is unique in surgical literature. It represents an attempt to embody in three small volumes, any one of which may be carried in the pocket, the essential points involved in surgical pathology and practice. The list of contributors holds the names of many of the most distinguished British surgeons, whose articles, though necessarily brief, present the reader with a fair view of the surgery of to-day in doctrine and in practice. As the antipodes of the cyclopedia, it will be warmly welcomed by many a hard-worked practitioner.

Index Catalogue of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects, Vol. VII: *Insignarès*—Leghorn. 4to, pp. 959. Washington: Government Printing Office. 1886.

Rupture of both *Membranæ Tympani* from a Fall on the Head; Escape of Blood Followed by a Watery Discharge; Fracture of the Tympanic Portion of both Temporal Bones. By J. Morrison Ray, M.D. Reprint from the Archives of Otology for September, 1886.

Rheumatism: its Nature, its Pathology, and its Successful Treatment. By T. J. MacLagan, M.D. Wood's Library Standard Medical Authors. 8vo, pp. viii and 277; cloth. New York: William Wood & Co. 1886.

On Toxic Urine in Relation to certain Surgical Operations on the Urinary Organs. By Reginald Harrison, F. R. C. S., Surgeon to the Liverpool Royal Infirmary, and Lecturer on Clinical Surgery in the Victoria University.

The Modern Treatment of Eczema. By Henry G. Piffard, A.M., M.D., Clinical Professor of Dermatology, University of the City of New York, Surgeon to St. Elizabeth's Hospital, etc. The Physician's Leisure Hour Library. Paper, pp. 54. Detroit, Michigan: George S. Davis. 1886.

The Healing of Arteries after Ligature in Man and Animals. By J. Collins Warren, M.D., Assistant Professor of Surgery, Harvard University; Surgeon to the Massachusetts General Hospital; Member American Surgical Association; Honorary Fellow Philadelphia Academy of Surgery. One volume, pp. 184. Superbly illustrated with twelve full-page plates in black and colors. Parchment muslin binding. Price, \$3.25. New York: William Wood & Co.

The following extracts from the preface to the forthcoming (sixth) edition of the Principles and Practice of Medicine by the late Dr. Austin Flint will be read with interest, as evincing alike the enormous personal experience upon which the author founded his opinions and the very complete manner in which he has presented to the fellow-members of his profession the matured results of his life's labors.

"The basis of the work is an unbroken series of records of cases in private practice and in hospitals, begun in 1833 and continued for more than half a century, covering sixteen thousand nine hundred and twenty-two folio pages of manuscript, written with the author's own hand. These records embrace carefully written histories of cases in all departments of practical medicine, observed under varied conditions of life, climate, and general surroundings. Soldiers in camp and barracks; the rich and the poor; those affected with diseases incident to lives of ease and luxury and paupers in hospitals; the pioneers of Western New York and the inhabitants of the metropolis; patients in the wards of the almshouse and hospitals of Buffalo, of the Marine Hospital in Louisville, Kentucky, the great Charity Hospital in New Orleans, Louisiana, the Bellevue Hospital, the Charity Hospital, the dispensaries, and similar institutions in the city of New York; cases

observed in the experience of a quarter of a century as a general practitioner and of more than another quarter of a century as a consulting physician, including the epidemics which have occurred in this country within the last fifty years—the experience derived from these various sources of observation carefully recorded, studied, and analyzed, was finally used in the composition of this treatise, the first edition of which appeared in 1866. In the mean time, the author's original contributions to practical medicine, embodied in special treatises, in communications published in medical periodicals, and in transactions of medical societies, have left their impress upon many departments which, in recent years, have been classed as specialties—although he was always a physician, never a specialist. A student of the history of practical medicine will often find observations and ideas, assumed to be of recent date, which had been anticipated by the author many years before.

"The claim in the preface to the fifth edition, 'that the eliminations, substitutions and additions rendered it essentially a new work,' can with equal propriety be made for the present edition as compared with the edition issued in 1881. Among the entirely new articles, special attention may be called to the following: Infectious Tumors, Syphilitic Diseases of the Lungs, Cerebral Syphilis, General Considerations relating to inflammatory and Structural Diseases of the Spinal Cord, Spastic Cerebral Paralysis of Children, Hereditary Ataxia, Myxedema, Multiple Neuritis, General Pathology of Fever, and Milk Sickness. In addition to these new features, many articles have been entirely rewritten; and in nearly every article changes and additions, some of them very important, have been made.

"As already stated, the sixth edition contains a full consideration of recent discoveries concerning the bacterial origin of various infectious diseases, as will be rendered evident by a consultation of the article on Vegetable Parasites in the chapter on Etiology, and articles in the chapters treating of Tuberculosis, Typhoid Fever, Cholera, etc."

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THE REMOVAL OF THE MUCOUS PLUG FROM THE CERVIX UTERI.—Dr. Ménèire, *Gazette de Gynécologie*, wraps the end of a probe with fine charpie, and dips it into a mixture of one part of alum and ten parts of glycerine, then passes it into the cervical canal, and rotates it rapidly, at the same time rubbing the surface. Thus the plug of mucous is detached. *New York Medical Journal*.



## Foreign Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

In the absence of any epidemic to talk about, the Paris Academy of Medicine have taken to wine (*sans sous-entendu*). At one of its recent meetings a commission was appointed to make an investigation and report on the danger to the well-being of the population from the increased use of alcohol in this country. M. Rochard read a report drawn up by the commission, and made a statement to the effect that during the last forty years the consumption of alcohol in France has doubled, and alcoholism has increased to an alarming extent. This latter condition was attributed to the increase in the number of taverns and wine-shops, and particularly to the alcohols used in the manufacture of wine, which, being of an inferior quality, must have a highly injurious influence on the public health. The alcohols extracted from beet-roots, potatoes, and cereals, contain a large proportion of deleterious principles, which are not removed by the imperfect distillation. Foreign wines, particularly Italian and Spanish, contain a large proportion of these injurious alcohols. But while admitting the deleterious effects of artificially alcoholized wine, the commission considered that in order to meet certain exigences necessary for the exportation and preservation of wine, the system of "*sucrage*" or the addition of refined sugar to the must may be authorized. On the same grounds the alcoholization of beers, of ciders, and of "*poirès*" (the fermented liquors of pears) should also be forbidden. Dr. Gallard, the newly elected member of the Academy, in his maiden speech recommended "*vinage*" or the alcoholization of wines in certain proportions which would preserve the wines and prevent them from becoming obnoxious. Even pure alcohol, he added, from whatever source, is not injurious, provided it be taken in moderation and sufficiently diluted. That it possessed rare medicinal properties, and that in intermittent or other fevers he found it invaluable, not only as a curative, but as a preventive measure.

He recalled that, in 1871, the very process in question, that is to say, the *vinage* or alcoholization of wines, was authorized by the French Parliament, and if the addition was found necessary or useful then, why should it not be so now? To this interrogation, Drs. Dujardin-Beaumetz, Brouardel, and others replied, that experience has taught that *vinage* being practiced with inferior alcohols, the public health has suffered considerably, both physically and morally. They would, therefore, recommend that if a small addition of alcohol to wine be considered necessary for the preservation of the latter, none but that extracted from the grape should be allowed. To this Dr. Gallard retorted, that as such an alcohol is the great desideratum now-a-days, we must be content with the alcohols from other sources, which, according to M. Riche, a well-known chemist, are not more prejudicial to health than is that extracted from the grape, provided they are perfectly pure. In fine, according to the same author, physically speaking, there is no difference whatever between vinic alcohol and that produced from other substances. Indeed, he goes so far as to say that the latter is superior to vinic alcohol. M. Chatin, another eminent chemist, rejects alcoholization of any sort, and prefers to it the addition of refined sugar to the vat, while the process of fermentation is going on. This addition, observes the author, would not only produce alcohol, but also succinic acid, glycerine, and perhaps other compounds found normally in wine. Dr. Gallard will not be beaten by these arguments, and thinks that alcoholization, practiced in proper conditions, presents no inconvenience whatever to the public health, adding that what is noxious is not the quantity but the quality of the alcohol employed. M. Rochard, representing the commission, protested in the strongest terms against the alcoholization of wines as being a dangerous practice, but he was met with the observation that if he thought that he, himself, was drinking unalcoholized wine at his table, he was laboring under a lamentable delusion. The arguments set forth by the various speakers perplexed rather than enlightened the Academy, and as no conclusion had been arrived at,

it was decided that the debate on the subject should be postponed to the month of November next, whereupon some of the members suggested that this should have been done long ago. Meanwhile the government are requested to take the most stringent measures to prevent the entry into France of artificially alcoholized wine, that the number of taverns and wine-shops should be largely reduced, and that the laws for the repression of drunkenness should be strictly enforced.

At a recent meeting of the Academy of Medicine, Dr. Costa, of Corsica, read his report on a proposition for improving the sanitary condition of the eastern coast of that island. The author stated that this part of the island is, at present, little inhabited, and still less cultivated. It is well-known that under such conditions and in a warm climate malaria predominates. He would, therefore, suggest, as the only remedy, that this uncultivated land should be colonized, and the marshes drained off and dried as soon as possible.

*La France Médicale* contains the following note, reproduced from an Italian journal, on the splenic bruit in intermittent fever, Samson Maisсурianz observed, in a patient affected with paludal fever, an intermittent *bruit de souffle* in the region of the spleen. The bruit coincided with the pulse, whereas the normal cardiac sounds did not reach the upper part of this organ, which would prove that it was not transmitted by the heart. The lax condition of the abdominal parietes rendered it more distinct, the suspension of the respiration did not affect it in any way, which would exclude the possibility of the existence of a prolongation of a supplementary lung. The question suggested itself whether there might not have been a splenic aneurism. Besides a similar case cited by Winkel, in which there was absence of aneurism, Maisсурianz observed the same phenomenon, reproduced in seven patients, whence he infers the existence of a systolic souffle having its origin in the dilatation of the vessels of the spleen analogous to that which takes place in hypertrophy of the uterus or of the thyroid gland.

Dr. Pozzi lately presented, at the Surgical

Society of Paris, a patient from whom he had removed both her ovaries for severe pains she was tormented with in the region of those organs, and which could not be relieved by the usual medical treatment adopted in such cases. The operation was rather laborious, owing to the thick false membranes with which the ovaries were surrounded.

PARIS, September 3, 1886.

## Translations.

**COTOINE.**—In the Therapeutic Society, July 21st, M. Huchard read a note on the therapeutic properties of cotoine, or the extract of coto, a plant found in Bolivia. It is exhibited in the dose of two to three grains for adults in various forms of diarrhea. It may be given in powder in the form of an alcoholic extract or as a tincture. The wine of coto may also be made by macerating for six days an ounce of coto bark in a liter of Malaga wine.

M. Huchard gives the coto in powder, preferably in doses of three grains, with markedly favorable results in tuberculous and various other forms of diarrhea.—*Le Progrès Médical*.

**PEPSIN IN DIPHTHERIA.**—Dr. Von Malinowski has, since the year 1883, been using pepsin in the treatment of diphtheria. He has made use of both animal and vegetable pepsin, known as papain, in a strength of four parts to thirty of water, in diphtheria of the fauces, and four to two hundred and seventy, in diphtheria of the larynx, to be applied with a brush. In addition he recommends, for greater cleanliness, the spray of boric acid.

As a result of his experience, Dr. M. came to the following conclusions:

1. Pepsin dissolves and loosens rapidly the false membrane as well in diphtheria of the fauces as in that of the larynx.

2. Pepsin promotes the expulsion of the false membrane from the organism, by which means it also removes the cause of the dyspnea.—*Deutsche Medical Zeitung*.

**THE INFLUENCE OF VARIOUS MEDICINAL AGENTS ON STOMACH DIGESTION.**—Dr. Kli-kowitsch, of St. Petersburg, reports the re-



sults of some experiments made by himself with various substances on artificial digestion.

His method was to prepare a digestive mixture of two pints of water, fifteen grains of pepsin, and two drams of officinal hydrochloric acid, and adding to this from three to four hundred grains of dried egg albumen or blood plasma. Into this were put the substances whose properties were to be tested, with the following results.

1. Alcohol. The addition of five per cent of alcohol did not influence peptonization; five to ten per cent gradually reduced it, and more than ten per cent arrested it.

2. Antipyrin. The addition of half a dram to a quart of the mixture in nowise influenced digestion; larger quantities hindered it but little.

3. Iodide and bromide of potassium. A quarter to half a dram to two pints of the mixture hindered peptonization only in very slight degree.

4. Organic iron salts did not influence peptonization in the least; ferrum redactum reduced it slightly, as also the inorganic salts of iron.

5. Calomel. In doses of from five to fifteen grains, calomel had only very slight effect in slowing digestion, as did also the arsenite of soda.

A half a dram to a dram of salicylate of soda effected considerable retardation, as did also considerable doses of sulphate of soda and sulphate of magnesia.

6. Chloral hydrate, in doses of less than fifteen grains to two pints, had no effect; fifteen to seventy-five grains, however, greatly diminished it.

7. Chloride of sodium effected neither, in small nor large doses, any increase or diminution of peptonization.—*Ibid.*

WOUNDS OF THE CILIARY REGION AND THEIR FORMER TREATMENT—(Dr. Van Moll, of Rotterdam). Large penetrating wounds of the ciliary region with escape of the vitreous, which injure the ciliary body, and extending into the cornea, often complicated with injury and protrusion of the iris and traumatic cata-

ract, have been hitherto regarded as a sure indication for enucleation. But it is now well known that simple incised clean wounds of the ciliary body can very well heal without injurious after results.

This fact, as well as the more recent views in regard to the origin of sympathetic ophthalmia, developed through the investigations of Deutschman and others, according to which we are enabled to destroy the micro-organisms or render them harmless with the remarkable means at our command, in the opinion of Dr. Van Moll justify us in laying aside this treatment. And even though we may not succeed in saving for the patient a useful eye, we at least spare him the disfigurement which results from enucleation.

Four cases are related by Dr. Van Moll in support of this view.—*Memorabilien.*

THE TREATMENT OF MALIGNANT TUMORS WITH ARSENIC.—On account of the hopeless outlook of malignant tumors, any treatment that promises even a moderate success must excite interest.

Dr. Köbel endeavored to ascertain clearly the value of arsenic, and arrived at the conclusion that it is useless in epithelioma, but had an undoubtedly favorable influence on certain cases of multiple sarcoma, of which he gives some very interesting examples.

Köbel collects fifty-nine cases of malignant lymphoma, distributed in a tolerably regular manner from the second to the fifth decennial, occurring twice as often in men as women, and in a large proportion of cases (27) affecting only the neck. Cure was effected in seventeen of the cases; in fourteen there was improvement. Experience showed that treatment should continue at least two months, in order to decide as to the effect. In about half the cases treatment was without result.

The arsenic was given partly internally in the form of liq. potass. arsen. with iron, and partly subcutaneously in the same form in a dose of five drops. On the first appearance of toxic effects it was withheld. Abscesses occurred in thirteen, and in two a peculiar necrosis of the tissues at the point of injection with extrusion of the tumor.—*Ibid.*

## Abstracts and Selections.

**ANTIFEBRIN—A NEW ANTIPYRETIC.**—In the *Centralblatt für klinische Medizin* for August 14th, Dr. A. Cahn and Dr. P. Hepp, assistants at Kussmaul's clinic at Strasburg, bring forward a new antipyretic agent that, if further experience bears out their statements, is somewhat remarkable. They state that the substance itself is not a new one, being the neutral principle known as acetanilide, or phenylacetamide, the formula of which they give as  $C_6H_5NHC_2H_3O$ . The formula may otherwise be written  $C_6H_5N.(C_2H_3O).H=C_8H_9NO$ . It is a white, crystalline, odorless powder, producing a slight burning sensation when placed on the tongue, almost insoluble in cold water, more readily soluble in hot water, and freely soluble in alcoholic liquids, including wine. It melts at  $113^\circ C.$ , and boils unchanged at  $292^\circ$ . Besides possessing neither acid nor basic properties, it is indifferent to most reagents. Although closely related to aniline chemically, it was found not to cause poisonous effects when given to dogs and rabbits in comparatively large doses, nor did it affect their temperature.

On the human subject the authors have tried it in eight cases of typhoid fever, five of erysipelas, two of acute articular rheumatism, four of pulmonary phthisis, and one case each of pulmonary abscess, leucemia with fever, pyemic fever consequent on cystitis and bed-sore, septicemia, and ambulant pneumonia. The doses varied from four to fifteen grains, and thus far no more than thirty grains has been given in the period of twenty-four hours. The size of the dose needed can not be told beforehand; as with other antipyretics, it depends on the nature, severity, and stage of the disease and on the peculiarities of the individual, but a given amount, such as four grains, is said to produce the same effect as four times the quantity of antipyrine. The authors think it probable that decided remissions of fever are more likely to be produced by single large doses than by repeated small ones, although that has not yet been shown to be the case. Tabular statements are given of the temperature variations under the use of the drug in two cases of typhoid fever, a case of erysipelas of the leg with lymphangitis, and one of pulmonary phthisis. In two of these records the comparative action of acetanilide and of antipyrine may be noted.

Ordinarily the effect of "antifebrin" begins to show itself within an hour, reaches its maximum in about four hours, and lasts from three to ten hours, according to the size of

the dose, but usually, provided the temperature has been brought down to or below the normal point, from six hours to eight hours. No chills have yet been observed, but, as in the case of antipyrine, in a few instances the patients felt cold. Hand in hand with the fall of temperature goes a notable lowering of the frequency of the pulse, associated with an increase in its volume, as ascertained with the sphgmograph. No unpleasant effect on the digestive organs has been observed; in a few instances the appetite returned, probably as a result of the temporary freedom from fever. In still other cases unusual thirst and decided diuresis were manifest during the remission. None of the patients complained of the drug; their general condition was perfectly good during the hours that they were free from fever. In one of the cases of rheumatism the articular pain, which had been severe, was allayed *pari passu* with the fever. At first the experimenters felt somewhat anxious on account of a pronounced cyanosis of the face and extremities in some of the patients, but this gradually disappeared and they ceased to regard it with apprehension. In a few cases, as in the experiments on animals, the patients fell into a tranquil sleep during the remission.

Besides the efficiency of the drug in comparatively small doses, its advantages are said to be that it does not disturb the stomach, that the sweating it causes is relatively moderate, and that it is cheap. The authors warn their readers against the use of an impure article. They also mention as a matter of theoretical interest the fact that, while the other antipyretics are either phenols (such as carbolic acid, hydroquinone, resorcin, and salicylic acid) or bases of the quinoline group (including quinoline, kairin, antipyrine, thalline, and quinine), we have in acetanilide an indifferent body of widely different constitution. The authors have experimented with the acetyl derivatives of toluidine and naphthylamine, benzanilide, salicylanilide, and some other complex compounds, which they promise to report upon hereafter.—*New York Medical Journal*.

**A CASE OF CHRONIC POISONING BY BISULPHIDE OF CARBON.**—J. S., aged forty-seven, employed in the rubber works in Edinburgh. For two years the patient has been nearly constantly exposed to the fumes of the poison rising from the "curing troughs." After three months of exposure he became very languid and easily tired. He lost all appetite, frequently vomited, and had always more or less nausea. Then, after a month or two, he found himself drowsy in the evening after his work,



but sleepless at night, constantly waking up with a start, and frequently dreaming that he was falling over a precipice. He also began to suffer from severe headaches. He became very nervous, and his memory was impaired. His eyes, too, became weak and his vision dim, and more lately he failed to recognize his own wife a few yards off.

About a year ago he began to get thin and weak. He could not walk far without resting frequently, and his back was so weak that he had difficulty in raising himself. He had constant tingling, numbness, and coldness of hands, feet, and legs as far as the knees, and a "wearing" pain in the loins. At night he had "cold shivers," which gave place to profuse perspiration and painful cramps of the toes, and, more lately, of the fingers also.

Eight or ten months ago he began to be troubled with frequency of micturition and occasional emissions, but he never lost sexual desire nor power.

Since the beginning of the year he has suffered from temporary ptosis occasionally, and all the other symptoms have gradually got worse. Early in April he became so weak and prostrate that on one occasion he fell to the ground. He had a violent attack of vomiting and purging, completely broke down, and had to give up his work.

*Nervous System.* The headache the patient suffers from comes on when he breathes the vapor, and sometimes lasts for days. It is severe, burning, and darting in character; always on the left side, shooting from the back of his head over his forehead and temple. He complains of numbness and coldness of the extremities, which are cold to the touch; also of a tingling, sometimes a pricking sensation. Sensibility to impressions of touch and pain not much if at all impaired, but that to thermal impressions impaired in feet and legs as far as knees, and backs of hands as far as a little above the wrists; muscular sense normal.

*Sight.* Vision is impaired. He can read only the largest print in a newspaper. Objects are blurred. On going into the light every thing seems to be in a mist. He can not distinguish the features of a person a few paces off. He can see, if any thing, better in the dark. Glasses are little help to him. Dr. Argyll Robertson, who kindly examined him, thinks the case may be complicated by tobacco amblyopia. He finds a central blindness to green and red. Fundus and disk normal, but slightly hyperemic. Incipient peripheral cataract in left eye.

*Smell.* Partial anosmia after exposure to the vapor.

*Motor Functions.* Organic reflexes. Micturition sometimes as frequent as every half-hour. Occasional seminal emissions. Reflexes superficial and deep, normal. No clonus. Muscular system greatly enfeebled. Muscles wasted and flabby. No group specially affected. No tremor nor twitching. Index of dynamometer raised to 70.

No tender point any where down the spine, nor is any pain-elicited by the hot sponge test. He is very thin and emaciated, and nearly all the subcutaneous fat has disappeared. He has lost two and a half stones during the last year.—*Dr. T. H. Bryce, Edinburgh Medical Journal.*

OVERDOSE OF HYDROBROMATE OF HYOSGIN. S. G. Webber, M. D., reports the following in the Boston Medical and Surgical Journal: Immediately after breakfast Miss X. took a teaspoonful of a solution of hydrobromate of hyoscin by mistake for a diuretic. The formula of the preparation was

R. Hydrobromate hyoscin.....gr.ss.;  
Alcohol. .... 3 iss.;  
Aq., .....q.s. ut. ft. 3x.

Thus each ten minims contained a hundred-and-twentieth of a grain. The teaspoon, being measured, was found to contain one hundred minims, so that the amount taken was about one twelfth of a grain.

Finding she had taken the wrong medicine, she immediately took a teaspoonful from the right bottle, one containing acetate of potassa. About an hour later it was noticed that her face was flushed, and on being questioned she told what she had done. I was sent for. I found her with face much flushed, pulse 120, and very weak; she complained of feeling strange in her head and dizzy, said her hands and feet felt cold, but the hands seemed warm; later she spoke of numbness in hands and feet, and the sound of our voices seemed distant and muffled.

She was given two drams of wine of ipecac, and within ten minutes mustard and water. Emesis was assisted by draughts of warm water. Whether owing to the food in the stomach or the action of the drug, it was difficult to empty the stomach, and a large quantity of mustard and water was given before all the breakfast was ejected.

About half an hour after the treatment was commenced, her hands and feet felt much more numb, she was very sleepy, it was difficult to keep her awake. The pulse was still rapid and weak. A fifteenth of a grain of morphia was given subcutaneously, and the pulse soon was reduced to 108. In about twenty minutes

another fifteenth brought the pulse to 84. The sleepiness continued all day, and there was a distaste for food. The night was quiet, she slept soundly, and the next day simply had a headache.

**THE HEAT CENTER.**—At the recent session of the Helvetian Society of Natural Sciences at Geneva, Professor Girard gave an interesting account of some late experiments of his in Schiff's laboratory to ascertain the location of the heat center. These experiments, which were made on hares, have led him to conclude that the cerebral center of thermogenesis is the corpus striatum. Every lesion affecting this body in its median part produces a pronounced hyperthermia, which does not result from spasm of the vaso-constrictor nerves of the skin, but from an augmentation of caloric production. Electric excitation of this region, which is followed by a marked augmentation of heat, justifies the assertion that the hyperthermia is a phenomenon of excitation and not of paralysis. Moreover, after puncture and irritation of this region of the cerebrum, there was a considerable increase in the quantity of nitrogen excreted in the urine, indicating an acceleration of the organic combustions; this was accompanied by notable emaciation of the animal. Girard considers the thermogenetic centers as including not only this median portion of the striate body on both sides, but all the subjacent parts to the base of the brain. There is here, according to him, an apparatus whose excitation increases the production of animal heat, and which probably concurs under physiological conditions to regulate heat productions. In answer to the question, "Is the artificial hyperthermia thus obtained identical with fever?" he answers, "No." Augmented heat production and diminished heat emission, such, in his view, are the two necessary factors of that pathological calefaction which constitutes fever. But the last of these factors was wanting in his experiment.—*Boston Medical and Surgical Journal*.

**THE EARLY DIAGNOSIS OF CANCER OF THE CERVIX UTERI.**—Dr. Palmer discussed this important question at a recent meeting of the Cincinnati Academy of Medicine (Medical and Surgical Reporter, July 24, 1886). He considered two sources of error: the confounding of scirrhus with fibrous hypertrophy of the cervix, and of epithelioma with benign disease of the cervical mucous membrane. The vascularity of the cervix is increased during the early stage of carcinomatous infiltration, so that it assumes a bluish or reddish color. The finger detects small nodules beneath the

mucous membrane, while the latter gives the impression of being more closely adherent to the subjacent tissue. It is not only extremely difficult to detect these early changes in a cervix which was previously the seat of erosion, but the patient rarely applies to her physician until the ulcerative stage is well advanced. The general condition does not always give a clew to the true affection. It is often necessary to watch a cervix for a long period, and to note the inefficacy of local treatment before we can decide as to the presence of malignant disease. Obstinate leucorrhœa, erosion, and induration in patients of advanced age should always be regarded with suspicion. Even the microscopical evidences may be uncertain, in the absence of positive clinical proof. Certain forms of fungoid degeneration remain for a long time on the line between simple and malign growths, and then suddenly assume malignant characteristics. The author believes firmly in laceration of the cervix as an exciting cause of epithelioma, especially in cases in which there has been no attempt at repair.—*New York Medical Journal*.

**TAPE-WORM IN A YOUNG CHILD.**—Dr. James E. Whiteford, of Baltimore, sends us an account of a case in which a *Tænia mediocanellata* thirteen feet long was passed by a child eighteen months old. Dr. Whiteford found the patient very fretful, pale, and anemic. She had little inclination to sleep, and when she did sleep she always lay on her stomach. Her appetite was seldom satisfied; she was always wanting the breast. This condition had existed since her seventh month. Diagnosing the case as one of worms, the doctor gave the following prescription:

Calomel.....	3 grains;
Santonin.....	1 grain;
White sugar.....	10 grains;

Divide into three powders, one to be taken every three hours.

The next day the mother showed him some segments of a tenia that the child had passed, and he then ordered:

Fluid ext. male fern.....	15 minims;
Fluid ext. pomegranate.....	15 minims;
Oil of turpentine.....	1 fluid dram;
Mucilage of gum arabic..	3 fluid drams.

To be given, after a fast of eighteen hours, at 6.30 A. M., and followed at 10.30 A. M. with a tablespoonful of castor oil. At 4.30 P. M. the worm was passed, head and all. The child was somewhat prostrated at first, but soon rallied, and is now in good health, having a natural appetite and sleeping well. The mother had



been in the habit of giving the infant raw beef to suck, to keep her quiet, and that practice, Dr. Whiteford suggests, may have been the cause of the trouble. The case, he remarks, should remind us that very young subjects may be infested with tape-worm.—*Ibid.*

**TREATMENT OF DIARRHEA IN CHILDREN.**—Dr. James Braithwaite, of Leeds, recommends for the form of diarrhea in children occurring after weaning, and from that period to four or five years of age, which is characterized by the most horrible offensiveness of the stools, the following:

R. Ferri sulph.,.....	ʒj;	
Sodii salicylatis,.....	ʒj;	
Glycerini,.....	ʒiij;	
Aquam ad ,.....	ʒiij.	M.

The iron and salicylate should be dissolved separately, and the solution mixed. One teaspoonful must be given every hour until the stools become well blackened, which happens in about twenty-four hours; or a larger dose may be administered at longer intervals. The medicine should then be given every three or four hours, and occasionally a small dose of castor oil to clear the bowels well out.—*British Medical Journal.*

**THE TREATMENT OF ACNE.**—The tincture of iron has long been given as a remedy in this disease. Since Dr. Sherwell read his paper upon this malady before the American Dermatological Association, the tincture of iron is being driven to the wall as the cold steel sound is more and more driven home along the male urethra. That is to say, Sherwell advocated passing the cold steel urethral sound in all cases of persistent acne in the male, and his plan has been tried and approved of by several other observers. And now Dr. M. Hutchinson, of Chicago, (*Med. Record*, May 29, 1886), reports thirteen cases of acne in the male successfully treated with the cold sound exclusively. Most of these patients had no symptoms pointing to the urethra, but, according to Hutchinson, they probably had a hyperemic and irritable condition of the genital organs.

Hutchinson, having found such good effects from allaying irritability of the male genital organs with the cold sound, next used hot vaginal douches in the treatment of acne of women, and, in six cases out of seven in which this treatment was tried, a cure resulted. This treatment is founded upon the belief that acne in the female is due to hyperemia and irritability of the uterus or appendages.—*New York Medical Journal.*

**THE CAUSE OF INEFFECTIVE PAINS IN PRIMIPARÆ DURING THE STAGE OF EXPULSION.**—Ahlfeld (*Dtsch. Med. Woch.*, No. 51) attributes feeble contractions during the expulsive period to the fact that during the course of the labor the uterus is drawn upward so far that only a small portion of the fetus remains within it, and consequently the contractions of the organ itself exert comparatively little force upon the head when it is low in the pelvis. It is upon the abdominal muscles that the duty of expulsion devolves. The indication is to support these muscles by a proper binder. If the head has not yet reached the pelvic floor, the woman may be encouraged to sit on or between two chairs, slightly separated, and to strain as if at stool. If the head is visible at the vulva, labor may be terminated by resort to Ritgen's method.—*Ibid.*

**THE INHALATION OF COLD AIR IN FEVERS.** Dr. Voitkewitsch, of St. Petersburg, according to the *Deutsche Med. Zeitung*, July 3, 1886, has constructed an apparatus by means of which air, cooled by passing through an ice-chamber, can be inhaled. He reports as the result of upward of seventy experiments the following: (1) Cold inhalations, continued for fifteen or twenty minutes, have but little effect in reducing the temperature. (2) The pulse and respiration are diminished to a marked degree. (3) The patients express themselves as much refreshed by the inhalations and sleep much better. (4) In acute pulmonary affections the bronchial secretion is greatly lessened. *Ibid.*

**THE DISEASE OF THE WORKING CLASSES.**—Aneurism of the aorta is the disease of the working classes, according to Dr. Richter (*Arch. f. Chirur.*, xxxii). The two great causes are chronic alcoholism and severe muscular exertion. The greatest number of cases occur between the ages of fifty and sixty, next between forty and fifty, and last between sixty and seventy. The arch of the aorta has the most aneurisms, then the descending portion, then the abdominal, and last the ascending portion.—*Medical Record.*

**IODIDE OF SODIUM IN ANGINA PECTORIS.**—Huchard reports twenty-five cases in which a cure was effected by the use of the iodide in daily doses of from fifteen to forty-five grains, continued for not less than a year and a half. He does not promise a permanent cure in less than three years. The other salts of potassium he regards as cardiac poisons, which aggravate rather than relieve the angina.—*New York Medical Journal.*

# The American Practitioner and News

"NEC TENUI PENNĀ."

Vol. II. SATURDAY, OCTOBER 2, 1886. No. 7.

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,  
440 to 446 West Main Street, Louisville, Ky.

## SUFFERING CHARLESTON.

Our readers are painfully aware of the great suffering of the citizens of Charleston in consequence of the recent earthquake which has laid waste this fair city of the South. While the desolation is general, and at first thought no one class might seem to be more afflicted than another, it is clear that upon the physicians of this ill-fated place the stroke has fallen with crushing force. For the doctors suffer not only the loss incident to the destruction of their property, but in the financial ruin of those who were wont to employ them they are deprived of that remuneration which their need demands, and to which their daily ministrations to the sick should legitimately entitle them.

The fine building of the medical department of the University of South Carolina is in ruins, and many of the homes of Charleston's excellent corps of physicians are damaged beyond repair. Some touching appeals for help from our afflicted brethren have already been heard, and as winter approaches the number must of necessity increase. That they will call forth from the physicians of the land a generous response goes without the saying.

That such of our friends as may feel the promptings of charity in a worthy cause may be furthered in the exercise of this Heaven-born grace, the AMERICAN PRACTITIONER AND NEWS now opens a subscription list for the relief of the worthy suffering physicians of Charleston.

Moneys to this end may be sent in care of our publishers, John P. Morton & Co., who will forward the same to the Mayor of Charleston for distribution as may be designated by the donors.

## A KIND WORD FOR THE MICROBES.

If one should not go behind the popular and professional clamor of the day, he would conclude that the last and crowning work of the Powers of Darkness was the creation and dissemination of microbian forms. They are commonly spoken of as the embodiment of evil, and only evil continually. Air, earth, and water are looked upon as every where suffering from the contamination and blight of these tiny beings.

Regarding the matter in a different light, we feel disposed to ask the privilege of being appointed by the court to plead the cause of these persecuted beings, which are indeed benefactors of the race. We will not deny that a very few of them have gone astray. When they engage in the production of typhoid fever, smallpox, measles, and a dozen or so of other uncomfortable visitations for mankind, they must certainly expect a large measure of resentment; they have certainly laid themselves open to the charge of having violated the statutes in such cases made and provided. But have they not something to plead in abatement? Most assuredly. If it were not for them there would not be any mankind. For instance, their action is held to be essential to the decay of wood—there are said to be about one thousand species of fungi destructive to wood. If this be true, the lesson is clear. All the trees that ever grew would be standing to-day, living, or maybe dead, but as sound and firm as when they ceased to grow. Not a foot for a potato-patch, not a square rood of open ground for a corn-field, would any where be



left. Maybe living, did we say? Hardly. For the leaves and the flowers and the fruit would have been heaped up to the tops of the branches, and all life must have been choked or smothered out of them ages ago. The only possible chance of getting rid of plants and trees, in the absence of microbes, would have been the use of fire. But this would have left the soil without mold, so that no satisfactory crops would have been grown to furnish food. In such a forest man would have perished long before he would have reached the opossum era of evolution in the Darwinian genealogy.

Then, with all the fuss we make, what kind of water should we have to drink if it were not for the microbes? What kind of water would Cincinnati and Pittsburgh send us, if it were not for the microbes purifying the river? We were accustomed to hear, in childhood, that water that had passed over three pebbles was always pure; but we have come to the conclusion that we had rather have three healthy microbes with populating tendencies than a cart-load of pebbles to purify our drinking-water. And similarly with the wells. They are full of ptomaines, poisonous, no doubt, as need be; but then when microbes come at their own expense to decompose the filth and purify the water, we need not for that reason go spying them out with our eye-glasses, and trying to have them indicted jointly and severally as the most wicked of conspirators, and condemned to be hydrargyricized, chloridized, and sublimated without benefit of clergy. No, indeed! Microbes here, as in so many other relations, are our best friends, and when we come to have properly enlightened law-makers, it will doubtless be made a penal offense to destroy them during the breeding season.

s.

**LATE CHILD-BEARING.**—Dr. A. O. Baner writes, in the Medical Brief, that there is an aged and respectable couple residing in St. Joseph, Mo., the husband seventy-one and the wife sixty-five. The enterprising woman gave birth to a fine, healthy boy, much to the surprise of their kind neighbors and to themselves, as she thought an ovarian tumor was developing.

## MILITARY DRILL AS A MEANS OF PHYSICAL DEVELOPMENT.

A marked feature in educational matters of late years has been the decline of military schools. As there is very little likelihood of any opportunity being afforded in the near future in this country for the display of military skill, this kind of training presents its chief claims to attention as a matter of physical exercise. And this is exactly the point where it fails, and its failure will be more and more apparent as the facts now known about the relation of brain to physical function become generally understood. Agricultural colleges are also generally failures, and for much the same reasons.

In the light of recent studies it seems that every separate character of muscular motion is presided over by some definite portion of the brain. Every part of the gray matter seems to have its particular office, which is to govern certain muscular co-ordinations or nutritive functions. And yet all these parts are bound together by countless inter-relations, so that the development of one involves the strengthening of many others. Theoretically, then, the greater the variety of movement the more thorough the development of the nervous centers as well as the muscles. This appears borne out by fact, and it seems to be the reason why the gymnasium surpasses all other means of exercise, both in satisfying the pupil and accomplishing its purposes of uniform and harmonious development. It satisfies the whole of the system's cravings in that direction.

In Germany, the leading military nation of the world, where military drill could be turned to final as well as immediate profit, it is made no part of health-giving exercise for children, but the resort to the gymnasium is universal.

In this connection there is no reason to be alarmed, if we may take lessons from the present teachings of physiology, at the wide-spread disposition to place physical on a level with mental training in our schools. If indeed each area of the brain has primarily for its object the control of some process relating to the welfare of the organism, it would seem that the intellectual attributes are secondary to the

bodily functions. That is, the various centers in the brain have for their leading purpose the control of motion, and thought is the outgrowth, the fruit about the seed. Such a view, and it seems not unjust, places physical accomplishments and muscular activities on a much higher plane than it has hitherto been the custom to place them. The conscious, thinking side of the faculties has done all the talking and has magnified its office. The acting side, however (skill, dexterity, and the like), is at its origin correlated with the thinking function, is not behind it in merit and should not be in honor.

s.

## Notes and Queries.

MEETING OF THE COMMITTEES OF CONFERENCE OF THE VARIOUS SPECIAL ASSOCIATIONS REQUESTED TO PARTICIPATE IN A CONJOINT SESSION.—In response to the notice issued by the Secretary of the Committee of Conference of the American Surgical Association, the Committee of Conference met at the Army Medical Museum, Washington, D. C., at twelve o'clock noon, on Friday, September 24, 1886.

The meeting was organized by the election of Dr. S. C. Busey, of Washington, Chairman, and Dr. J. Ewing Mears, of Philadelphia, Secretary.

The Secretary reported that the following societies had appointed committees:

American Ophthalmological Association, American Otological Association, American Gynecological Association, American Laryngological Association, American Dermatological Association, American Surgical Association, American Neurological Association, American Climatological Association, Association of American Physicians and Pathologists.

The roll was called, and the following members of the committees answered to their names:

1. Ophthalmological Association — O. F. Wadsworth, M. D., Samuel Theobald, M. D.
2. Otological Association — C. R. Agnew, M. D., W. H. Carmalt, M. D.
3. Gynecological Association — S. C. Busey, M. D., J. R. Chadwick, M. D., J. Tabor Johnston, M. D.

4. Laryngological Association — J. F. Knight, M. D., E. L. Shurley, M. D.

5. Dermatological Association — H. G. Piffard, M. D., G. H. Tilden, M. D.

6. Surgical Association — C. H. Mastin, M. D., J. Ford Thompson, M. D., J. Ewing Mears, M. D.

7. Neurological Association — L. C. Gray, M. D., J. Van Bibber, M. D.

8. Climatological Association — F. Donaldson, M. D., W. W. Johnston, M. D.

9. Association of American Physicians — William Pepper, M. D.

Dr. Wm. Thomson, of Philadelphia, was present as a member of the Committee of the Otological Association, in place of Dr. George Strawbridge, who had resigned from the Committee; and Dr. W. Hendrie Lloyd, of Philadelphia, was present as a member of the Committee of the Neurological Association, in place of Dr. Wharton Sinkler, who had resigned.

On motion, it was resolved that the associations represented should vote by title, taken in chronological order, and as a unit.

Dr. Wm. Pepper offered the following resolutions, which, after careful consideration and discussion by those present, were adopted separately, and then as a whole:

*Resolved*, 1. That it is desirable that the following societies—

The American Surgical Association,  
The American Ophthalmological Association,  
The American Otological Association,  
The American Neurological Association,  
The American Laryngological Association,  
The American Gynecological Association,  
The American Dermatological Association,  
The American Climatological Association,

The Association of American Physicians and Pathologists, shall arrange for a conjoint meeting in the city of Washington, in the month of September, 1888, and subsequently at intervals of three years at the same time and place.

2. That this arrangement shall not interfere in any way with the autonomy of each special society; and that each society shall retain the right to withdraw at any time from this conjoint scheme.

3. That the special feature of the meeting shall be the conjoint assemblage of the special



societies on two evenings during the session; on one of which there shall be an address delivered by the president of the conjoint meeting, and on the other there shall be communications by a referee and a co-referee on some subject of general professional interest.

4. That each special society approving this report is invited to appoint one representative (with an alternate), and that the representative so appointed shall constitute an executive committee to serve for one year, with power to elect such officers for the first conjoint meeting as may be deemed necessary; to prepare a programme for said meeting; to make all other necessary arrangements; and to prepare and submit a plan of organization for future meetings.

5. That all expenses connected with the conjoint sessions shall be apportioned equally by the Executive Committee among the special societies participating.

Owing to the views entertained by the committees of the Ophthalmological and Dermatological Associations with regard to the intervals of times of the meetings, they abstained from voting upon the first resolution.

The Secretary was instructed to send to the medical journals of the country a report of the proceedings of the meeting, a printed copy of the same to each member of each association participating, and a certified copy to the secretary of each association.

**DEATH OF DR. JAMES G. WAKLEY.**—The editor in chief of the London *Lancet* died on August 30th. He was the youngest son of Mr. Thomas Wakley, the able, courageous, and scholarly founder of the *Lancet*, and in the conduct and development of this great journal has proved himself to be the worthy successor of his illustrious father. The *Lancet* of the fourth ultimo gives the following sketch of his life and character:

"No one exercising an important public post, and exerting through it a daily living influence on the profession of medicine, was ever more retiring from professional social life than the late Dr. Wakley. His father, the founder of the *Lancet*, was essentially a public man; he was met in all circles, and enjoyed

as much as any one the life of society when it did not interfere with the duties pertaining to his laborious undertakings. But James Wakley cared for none of these things. Punctual to his daily tasks as a man could be, watchful over every line and word that was to be published under his direction, industrious in the steadiest sense of the word, he was only too happy, as the weight of each week's work was removed, to escape from the scene of it, and in country life, away altogether from the bustle of society and the arena of dispute, divert himself in his own way until the time came for him to be once more at the desk. This pronounced taste has had a remarkable effect on the tone of the *Lancet* since it has been under his exclusive leadership. It qualified the intensity of the fire of the journal, while it kept the fire genially alive. A man so retiring escaped the danger of personal conflicts, and was enabled to treat the disputes of others which came officially before him with such fairness and good will that during the long period of twenty-five years of editorial responsibility no touch of rancor or personal injustice can, we believe, be discovered on any page. In addition Dr. Wakley possessed what was essentially a gentle nature, visible always when the little storms which sometimes disturbed it had passed away. The unsparing rod wielded by his father against all enemies, and the sometimes too great admiration extended by his father to attached friends—extremes which are so commonly marked in men of the most powerful order—were extremes unknown in him. He is supposed, indeed, to have erred more than once in the opposite direction, and, from desire not to inflict pain, to have sometimes permitted editorial criticism, to fall perhaps too lightly. Some may have considered this a fault in an editor; but if so, it was a fault prompted by kindness, easily forgiven, and often too easily forgotten. In other respects he was, by instinct and training, every inch an editor. He did not write much himself, but he was skillful and keen in discovering men who could write, and what they could write; and he read every line that was written by his staff in which there was any thing controversial with the most scrupu-

lous nicety and supervision. He was bold in exposing evils of a general or public character; hearty in helping forward every public advancement; zealous to make the *Lancet* the first chronicler of any new and promising progress in the science and art of medicine; and specially anxious to make it useful in works which were of a sound philanthropical and beneficent nature. His action in the investigation of abuses in workhouses of the kingdom, and in the Metropolitan Hospital Sunday movement (his interest in which was recently strikingly shown by the suggestions he made for increasing the amount annually received), is sound proof of his generous nature as a public servant, teacher, and benefactor."

**MEDICAL ETHICS.**—In an address before the April meeting of the Texas Medical Society, the President, Dr. D. R. Wallace, makes the following bold and scarcely ethical remarks: "I respectfully submit, my honored Fellows—I say it in all deference to the opinion of the majority—we will never succeed in elevating the standard of regular medicine, or of impressing the public with the sincerity and purity of our intentions and the disinterested beneficence of our art, while we accord that professional recognition to vulgarity and ignorance on the one hand which we withhold from educated worth and intelligence on the other. It is not proposed to argue the matter. But there is one fact not far to seek nor hard to understand. It is this—and I beg you will consider it: The public take this view. Go from home to hear the news, and outside of your circle to learn the truth, is as true in this of ours as in other departments of human affairs. I have talked with many intelligent persons upon the subject, and I do not remember to have ever heard an opposite expression of opinion outside of the profession. In a number of the *London Lancet*, published eight or ten years ago, it was stated that homeopathy was so nearly extinct in the British Isles that it was not difficult to find cities of one, two, and even three hundred thousand inhabitants with but one or two, and sometimes not a single homeopathic practitioner. Of the difference between there and here in the status of

this irregular branch of the profession, the cause, I think, is not difficult to find. There, as here, some practitioners refuse them professional recognition; but physicians generally pay them no such *violent compliment*—have nothing to say about them, meet with them, give them their views on a case of disease, consult with them, if you please, just as they do with other unprofessional people—thus giving them no cause or occasion, as we do, to build themselves up in popular sympathy. *An open field and a fair fight is the popular feeling of this country; give every man a showing and let merit decide, is the spirit of our institutions.* Is it meant that I, says the objector, am to consult with all sorts of irregulars? No; nor that you compel me, on peril of placing myself outside the pale of professional recognition, not to, if I desire to do it. That is, do nothing about it. Leave it alone; let each one be his own judge in each individual case.

Of course I am not to learn now for the first time that these views are not those of the majority of the profession in Texas; nor are they more in accord with medical men throughout the several States. It has recently been tested. I will be proud to see Texas take the lead in this matter. That she is not prepared for it now, I know full well. I want no strife, no division. I want the change made in the American Medical Association. New York commenced at the wrong end. Her delegation was rightfully refused admittance. But it may be asked, why agitate the matter? Expressions of honest thought do no harm. It is by free discussion that truth is arrived at. What I say here to-day may continue to live in other minds when I am dead—may bring forth fruit when I am forgotten. At present, I expect no notice taken of it but to condemn. Time, the arbiter of all things, will show before the end of this century, now nearing its close, who were right.

**HEREDITARY DISEASES AND RACE-CULTURE.** A fallacious notion has somewhere crept in that an *intellectual* man must be below par *physically*, and that the one faculty is necessarily cultivated at the expense of the other. The old proverb, *mens sana in corpore sano*, has been



flouted as an absurdity. So much, very briefly, for the first cause of race-degeneration; the second, and the one to which this paper would direct attention, is the influence of hereditary diseases. This factor has never received the attention it should have had at the hands of the writers on social science. The races of which we have been speaking had little of this element to contend with. The weaklings were either deliberately exposed and left to die, as in the case of the Spartans, or if they attained maturity they were held in such low esteem that they willingly kept in the background. Look for a moment at our modern civilization, and mark its diametrically opposite tendency. Every day hospitals are being erected to nurture the diseased and imperfect specimens of our race, and every year thousands of children are by skill and care saved from the death to which Nature would consign them. All this accords with our enlarged notions of humanity, and reflects great credit on the zeal of the philanthropist and the science of the physician, but it exerts a baneful effect on the race. To one who has had access to any large city hospitals, it is a pitiful sight to see the multitude of children who are tided over a few years, and sent out into the world, branded with an hereditary taint, to propagate their wretched breeds. The limits of this paper will not allow any extended statistics, nor the nature of it warrant a special discussion of hereditary diseases, but there are two whose effects are apparent to all, consumption and insanity. The former, consumption, using the term in its widest sense, has for ages produced the most frightful ravages. For example, in England, from 1837 to 1841, of the total number of deaths from all causes sixteen per cent were from consumption. In Philadelphia, from 1840 to 1849, the death-rate was one of consumption to six and a half from all other causes, or about fifteen per cent.—*Dr. George J. Preston, in Popular Science Monthly for September.*

**TOBACCO AMAUROSIS.**—A blacksmith, aged thirty-two, complained of failure in vision to such an extent that he could no longer see to drive nails in shoeing; and was compelled to depend on his sense of feeling. His health

was good; he having no other complaint. Vision was found to be only one-sixth of what it should be. Things appeared to him to be covered with a dense mist. For many years he had been an excessive smoker; using the strongest tobacco to be had. Tobacco amaurosis is quite common; but usually in men beyond middle-life. The prognosis is favorable, provided the habit be given up. This should be done gradually. In this case, a very few days' abstinence from tobacco caused an improvement in vision, and the man has now made material progress toward recovery. Chewing tobacco does not, in my experience, produce amaurosis.—*Dr. A. D. Williams, in St. Louis Med. & Surg. Journal.*

**THE RHYTHM OF NATURE.**—All things move in cycles. This is true not only of winds and waves and tides and seasons and wars and prices—as has recently been so well presented by Mr. Roderick H. Smith—but it applies as well to the growth of the human race.

We are accustomed to think that, year in and year out, we go on adding to our growth by slow but steady accretion until the child becomes a man. But, strange to tell, it has been found that, like the trees which blossom in the spring and shed their leaves in the fall, so man has his season of growth and his season of repose.

The superintendent of the Danish Institution for the Deaf and Dumb, in Copenhagen, has been making a series of observations on one hundred and thirty pupils—seventy-two boys and fifty-eight girls—the results of which are exceedingly interesting.

The children, in batches of twenty, were weighed four times daily—in the morning, before dinner, after dinner, and at bed-time. Each child was measured, also, once a day.

As regards the *weight* of the body, it is found that in the course of the year there are three distinct periods, or waves, of growth, though they are marked by some thirty lesser waverings.

1. August to December. During this period the body puts on flesh at a greater rate than at any other time of the year, and the maximum weight is attained.

2. December to April. During this period the weight varies but little—it may be called a period of equipoise, there being but slight gain or loss.

3. April to August. Now there is a falling off in flesh, so that the point of minimum for the entire year is reached.

But the increase which is made in the first period exceeds somewhat the loss which is sustained in the third, and thus the final result is that each year marks a gain over the year preceding.

Not only is there a rhythmic action as regards weight, but it applies as well to increase of height, though, very remarkably, the one action alternates with the other. When the gain in weight is greatest, the height remains stationary; when the increase in height is greatest, the weight is at a standstill.

1. June and July. During these months the increase in height is greater than at any other corresponding period of the year.

2. September and October. During these months the gain in height, while it does not entirely cease, yet it amounts to only one-fifth of that which is made in period 1.

Thus do the two processes alternate, and thus is there revealed, even in the growth and nutrition of the human body, a rhythmic action corresponding to that which pervades all nature.—*Medical Era*.

THE AMERICAN GYNCOLOGICAL SOCIETY. At the business meeting held Wednesday evening, September 22d, the following gentlemen were elected officers for the ensuing year: Dr. A. J. C. Skene, of Brooklyn, President; Dr. J. C. Reeve, of Dayton, O., and Dr. Ellwood Wilson, of Philadelphia, Vice-Presidents; Dr. J. Taber Johnson, of Washington, Secretary; Dr. M. D. Mann, of Buffalo, Treasurer; Dr. W. H. Baker, of Boston, Dr. T. M. Drysdale, of Philadelphia, Dr. C. C. Lee, of New York, and Dr. A. Reeves Jackson, of Chicago, Members of the Council. The proposition to co-operate in the movement for the confederation of the various special societies was favorably considered, and it was voted to hold the next meeting in New York, September 15, 1887.

THE TASTE FOR MEDICAL HUMBUG.—Though it speaks little for modern civilization, the masses of the people are wont to esteem the savage as preternaturally wise in the secrets of nature, more especially in the prevention and elimination of disease, accrediting him with knowledge botanical, pharmacal, and therapeutical, that if possessed of but a shadow of reality would be little less than divine. In this we have interesting evidence of man's tendency to reversion, and of lingering attributes of the final state of his awe in the presence of the occult and inherent worship of the unknown; for how frequently one encounters, in all ranks and classes of society, individuals who, in spite of refined teachings and surroundings, exhibit an unmistakable taste for charlatanism in some of its many forms, secular and spiritual!

"Medicine," as exemplified among the savage races and tribes of America, is practically one and the same with the "shamanism" of the European and Asiatic nomad, the "fetich" of the native African, and the "obi-rites" and "voodoo-worship" of West India blacks and negroes of the Gulf States; a careful examination of all reveals not only a common origin, but a unity of purpose.

The "medicine" of the Indian is his religion and philosophy; and it comprises every thing in life and nature, real or imaginary, superstitious or occult; and withal it is a mystery so subtle in its many factors as utterly to defy specific definition or perfect elucidation.

The "medicine-man" is no more a physician, in the modern and enlightened acceptance of the term, than an ape is a man because it chances to assume the erect posture and mimic the attributes of the human race; there is a slight analogy, but nothing more. The savage knows absolutely nothing of the relationships existing between cause and effect, of the action of remedies as remedies, of physiological conditions and phenomena, or indeed of any agency that is not directly born of the occult. He supposes the world and its circumambient ether to be permeated by spirits, good, bad, and indifferent, who determine the fortunes of men and regulate the phenomena of nature in accordance with



individual will and fancies; and who also bear some mysterious and indefinable relationship to each other, and to one "Great Spirit" or *supreme power* who figures under a variety of guises and titles, according to circumstances and surroundings.—From "*Indian Medicine*," by Dr. G. A. Stockwell, in *Popular Science Monthly* for September.

**HEAT DESTRUCTIVE TO THE COMMA-BACILLUS.**—At a recent session of the Academy of Sciences in Amsterdam, Prof. Forster stated that he and Dr. Van Geuns had found that the comma-bacillus was destroyed by heating the substance containing it to 55° C. In their work, *Les Bactéries*, MM. Cornil and Babes state that the comma-bacillus is destroyed by exposure to a temperature of 50° C. for a few days; also that a culture of comma-bacilli can be sterilized by slowly heating it to 65° or rapidly to 75° C.—*London Lancet*.

*Editors American Practitioner and News:*

I send you the latest report of the work done in Paris by Monsieur Louis Pasteur, the great French inoculator, who has personally favored me with the same. The results are of great scientific interest, since they would seem to solve perhaps the greatest therapeutic problem ever proposed. The report is up to September 1st.

COUNTRIES SENDING PATIENTS.	TREATED.	DIED.	REMARKS.
France and Algeria.....	1,324	4	Too late for trt'tment.
England.....	68	1	
Austro-Hungary ...	43	0	
Germany.....	9	0	Average failure is one for 150 foreign persons treated, and one for 330 French and Algerians.
United States.....	18	0	
Brazil.....	2	0	
Belgium.....	50	0	
Spain.....	75	2	
Greece.....	10	0	8 by wolves and 4 by dogs.
Portugal.....	24	0	
Holland.....	14	1	
Italy.....	138	0	
Russia.....	186	12	
Roumania.....	20	2	Six too late for treatment.
Switzerland.....	2	0	
Turkey.....	2	0	
Bombay.....	1	0	
Total.....	1,986	22	

JOHN M. DAVIS, M. D.

PHILADELPHIA, September 22, 1886.

**SUFFERING PHYSICIANS IN CHARLESTON.**—The Maryland Medical Journal, September 25th, publishes the following extract from a letter written to Dr. L. A. Sayre, of New York, by Dr. F. Peyre Porcher, of Charleston, S. C.:

"You know what a peculiar position in a community we occupy: every service expected of us, and the most unselfish devotion to relieving others, while we are supposed to be endowed with the faculty of living on air." Dr. Porcher says, "The contributions to the people here have been very generous, but medical institutions and physicians derive no benefit from such." The editor says, in comment: We have no doubt of the great suffering among our professional brethren and their families, and we urge those who are blessed with an abundance of this world's goods to extend a helping hand to the unfortunate members of our profession in South Carolina.

**BRIGHT'S DISEASE WITHOUT ALBUMINURIA.** Many cases of Bright's disease have a preparatory stage in which no albumen is to be found, and in which no one symptom, taken alone, is pathognomonic; yet, when judged collectively, the symptoms furnish important warning of uremic troubles in the near future. As nephritis and anasarca increase, so the albumen makes itself more manifest. On the other hand, in those forms of nephritis allied to arteria-sclerosis, the morbid evolution may advance without either edema or albumen. So that Bright's disease is not necessarily accompanied, at all events primarily, by the presence of albumen in the urine.—*Med. World*.

**NEW METRIC ABBREVIATIONS.**—The International Committee of Metric Weights and Measures has adopted the following system of abbreviations. Italics are employed with the exponents 2 and 3 to denote square and cubic measure: Meter = *m*, decimeter = *dm*, centimeter = *cm*, millimeter = *mm*, kilometer = *km*. Meter square = *m*<sup>2</sup>, meter cube = *m*<sup>3</sup>, and so for the rest. Liter = *l*, deciliter = *dl*, etc. Kilogram = *kg*, dekagram = *dkg*, gram = *g*, decigram = *dg*, centigram = *cg*, and milligram = *mg*. *Med. and Surg. Reporter*.

**THE MILK OF NEW YORK.**—Dr. Edson, of the Health Department, has been making an investigation of the milk brought to the city over the various railroads, and has found that in some instances it was diluted with as much as forty per cent of water. On September 10th he made a report to the Board of Health of an inspection recently made by him of ten candy factories. At one of them he found a quantity of Venetian red, which is used to give color to low grade chocolates, and in another some burnt umber, which is used in the coloring of Christmas toy candies. In none of the other establishments were any pigments found in use which are deleterious to health.—*Med. and Surg. Reporter.*

**LARGE CALCULI.**—Mr. Thomas Smith, of England, recently performed successfully the suprapubic operation of lithotomy, and removed a stone weighing twenty-four and a half ounces. This was claimed to be the largest stone that had been extracted during life, but in the *Lancet* of January 16th last, Dr. W. B. Hunter, of Londonderry, reported a case of calculus weighing twenty-five ounces, removed by Joseph Hunter, M. L. S., from a native in the Madras Presidency. The patient lived three days. Mr. Smith's patient recovered. Mr. Reginald Harrison exhibited, at the late meeting of the Surgical Section of the British Medical Association, a uric and calculus removed *supra pubem*, and requiring obstetric forceps for its extraction. The size was not given, though Mr. Harrison stated it to be the "largest on record."

**NATIONAL CONFERENCE OF STATE BOARDS OF HEALTH.**—There will be a conference of delegates from State and provincial boards of health in Toronto, Ontario, on Monday, October 4, 1886. The first meeting will be called to order at nine o'clock in the morning. As this is only one day prior to the meeting of the American Public Health Association, delegates can take advantage of the reduction in rates made to that association by railroads and hotels. President, Dr. J. N. McCormack, Bowling Green, Ky.; Secretary, Dr. G. P. Conn, Concord, N. H.

**DIABETES MELLITUS.**—Dr. J. W. Holmes, of Garden City, Kansas, writes to the *Medical World* that he is pursuing the following line of treatment (pursued with the happiest effects thus far) in a case of diabetes mellitus; which, though not well, is greatly improved, and a cure confidently expected. The case has been actively treated for the past eight weeks, or thereabouts, with the two following prescriptions, and no particular course of diet prescribed, except that saccharine matter was interdicted as far as possible:

R. Tr. lycopi virginici.....gtt. xx;  
Tr. aconiti rad.....gtt. v;  
Aq. dest.....f℥ iv.  
M. Sig: A teaspoonful every two hours.

Also:

R. Tr. collinsonia can.....gtt. xx;  
Aq. dest.....f℥ iv.  
M. Sig: Teaspoonful every four hours.

**A RECOVERY FROM HYDROPHOBIA.**—In October, 1884, a physician now living in a neighboring city was bitten by a rabid dog. The wound, which was on the right thigh, supplicated, there was much constitutional disturbance, and, according to his own statement, a distinct and severe hydrophobic convulsion. The marks of the animal's teeth are still plainly visible, the affected thigh and its fellow are covered with reddish-brown maculæ varying in size from that of a large pin-head to that of a silver three-cent piece, and both thighs are exquisitely sensitive.—*N. Y. Medical Journal.*

**PROF. SEMMOLA**, of Naples, has been made Senator of the Kingdom of Italy. This is an honor which is seldom conferred upon any but politicians and in reward for political services, and is therefore so much the more noteworthy when given in recognition of purely scientific labors.—*Medical Record.*

**SOZOLIC ACID.**—This substance, called also orthoxy-phenylsulphurous acid, is said to possess superior antiseptic properties. It has been used internally as well as externally in erysipelas, smallpox, pneumonia, phthisis, and other affections, with, it is claimed, excellent results.—*Medical Record.*



**ANTIPYRINE AS A UTERINE HEMOSTATIC.**—Chéron, after conducting a series of experiments with the view of determining whether ergot, iron, or antipyrine was of the greatest value as a local hemostatic in uterine hemorrhage, decided in favor of the last mentioned drug. Cosati speaks highly of the use of antipyrine for this purpose. A four-per-cent solution is the one usually employed, especially in cases of epithelioma of the cervix with a tendency to hemorrhage. Chéron has used it successfully to arrest bleeding during minor gynecological operations (perineorrhaphy, etc.) *New York Medical Journal*.

THE Medical Age says that a member of Congress from the West received the following from one of his constituents:

"Dear Sir: My children have been afflicted with scabs all winter, and the medicine given them by the doctor here does not seem to do them any good. I see by the papers that there are some very fine doctors in Washington connected with the government, and if it does not cost too much, I wish you would ask them what is good for the scabs and write me by return mail."

**AMYL NITRITE IN COCAINE POISONING.**—Schilling reports an interesting case of poisoning by the injection into the gums of two drops of a twenty-per-cent solution of cocaine. Amaurosis, deafness, and complete loss of motion and sensation occurred. Regarding the phenomena as due to cerebral anemia, consequent upon the contraction of the blood-vessels, he caused the patient to inhale nitrite of amyl, by which she was rapidly relieved.—*New York Medical Journal*.

THE Fourth Annual Meeting of the American Rhinological Association will be held at St. Louis, Mo., October 5, 6, and 7, 1886.

**TREATMENT OF BURNS.**—It is said that essence of peppermint painted over a burn will quickly relieve the pain.

CHLORAL HYDRATE is used in Russia as a means of committing robbery.

**A DANGEROUS BOOK.**—The circulation of Dr. Ireland's book, "The Blot upon the Brain," has been prohibited in Russia. This is no doubt owing to the chapter on the hereditary insanity of the Romanoffs, and the historical illustrations about the harm insane monarchs have caused to their subjects.—*New York Med. Record*.

**A CURE OF STRICTURE BY SUGGESTION.**—M. Ramey, of the Military Hospital of Saint Martin, recently reported a cure of spasmodic stricture of the urethra by hypnotic suggestion. Internal urethrotomy had previously been performed without relief. The patient was hysterical and could be readily hypnotized. *Ibid*.

**ICHTHYOL IN CORYZA.**—The following mixture is to be used as an inhalant (*N. Y. Medical Journal*):

Ichthyol .....	1 part;
Castor oil.....	2 parts;
Alcohol.....	10 parts.

**NARCEINE AS AN EXPECTORANT.**—Brown-Séquard recommends this drug in cases of bronchitis with profuse viscid expectoration. The dose is from one half to one grain in pill form.

IN the health reports of Bahia, Brazil, for the month of July, beriberi figures as causing a greater number of deaths than any other disease.

THE vital statistics of Paris show that twenty-eight per cent of all children born are illegitimate. Of still-born, thirty-five per cent are illegitimate.

DURING the past year one hundred and fifty thousand dollars' worth of licorice root was shipped from Smyrna to the United States.

THE Amsterdam quinine works are threatened with suspension.

AN epidemic of dengue has appeared in Australia.

**THE TREATMENT OF CORNEAL SPOTS BY MASSAGE.**—Heisrath (*Recueil d'Ophthalmologie*) recommends daily rubbing of the cornea with the following ointment :

Yellow oxide of mercury.... 1 part;  
Vaseline.....60 parts.

Mix thoroughly and rub with

Iodide of potassium.....30 parts;  
Bicarbonate of sodium.....25 parts;  
Vaseline.....50 parts.

The pain and lachrymation following the operation are rarely prolonged above half a minute. According to its author, this method of treatment promotes the rapid absorption of exudations by stimulating the intra-corneal circulation.—*London Practitioner*.

**HEMOSTATIC PILLS.**—To Huchard is attributed this formula :

Ergotin, sulphate of quinine, each, 30 grains; powdered digitalis, extract of hyoscyamus, each,  $3\frac{1}{2}$  grains. Make twenty pills. Dose from five to ten daily in cases of metrorrhagia.

### SPECIAL NOTICES.

**LACTATED FOOD IN DIABETES MELLITUS.**—The following case will well illustrate the usefulness of the food when applied to the treatment of this disease in its most aggravated form. A man twenty-two years of age had been suffering from headache, prostration, intense thirst and a voracious appetite, for several months. Upon examination of him, in March last, he had all the above symptoms; had become too feeble to walk and was practically confined to the bed. He was voiding twelve quarts of urine in twenty-four hours, which upon analysis showed a specific gravity of 1.036—four grains of sugar to the ounce. His thirst was intolerable, his appetite unnatural, craving starchy and saccharine food; was unable to sleep, and obstinate constipation existed for several weeks. He was put upon lactated food and skimmed milk, allowed to drink all he wanted of these, but denied water or any other article of food. In forty-eight hours the quantity of water voided was reduced to three quarts. In one week his food and drink consisted wholly of lactated food, and the general improvement in his symptoms was most marked. He continued on this diet for two months, and so far as I could determine all the prominent symptoms of diabetes had disappeared. He was voiding but one quart of urine in twenty-four hours, spec. gr. 1.016, bowels regular, could sleep without anodynes, had gained in strength, and was walking about. At this time, six months after adopting this plan of treatment, he is at work, has no apparent symptoms of the disease and is allowed to take a mixed diet, simply avoiding starches and sugars.

**THE USES OF PAPINE.**—Wm. J. Crittenden, M.D., Unionville, Va., writes to the *Virginia Medical Monthly*: During January, 1886, I was called to see a lady suffering with acute peritonitis. She assured me that she could not use opium, as she had tired of it previously. But I gave her one eighth grain of morphia sulphate and one one-hundred-and-twentieth grain of atropia sulphate hypodermically, and in a few minutes the depressing effect was noted both upon the respiration and circulation; the pupils also became visibly contracted. I then tried the various usual substitutes for morphia in succession, but to no effect. I determined to try papine; but not being able to give it by the mouth on account of nausea, and as she objected to the use of the hypodermic needle, I gave her two drams per rectum, and repeated it in one hour. The result was that she sank into a quiet, peaceful sleep, which lasted for several hours. During the remainder of her sickness I gave her papine, with the most gratifying results. As soon as her stomach would retain it, I gave it to her by the mouth in one-dram doses.

I have also used papine in a case of uterine cancer, in lieu of morphia. To such patients as have taken morphia until it has lost its anodyne influence, papine is well adapted.

### Army and Navy Medical Intelligence.

**OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from September 12, 1886, to September 25, 1886 :**

*First Lieut. Philip G. Wales*, Assistant Surgeon, resignation accepted by the President, to take effect November 5, 1886. (S. O. 212, A. G. O., September 11, 1886.) *First Lieut. W. W. R. Fisher*, Assistant Surgeon, granted leave of absence for one month, to take effect September 10th, with permission to apply for one month's extension. (S. O. 88, Department Arizona, September 1, 1886.) *First Lieut. Charles M. Gandy*, Assistant Surgeon, assigned to duty at Fort Concho, Texas. (S. O. 131, Department Texas, September 18, 1886.)

**OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the two weeks ended September 18, 1886 :**

*Austin, H. W.*, Surgeon, granted leave of absence for thirty days. September 16, 1886. *Goldsborough, C. B.*, Surgeon, promoted and appointed surgeon from October 1, 1886. September 9, 1886. *Yemans, H. W.*, Passed Assistant Surgeon, granted leave of absence for ten days. September 16, 1886. *Bevan, A. D.*, Passed Assistant Surgeon, promoted and appointed passed assistant surgeon from September, 1, 1886. September 7, 1886. Granted leave of absence for thirty days. September 7, 1886. *Glennan, A. H.*, Passed Assistant Surgeon, promoted and appointed passed assistant surgeon from September 1, 1886. September 7, 1886. *Norman, Seaton*, Assistant Surgeon, to proceed to Vineyard Haven, Mass., for temporary duty. September 9, 1886.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. II.  
[NEW SERIES.]

LOUISVILLE, KY., OCTOBER 16, 1886.

No. 8.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### CASES OF SYPHILIS WITHOUT HISTORY OF INFECTION.\*

BY J. CLARK M'GUIRE, M.D.

*Dermatologist to the Louisville City Hospital, etc.*

Hebra says: "For the recognition of diseases of the skin, no other assistance is necessary than a knowledge of the objective symptoms, which are visible on the surface of the body in each particular case; they are, so to speak, the alphabet of which the letters are traced on the skin, and our task is but that of deciphering the writing." Though this statement should be received with some reservation in considering simple skin diseases, it is particularly applicable to the syphiloderm. As a rule, we are apt to place too much reliance upon the subjective symptoms and the negative history. Even the positive history, as given by the patient, should be regarded simply as corroborative evidence. We have known practitioners to declare a patient free from syphilis from the simple statement that it was impossible for him to have contracted the disease; he may have made the statement, not from any desire to deceive, but only because he was unaware of the fact syphilis is not of necessity a venereal disease. The most virtuous are not exempt from infection; it is surprising that the disease is not contracted more frequently through non-venereal sources. In the case of a lady, entirely above reproach, whom I treated

some time since for a chancre on the lip, I have every reason to suppose she was infected by drinking, while traveling, from a cup that had been previously used by some one who had a mucous patch in the mouth. At Dr. Bronson's clinic, Polyclinic, New York City, I saw a patient who had contracted the disease from kissing her husband, who had a chancre on the lip, she in turn infected her six-year-old son in the same way; in his case the initial sore appeared on the tonsil.

According to Dr. G. H. Fox, "When the diagnosis is based on the clinical features of the eruption the elements of error are reduced to a minimum, and when the diagnostician does not outrun his experience, the diagnosis is almost as certain as a mathematical demonstration."

In studying the syphiloderm from the objective symptoms, there are several prominent features that should not be lost sight of. The color is usually less intense than in simple eruptions; it gradually deepens to a darker hue, that has been likened to copper, lean of ham, etc. During the hyperemic stage it fades on pressure, but after infiltration has taken place it is permanent.

The circular form which the rash has a tendency to assume is seen more frequently in the erythematous and papular form.

Polymorphism is one of the most prominent symptoms, and is peculiar, in that it is not usually a modification of pre-existing lesions, as in eczema, acne, etc. The crusts are thick, dark, or greenish black in color, so-called rupial crusts are peculiar to the disease; scales are thin and few in number, as a rule. Cicatrices, when numerous, are diagnostic; they are round or oval in form, and present a white, smooth, shining surface. The course of the eruption is more chronic than

\* \* \* Read at a meeting of the Louisville Medico-Chirurgical Society, September 24, 1886.

simple rashes; a serpiginous form of progress is suspicious.

I have here given only an outline of some of the most pronounced symptoms; we can not base our diagnosis absolutely on any one of them. We may have the same color in lichen or psoriasis, the circular form in ringworm, etc., the eruption may be made to disappear under mercury, but taken collectively they should leave no reasonable doubt in the mind of the examiner. I will now give a clinical account of several cases of syphilis where there is absolutely no history of infection.

CASE 1. Mr. —; referred to me by Dr. D. W. Yandell. Patient apparently in good general health, about fifty years of age, married. The rash presented a typical example of the large flat pustular syphiloderm, so truly so that he immediately recognized the eruption as depicted in Duhring's Atlas of Skin Diseases, saying, "It is as exact as if it was a photograph of my own case." When he made this statement he was unaware of the nature of the disease; the eruption involved the back, shoulders and arms; it consisted of pustules, oval, flat, the size of a ten-cent piece, surrounded with a red areola and covered with dark crusts; on the shoulder was a scaly patch, marginate in outline. Does not remember having had any other eruption, has no knowledge of having contracted the disease, nor has he placed himself in the position by which he could have been infected for a period of *sixteen years*.

CASE 2. Mrs. —; referred to me by Dr. E. R. Palmer. A lady about thirty years of age, has several healthy children, never had a miscarriage; the lesions on the skin consist of small papules, situated about the neck, chest, and arms, a few in the back, light-red in color, covered with a few small, thin scales; they do not itch or fade on pressure, forty or fifty characteristic cicatrices are on the back, and an indurated sore on the end of the thumb. She and her husband are ignorant of any means by which she could have contracted the disease. Husband denies ever having had an eruption of any kind.

CASE 3. Seen in consultation with Dr. Vance. A married woman, about fifty years of age, has several healthy children, husband and

daughter died some years ago from consumption. Six or eight pustules situated on the outer aspect of the right leg, one almost directly below the other in a straight line, presenting the appearance of small varicose ulcers, surrounding skin darkly pigmented. She stoutly denied even the possibility of having contracted the disease. The diagnosis was made from the numerous small oval cicatrices about the interscapular space; they presented a smooth, white, glistening surface. A few weeks later, when the lesions on the legs began to disappear under antisypilitic treatment, she confessed that she had been infected some time previously.

CASE 4.\* Mrs. —; referred to me by Dr. Wm. Cheatham. A lady fifty-five years of age presented herself at my office, accompanied by her husband, with the following history: Six months ago small papules appeared on the face. She was treated for eczema without benefit; the papules became more numerous, the intervening skin reddened, several small scaly patches appeared on the arms and wrists, the disease received a variety of names from physicians in different cities; once she was told it was a very rare form of skin disease, the physician photographing the eruption, which he called hydroa—a bullous disease. When I first saw the case the whole face, neck, and ears were covered with a tubercular eruption, each tubercle being about the size of a split pea; the lesions and intervening skin were of a glistening mahogany color; the skin about the eyebrows was very much infiltrated, giving the face something of the appearance of that seen in leprosy—"leonine expression;" on the arms several scaly patches presenting very much the appearance of plaques of psoriasis; several white, smooth cicatrices about the neck; no subjective symptoms. The patient stated she had been under a variety of treatments without benefit. Her husband declared he never had an eruption of any kind, and that it was utterly impossible for either him or his wife to have contracted the disease through a venereal source. Within a week after

\*Since making a report of the above cases the lady here referred to has been under my observation. The eruption has entirely disappeared; a few smooth, white, shiny cicatrices only are visible on the face.



having commenced inunctions of mercury directly upon the lesions, and iodide of potassium internally, the eruption began to clear; within two weeks her condition had so much improved she determined to return to her home in a distant city, when she disappeared from my notice.

In each of the foregoing cases the eruption soon began to disappear under antisyphilitic treatment, the touch-stone of diagnosis with many.

## TWO NEW DRUGS, ANTIFEBRIN AND ETHOXY-CAFFEINE.

BY SIMON FLEXNER, PH. G.

The phenomenal success of antipyrin as an agent for reducing temperature has, it seems, stimulated inquiry into the properties of allied compounds, and even into compounds widely removed from it chemically. Antifebrin is the latest announced discovery in this direction, and, if reports are true, it will demand a large part of the attention now given to antipyrin. Its discovery is announced by Drs. Cahn and Hepp, of Strasburg, and it was experimentally tried in the medical clinic of Prof. Kussmaul, of the same place. As regards its discovery, it does not appear to be new. It is identical with phenyl-acetamid or acetawalide, prepared as long ago as 1853 by Gerhardt. However, the present discoverers have materially increased its chances for recognition and employment by the profession, by the adoption of the significant name, "antifebrin," in place of the chemical title.

Antifebrin is a clean, white, odorless powder, imparting a slight burning sensation to the tongue when placed on it. It is almost insoluble in cold water; dissolves with difficulty in hot water, but is freely soluble in alcohol and alcoholic liquids, such as wine. It possesses neither acid nor basic properties, and it is not easily affected by reagents.

Experiments on dogs and guinea-pigs are said to prove that it is innocuous in relatively large doses. The authors have experimented with the remedy in a number of febrile troubles, among others typhoid fever, erysipelas, acute articular rheumatism, pulmonary phthisis, and septicemia, and state that the results obtained

were very satisfactory. It is recommended to be given in doses varying from four to fifteen grains, shaken in water, dissolved in wine, or inclosed in wafers. A maximum dose of thirty grains *per diem* was not exceeded. It is stated that in promptness, duration, and extent of action, one quarter of a gram (about four grains) corresponds to one gram of antipyrin—in general terms antifebrin is four times the strength of antipyrin. The effect of the drug upon the temperature is noticed at the end of about one hour, and attains its maximum usually in about four hours, passing off, according to the size of the dose, in three to ten hours. The action of antifebrin manifests itself externally by a reddening of the surface and moderate perspiration. The patient sometimes complained of a cold feeling, but at no time was a decided chill noticed. The pulse-rate falls proportionately to the temperature. Nausea was never caused by even large doses. Should the claims on behalf of antifebrin be confirmed, they will establish a point of some theoretical importance. Heretofore the compounds possessed of antipyretic properties have belonged to the class of phenols, that is, carbolic acid, hydro-quinone, resorcin, and salicylic acid, or have been bases, such as quinine, kairine, antipyrin, and thalline, while antifebrin is a neutral body and chemically widely removed from either group.

Ethoxy-caffeine is a derivation of caffeine, and has just been studied in conjunction with other members of the caffeine group, by Prof. W. Filehne, of Erlangen. He regards the addition of the ethyl group to the caffeine as affording a peculiar narcotic influence on the brain and spinal cord. It causes stupefaction and paralysis without affecting the circulation, or to any great extent the motor apparatus. In man it causes no effects in a dose of three grains, but after doses of four and a half to seven and a half grains the arterial tension is raised (the pulse increasing two to six beats per minute), the face reddens, sweating and a soporous state sets in. Doses of seven and a half to eleven grains produce severe headache and coma. Doses of one and a half to seven and a half grains cause a somewhat sounder sleep than normally present, still larger doses

disturbing the sleep. Filehne advocates its use in cases of megrim. Dujardin-Beaumetz, convincing himself of the correctness of Filehne's observations on the derivations of caffeine, (*Therapeutic Gazette*, September 15, 1886) tried ethoxy-caffeine in a number of affections marked by cephalalgia. In order to render this drug soluble in water, and at the same time to obviate the dyspeptic symptoms easily caused by it, Beaumetz recommends the following mixture:

Ethoxy-caffeine.....	}	āā gr. iii;
Sodii salicyl.....		
Cocaine mur.....		gr. iss;
Aqua tiliae.....		f. 3 ii;
Syr. simp.....		f. 3 i.

S. Take at once.

The results obtained in megrim were highly satisfactory. In one case the drug was given in a dose of about one grain at the height of the paroxysmal pain in the head, with the effect of removing entirely the pain in two hours. In four other cases the pain was abated in less than one hour. Dujardin-Beaumetz advises giving no larger doses than three grains, since seven grains can produce gastric cramps, nausea, and even cerebral disturbances. In cases of prosopalgia the drug served likewise to bring relief and cause sleep. Dujardin-Beaumetz finally assumes that ethoxy-caffeine presents the therapeutical and physiological effects of caffeine in a modified manner, and that it owns a pronounced sedative or narcotic action, allowing of its advantageous substitution for caffeine in cases of megrim.

LOUISVILLE.

### A CASE OF ADHERENT PLACENTA WITH HOUR-GLASS CONTRACTION.

BY JAMES C. PEARSON, M. D.

On the night of July 13, 1886, I attended Mrs. A., a multipara, in her second confinement. The pains were slight and the uterine action inefficient. The os was dilated to about the size of a half-dollar. Under the use of ergot the pains increased in force, and in good time the child, a well-developed boy, was born. Immediately after delivery I laid my hand on

the abdomen below the umbilicus to ascertain the condition of the uterus. My first impression was that there remained in the womb a second child, but in a few minutes the patient complained of nausea and dimness of vision, which I regarded as a signal of internal hemorrhage, but this proved to be not the case. Passing the hand within the uterus I found the placenta imprisoned within its cavity by contraction of the circular fibers. With much difficulty I gradually overcame the constricted parts and forced the hand into the fundus. By this means I was able to grasp the placenta, which proved to be adherent, and I had to take it away piece-meal. This was accomplished by thrusting the index finger of the right hand between the inner wall of the uterus and the placenta, at the same time holding the fundus with my left hand to prevent inversion of the uterus. The contraction of the circular fibers continued throughout the procedure and with such stress that my hand was well nigh paralyzed. I could scarcely find latitude for the necessary movements of the fingers, and it was only with great difficulty that I could distinguish the surface of the placenta from the uterine wall. Several times I was tempted to stop work and call for help, but delay was dangerous, and, considering myself *amicus humani generis*, I fortified my courage and kept the field till the placenta and other secundines were all removed. At the end of the operation the womb was as strongly contracted as before; but, fearing that the contractile power of the muscular fiber might soon expend itself and be followed by relaxation and hemorrhage, I remained with the patient three hours longer. At the end of this time the uterus was still firmly contracted, and I was able to leave the patient in good condition. No untoward symptoms supervened, and in two weeks the patient was up and in perfect health.

My object in reporting this case is to call attention to a rare complication in adherent placenta and to accentuate the fact that the uterus will sometimes, under the action of ergot, persist in tonic spasm for hours, in spite of strong mechanical resistance; while the practitioner may be warned by my experience of the danger of spurring a sluggish and



apparently inefficient uterus into action during the second stage of labor, no matter how well dilated or evidently dilatable the os may seem to be.

MITCHELL, IND.

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## Societies.

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### CHICAGO MEDICAL SOCIETY.

Stated Meeting, September 20, 1886, J. F. Todd, M. D., Second Vice-President, in the chair.

Dr. N. S. Davis gave his impressions of the British Medical Association. An abstract of his remarks is as follows:

The British Medical Association held its recent meeting at Brighton, the most fashionable and desirable watering place in England, very favorably situated for such a meeting of the profession of that country, being accessible to London as the great central point and having accommodations that probably can not be found in any other town or city of moderate size in Great Britain. The British Association impresses one as being a body of men more advanced in life with more solidity than our assembly, not more intellectual development, but more of what you might call sturdy physical development. Indeed this impression of solidity is forced upon the mind about every thing. We excel them very much in exterior ornamentation, variety of architecture, and in a great many ways, but for an impression of solidity and steadiness without haste, as an ordinary rule they excel us.

The British Medical Association is not a representative body in any sense, but was composed originally much after the fashion of calling together an assembly, organizing a national body and selecting a certain number to constitute a council, and submitting the business affairs to the council. Subsequently a rule was adopted by the original council qualifying the profession in any given locality to form a local society and adopt such rules as were not in opposition to the constitution and by-laws of the national society; these societies were recognized as branches, and each member of a branch became nominally a member of the general body with the right to attend the general meeting,

but they are not entitled to take part in the general government. They may elect one, two, or three members of the council, so that as branch after branch has been organized, and the membership increased, it has greatly enlarged the council, until, I gather from the proceedings of the Association, the Council of the British Medical Association numbers seventy-one. This council has the entire control of the organization; they determine the places of meeting, and all matters in reference to the workings of the organization come before them first. Certain matters are brought before the general body at their meeting for their sanction, but they must originally go through the council. The council has at least four stated meetings in the year; they meet every quarter, and if business of importance is to come before them they may have other meetings. At the annual meeting of the Association the programme is so arranged, that when they open at half-past twelve (they do not hold sessions in the forenoon), the the council holds an hour's session, that is the meeting of the council of the preceding year. New members of the council are elected by the branches yearly, so that new members come in each year and others go out, and the council is not always made up of the same parties. Following this meeting, two o'clock is appointed as the time for the meeting of the general body; but that did not occur this year; it was crowded out. At a subsequent hour we had what they call the council of the present year. The first meeting was the council of 1885, the next, council of 1886. The sections held no meetings the first day. I watched the proceedings carefully, with special reference to learning what might be of use to our own National Association. One of the complaints made against us is that we lose too much time in eating and drinking and social occasions, and too little advance is made in real science and professional knowledge. The meeting of the council was held with closed doors. This peculiarity runs through every thing; the council not only prepares the reports on business matters, but when they are submitted to the general body the council designates the man to move its adoption and the man to second motion. I do not think that would be tolerated in America

over one meeting, but it is a uniform, regular custom there and they seem to take it very easy.

The three sections that had the largest attendance were Medicine, Surgery, and Public Medicine. They have the same trouble there as here, there is a certain class always coming and going. They come in and sit down, and if at a little distance they can't hear very well, they sit a little while and don't get enough of the run of the thing to interest them, and they go to another section, so they are always moving about. Of the Pathological and Laryngological sections, one was held in the bedroom of old King George and the other in his china closet, a cupboard capable of seating not more than twenty or thirty people, and these seats were not full. While the attendance does not exceed our attendance, there is about the same shifting and changing as at our general meetings. But the papers that were read had this characteristic to a greater degree than can be said of the papers as a whole with us, those who read papers had taken more pains to prepare them carefully and to make them cover the ground fully. They had spent more labor in their preparation. There was another feature—until the last three meetings there has not been any attempt with us to have parties informed of what particular papers are to be read in any of the sections, so that they might be prepared to lead off in the discussion of the papers. In 1883, in the Medical Section, there had been pains taken to do this; certain papers were to be read, and several parties in different parts of the country were informed that a paper would be read on a certain subject, and they were assigned to lead in the discussion. The idea was to make the discussions of more value. This same course has been taken in a limited degree in our meetings since. It is a general practice in the British Association. The officers of the sections, when they learn what papers are to be presented, judge as far as practicable who can impart interest, and have them informed of the general import of the paper and ask them to lead the discussion. Hence, they elicit genuine benefit from the papers that are read and from the discussions that follow. Many papers were prepared that were not read; undoubtedly they will find their

way into print, as they do with us; the title was read and referred without any body's knowing of what they were made. Sometimes they are made of an abstract; the author thinks he will write it out, but fails to do so. I think in their work they are more deliberate, more complete, they exhaust a subject more nearly, and they endeavor to have the discussion so conducted as to elicit the most information from it. In studying their work as a whole it seemed to me that there are some things we might copy with advantage.

Some member may be here who remembers the proposition made in our own national organization years ago, when the sections met and chose their officers. A proposition was made to change the by-laws so that the officers of the sections should consist of a president and secretary selected at each annual meeting for the next year, so that there would be officers already elected and the organization of the section would be perpetuated. I remember that the late Dr. Gross made this motion, That, instead of having reports from standing committees on medical education, medical literature, and so on, which we had had previously, these committees be dropped, and in their stead the Association select at each meeting men supposed to be qualified for that especial work, in order to present an address to the general assembly, one on medicine, one on surgery, and one on obstetrics and diseases of women and children.

That differed from the British programme only in substituting obstetrics and diseases of women and children for State medicine, but it was designed for the same purpose, to have one carefully prepared address read at each of the three last meetings, one on Wednesday, one on Thursday, and one on Friday, while the president of the Association would have an address on Monday especially designed for the general body. I seconded Dr. Gross' motion, but instead of its being carried it was referred to a committee, as was also the proposition to have the officers of the sections appointed each year for the next, and the next year the committee reported in favor of having the officers appointed for the next year, and at the same time they reported in favor of having the president of



each section present an address to the general body on the improvements in the section over which he presided. That was a substitute for Dr. Gross' motion. He and I opposed it, on the ground that the presidents of the sections to be chosen each year ought to be selected from the older men, giving them an honorable position, but yet they would not be the men that would be likely to be adapted to read such papers. However, the proposition of the committee carried. Now we have seven or eight sections with seven or eight addresses before the general body, and what is the result? We find time the first day for the president's address, but the other days of the general meeting do not afford time enough for all the presidents to read their addresses, they are crowded off to the last day, and one third of the addresses prepared by the presidents of the sections are announced by title and then go over. They crowd the entire time of the general meeting of the body, and I think it would be a great deal better if we were to change our by-laws and appoint the first day for the president's address, which should be of a high order, covering the general field of medicine, another to surgery, and another to obstetrics and gynecology, or public medicine, as you choose. Perhaps for the world at large it would be as well to sometimes change the order. Then let the president of each section deliver his address as he pleases on any subject of interest to the section. This would insure a larger attendance and promote the work of the section, and yet would not crowd the entire time of the general meeting as it does when we try to get in seven or eight general addresses. That, I think, would be a real and substantial improvement in our body that we might copy from the British Association. And then we might go on perfecting still further the arrangement of the papers, and interest parties to be ready for brief discussion.

There has been a good deal said of late years about the work of the nominating committee. The nominating committee is appointed in a hurry, by little knots gathered together who want to get through. The committee is hurried to do its business, and consequently the business is done very imperfectly. It has been claimed that we ought to have a more steady and con-

servative body, and the Council of the British Association has been suggested as a pattern, but I do not think an organization like the British council would satisfy this country in any degree; I think we would not get along with it two years without rebellion all around. But it seems to me, in studying the matter over, that we might remove the real evils we suffer from and yet not incur the evils that would follow from attempting to make a permanent council. It has been suggested that it be so arranged that one man would hold his place nine years; instead of that I think all the evils from which we are suffering could be obviated by appointing a business committee, to consist of two members from each State in the Union. Let each State Society that is represented in the organization be entitled to two members of that business committee, and elect them the first year to hold office two years, and after they get started they would have one to elect each year, so that it would be permanent. By electing a new member each year it would be conservative and not totally changed. All the work that now devolves on the nominating committee would be done by this business committee, and if selected with proper care it would be a convenient committee to which might be referred various propositions that come up, and which require careful consideration by members that represent the whole country.

There is an evil in the British council that is complained of now: they say this council has four meetings a year, and they have to meet in London because London is the head center of Great Britain. The practical working of that is, that the profession within a radius of one hundred miles of London controls that council. It costs money to go from Edinburgh, Cork, Dublin, or remote portions of England to London, and very few out of the whole number of seventy-one go. I learned that there were seven meetings held last year, and thirteen of the members did not attend any of them. Not only that, but the remoter districts have found that their delegates so rarely attend, on account of the expense and loss of time, that half a dozen of them reported that they had not elected delegates. Now, if we were to appoint a permanent body, four fifths

of them would let their interest die out. Suppose you get up a council that is to meet and transact business three times, or even twice a year, how many members would be found to go from the Pacific coast or from the North to a central point? It would not take ten years to gravitate so that your council would be in the hands of those within a hundred miles of the central point of meeting. If you made that Philadelphia or Washington or Chicago, the whole body would be ruled by a territory of two hundred miles, simply because parties would not pay out their money and spend their time to attend. They will not in Great Britain, and they are discussing the propriety of getting up some mode of compensating them to induce them to go. The plan I propose will, I think, after some degree of consideration, be found to obviate all the real evils we suffer from in hasty action and hasty nominating committees, and yet it would always secure us a satisfactory working body that would be reasonably representative of the several States to attend to such things as are required to be attended to, and it would be a standing body of intelligent men to whom we could refer such things as would require consideration. The features that I have mentioned are characteristics that struck me as belonging to the British Association which differ from ours.

In regard to the International Congress: Without solicitation the Council of the British Association altered the programme of one of their days and announced that on Thursday at a certain hour the delegates from the American Association would be heard in regard to the International Congress. When the time came the hall was fuller than on any other occasion, the room was packed, and through the hallways and along the corridors, with people evidently having a decided interest in hearing what we had to say; and as the other Americans insisted on my taking the lead, I went on the platform and occupied half or three-quarters of an hour in simple explanation. I made no allusion to any body's differences except in general terms; we had had our troubles and our frictions and our errors on all sides, but out of it all had come an organization truly national in its character, made up

of delegates from all the States in the Union. This organization appointed an executive committee to which had been transferred all further management of the Congress. This national committee had reported their work to the last meeting of the American Medical Association, and it was unanimously sanctioned, and so I felt justified in assuring them that this met the approval of the people of the United States, and while we had no royal titles, the President of the United States, the heads of departments and the President of the Senate had lent their names as patrons. And I assured them that they would receive as cordial a reception at that Congress as the American profession knew how to give. I would guarantee that they would be met by the intelligent part of the profession of every State in this Union, from the Atlantic to the Pacific, and I cordially invited them to come. They received my invitation with the greatest degree of enthusiasm, and after a few remarks from Dr. Pancoast and others, which simply indorsed what I had said, they voted us their thanks and accepted our invitation to meet us in congress in 1887. Among some of the most prominent men in London and the Provinces there is a warm zeal for attending the Congress. Three or four Americans have been on the Continent for some time and report that in France there is a genuine enthusiasm for attending the Congress. In France they do not pay the slightest attention to any differences we have, and just as far as they imagine there is coldness in England or Germany, the Frenchman comes with the more enthusiasm to make it up.

Prof. W. E. Casselberry read a paper entitled Pharyngeal and Nasal Surgery by the Galvano-Cautery, with report of cases and exhibition of apparatus.

New methods of utilizing the galvano-cautery are constantly being devised, and recent improvements in batteries and electrodes, and the introduction of the local anesthetic, cocaine, have materially extended its field of usefulness. In nasal, pharyngeal, and even in laryngeal surgery its utility is particularly manifest. Pathological conditions of the upper respiratory passages, which have long baffled



fied the most skillful therapeutics, are now effectually remedied through the medium of this agent.

**CASE 1.** Folliculous pharyngitis with hypertrophy in the angles of the pharynx. Dr.— has suffered from fullness, soreness and pain in the pharyngeal region, culminating frequently in acute pharyngitis with extension of the inflammation of the middle ear. Examination disclosed two enormous hypertrophied follicular masses occupying the latero-posterior angles of the pharynx, each about three fourths of an inch in length, of the thickness of a lead-pencil, and jutting inward and forward from behind the corresponding posterior pillar. In the normal state a whole chain of muco-lymphoid follicles ranges along in this location, and it is the hypertrophy of this entire row of glands on each side which is the chief feature in the case.

*Treatment.* For the purpose of destroying these growths by the galvano-cautery an electrode was extemporized by uncoiling the wire end of a Fleming moxa-electrode, thus converting the coil into an elongated loop. This was so curved as to accurately approximate the mass. The loop, heated instantly to a white heat by the action of the battery, produced its slough with but little pain and no hemorrhage. After several operations, performed at proper intervals, the growths were entirely removed.

**CASE 2.** Folliculous naso-pharyngitis or adenoid vegetation at the vault of the pharynx. Operations by the galvano-cautery ecraseur. The symptoms were those of post-nasal catarrh. Examination, in addition to morbid conditions of other parts, revealed numerous hypertrophied follicular masses—so called adenoid vegetations covering and filling up the vault of the pharynx; some of these appeared in the rhinoscopic mirror as pendent pear-shaped bodies, others were sessile, and still others had the appearance of several cockscombs crowded together.

*Treatment.* Removal of the hypertrophied masses is the only satisfactory means of relief. This he first sought to accomplish with a Löwenberg cutting forceps, but the effort resulted unsatisfactorily. The cold snare and other methods were tried and abandoned, until finally

he found that the object could be attained most easily and with the least pain and inconvenience to the patient by means of a galvano-cautery ecraseur. He constructed an ecraseur for the case by bending a fine pair of straight tubes, threaded with a platinum loop, to the proper curve to pass behind the velum palati and touch the hypertrophied mass. The naso-pharynx was sprayed with cocaine solution. Guided by the rhinoscopic image, he introduced the ecraseur and caused it to encircle one of the growths, then connecting the battery, the loop, heated instantly to redness, was as rapidly wound in on the windlass, and the vegetation thus served as its base. There was no pain, no hemorrhage, and but little subsequent irritation. The operations were repeated weekly until the growths were entirely removed.

**CASE 3.** Malformation of the anterior pillars of the fauces. The symptoms were a sense of constriction in the pharynx and snoring. The malformation discovered was of the anterior pillars, that is, of the palato-glossal folds. These originated properly in the velum, but increasing in breadth they covered a considerable portion of the inner surface of the tonsils, and then a part only of the fold continuing in the normal pathway forward to the side of the tongue, the larger portion swept backward and incorporated itself with the posterior pillar, forming a thick band, which continued downward in the latero-posterior angle of the inferior-most portion of the pharynx.

*Treatment.* The overgrowth of each tonsil, together with the portion of the anterior pillar which covered it, was excised by means of the galvano-cautery ecraseur, and at the same time the abnormal attachment of the anterior pillars to the pharyngeal wall was severed.

**CASE 4.** Membranous occlusion of the posterior nares. Mr. E. suffered from complete obstruction of the left nasal chamber, most violent headaches, vertigo, left-sided deafness, and fetor of the breath. A tense membrane was found to cover the left choana almost completely, and another to partially occlude the right choana. These membranes were incised by the galvano-cautery knife electrode, properly curved and introduced from behind. Complete relief to all symptoms. Certainly the galvano-cautery

can be abused, and a word of caution is not unnecessary in this respect. Accurate diagnosis, precise indications for its use and a certain amount of skill on the part of the operator are essentials to its judicious employment. The Fleming battery has advantages over any other that he has seen, not the least of which is the arrangement by which the plates may be immersed and withdrawn from the fluid by means of a pedal easily manipulated by one foot.

### LOUISVILLE MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, September 24, 1886, Dr. Ed. von Donhoff, Chairman, pro tem.

Dr. J. C. McGuire read a paper on Cases of Syphilis without History of Infection. (See page 257.)

*Discussion.* Dr. D. T. Smith: The question propounded by the essayist is, Can a person have syphilis without knowledge of infection, or without any after-symptoms? The power of the spermatozoa to carry infection is an interesting question. That it can not do this, is only an assumption. Colles' law, that the mother of a syphilitic child never contracts syphilis from the child, goes far toward proving that the mother has been already infected.

Dr. E. R. Palmer: When cells transmit the germs of disease, the germ is contained in the protoplasm. Spermatozoa are a portion of the nucleus of a cell, a germ can not exist in a nucleus without destroying its power. Thus any germ will destroy the power of a spermatozoön to fecundate. I do not believe that a mother can give birth to a syphilized child without herself being first syphilized. In one of the cases reported by Dr. McGuire, the patient had a bone-felon, which was opened by a druggist. She may have been infected with the knife with which the felon was opened. In a child under my care, the mother called my attention to the nurse, who had an eruption, which I declared to be a papular syphilide. A few weeks afterward the mother brought the babe to me with an eruption around the anus and over the buttocks. Forgetting the nurse's eruption, I took the diag-

nosis of the mother, and ordered gray powder. The child made rapid improvement. In a short time the mother came to my office with a sore on her breast. Remembering the incident of seeing the nurse with a syphilide, then the child with the characteristic eruption, and now the mother with similar manifestations of specific disease, I called it a chancre. Three months afterward the father came to me with a chancre, and subsequently a boy nine years old also became infected.

Dr. W. O. Roberts: I do not believe that syphilis can be communicated except through an abrasion upon the skin or mucous membrane of the person infected. This will often be overlooked. I remember two cases, one in my own practice, and the other seen in consultation, which were thus infected. The first was a barkeeper, who was bitten in a fight. At the site of the injury a chancre developed, and a secondary eruption eventually showed itself. In the second case the disease followed an amputation of a finger. The parts healed slowly, especially at one spot, which became inflamed and indurated. In a few weeks an eruption appeared, which yielded to anti-syphilitic treatment.

Dr. A. M. Cartledge: In cases like these reported by Dr. McGuire, physicians pay too much attention to the statements of patients relative to the possibility of their being the subjects of syphilis. In all such cases I give due weight to the objective symptoms, and if I make up my mind that an eruption is syphilitic, I place the patient on constitutional treatment at once and without further questioning. A patient I once saw with Dr. Scott illustrates the importance of this. In this case there was no history obtainable of a primary lesion. The eruption, barring certain specific characteristics, was very much like that of measles. Under anti-syphilitic treatment it slowly disappeared.

Dr. H. A. Cottell: I do not think it wise to place a patient upon antisiphilitic treatment so long as a doubt exists in the mind of the physician as to the nature of a given sore or eruption. I call to mind a case to the point in my own practice. Some six years ago, a mulatto girl presented herself with an eruption, covering the entire surface of the body, which



had all the characters of syphilitic acne. When closely questioned, she protested that she had not laid herself liable to infection by sexual intercourse. Giving her the benefit of the doubt, I brought her under the eye of the late Dr. L. P. Yandell. He agreed with me that the eruption was probably syphilitic acne; but admitted the possibility of its being of malarial origin, and recommended quinine tentatively in large doses. Under this treatment the eruption disappeared in less than two weeks, and the patient, whose subsequent condition I have carefully watched, has since shown no sign of syphilis. Another case which is more in accord with those just reported by the essayist, is in the person of a woman fifty years of age, who is now under treatment for a well-marked secondary eruption, accompanied from the first with mucous patches and later complicated with a severe iritis; the latter incident in the disease disappeared under the management of Dr. Ray, but the eruption and mucous plaques still persist. Some five or six weeks before this patient came to my notice her husband consulted me because of a subcutaneous induration on the dorsal surface of his prepuce and slight enlargement of the inguinal glands of both sides. I told him that these manifestations were of very suspicious character, but he denied that he had carnally laid himself liable to syphilitic infection. I warned him against intercourse with his wife, but did not place him upon antisyphilitic treatment. He soon after left the city for an extended tour, and I did not again see him till after his wife had been for some months under my care. On his return he assured me that he was well of the induration, and had taken no medicine for the disease. A careful examination revealed no symptom of constitutional syphilis in this case except a slight alopecia.

This would seem to be one of those cases of syphilis which, according to some eminent authorities, are wont to abort at the beginning of the second stage; and since the patient could have no reasonable motive in deceiving me as to the manner of infection, I am led to regard it as a case of *syphilis ignorans*. The wife is a lady of high character, and for a period of some weeks before the appearance of the erup-

tion upon her skin was treated for uterine disease by Dr. John Goodman, of this city, who tells me that she had, while under his care, no discoverable initial lesion of syphilis.

Dr. Edward von Donhoff: In making a diagnosis of syphilis we need no history of circumstances which render infection probable in a case of doubtful character. Syphilitic eruptions are always so well marked that they can not be mistaken by the experienced eye for any thing else. A cicatrized syphilitic sore is always raised in the center, and the persistency with which the eruptions of syphilis retain their color is in the highest degree diagnostic. In the negro the color of the eruption differs from that of the white race, being of a dusty brown. Niemeyer claims that syphilis is a self-limited disease, the virulence or mildness of the symptoms depending on the nature of the soil in which the germs of the disease are sown. Yesterday I was consulted by a female patient who had been taking cocaine in large doses for the relief of a supposed rheumatism. A slight eruption upon the face presented such characters as led me at once, without close inspection, to pronounce the case to be one of secondary syphilis; while a nearer view revealed the existence of alopecia with other symptoms which confirmed the truth of the diagnosis.

Dr. McGuire, in closing the discussion, gave special emphasis to the fact that syphilis without history of infection is far more common than the general practitioner has been wont to allow, by citing a number of cases seen by him in the clinic of Dr. Fox, of New York, in which no history of infection through sexual intercourse could be obtained by the most searching care. He also gave the histories of several cases occurring in the private practice of this eminent dermatologist, which bear unimpeachable testimony to the truth of the proposition.

In view of the present wide dissemination of syphilis, and the danger that the innocent may be made to suffer in consequence of the ignorance or carelessness of the guilty, it behooves our sanitarians to take such measures as shall lead to the removal of the common drinking-cup from public places, and our physicians to admonish the individuals of the families under

their care of the danger of using public privies and water-closets without the taking of such precautions as shall effectually prevent the entrance of syphilitic germs through any chance abrasion upon the exposed parts of the mucous membrane or skin.

J. M. RAY, M. D.,  
*Secretary.*

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## Reviews and Bibliography.

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**A Manual of Practical Therapeutics**, considered with reference to articles of the *Materia Medica*. By EDWARD JOHN WARING, C. I. E., M. D., F. R. C. P., etc. Edited by DUDLEY W. BUXTON, M. D., B. S. London. Fourth edition. 12mo, pp. xxix and 666. Price, cloth, \$3; sheep, \$3.50. Philadelphia: P. Blakiston, Son & Co. 1886.

For more than thirty years Waring's Therapeutics has held place among the standard works in medicine. If the secret of its popularity in this country, above other foreign works of the kind, were asked, the answer would be: (1) A happy arrangement of materials, the names of the remedies following one another in alphabetical order; (2) great condensation in text; (3) a plain statement without prolonged argument of current authoritative opinion as to the worth or worthlessness of any given drug, when exhibited in the treatment of the pathological conditions for the relief of which it has been vaunted. Due prominence is given to the masters; but in no case are they permitted to monopolize the author's space. The work is essentially therapeutical, the items relative to this branch of science being accorded the larger print, prominence, and space; but the *materia-medica* department is by no means slighted, since every article is prefaced in smaller type with a paragraph descriptive of the drug which it discusses.

The work abounds in well-constructed formulæ, which the author and editor have themselves devised or culled from the writings of eminent practitioners. It is furnished with a double index, a bibliographical table, and an appendix. The larger part of the revision has been done by the author, the services of the editor being required only for the framing of less than the last two hundred pages, and the getting of the work to press.

**Hand-Book of Practical Medicine.** By DR. HERMANN EICHHORST, Professor of Special Pathology and Therapeutics, and Director of the University Medical Clinic in Zurich. Vol. I—8vo, pp. v and 407: Diseases of the Circulatory and Respiratory Apparatus. One hundred and three wood engravings. Vol. II—8vo, pp. vii and 361: Diseases of the Digestive, Urinary and Sexual Apparatus. One hundred and six wood engravings. Wood's Library of Standard Medical Authors, New York: Wm. Wood & Co. 1886.

As a rule, when an English translation of a German work in practice is announced, the reader may prepare for the perusal of something "voluminous and vast." If, however, he has had such anticipations on reading the announcement of this work, he will be agreeably disappointed when it comes to hand, for he will find in it a succinct, well digested, well-constructed, and unusually readable survey of the diseases encountered and treated on the Continent of Europe. It is true that, like all German practitioners, the author shows a preference for the refinements of pathology; but the items of this branch of the subject are here so ably handled and carefully illustrated as to make the work invaluable to the diagnostician.

A careful perusal of the work shows the touches of the master on every page, the features of every affection treated being set forth with great erudition, philosophical accuracy as to principles and scrupulous care as to details.

In a work so even and so excellent throughout, it is difficult to select any part for special comment; but the physician will probably find the greater pleasure and profit in the contents of the second volume. Here the diseases of the intestinal tract and the kidney are set forth in a most able and charming manner, while the excellence and variety of the pictorial illustrations of the pathological features of the diseases here encountered will give him practical helps to their study by the microscope and at the bedside, which can otherwise be had only through weary research in voluminous special treatises.

The author's suggestions as to treatment are in the spirit of the times, and will compare favorably with those of our best American and English authors.



**Analysis of the Urine**, with special reference to the Diseases of the Genito-Urinary Organs. By K. B. HOFMANN, Professor in the University of Gratz, and R. ULTMANN, Docent in the University of Vienna. Translated by T. BARTON BRUNE, A. M., M. D., and H. HOLBROOK CURTIS, Ph. B., M. D. Second edition, revised and enlarged. New York: D. Appleton & Co. 1886.

The first edition of this work in English text appeared in 1878, and by virtue of the high authority of its author, the simplicity of the text, the easy manipulations set forth for the analysis of the urine, the excellency of the translation, the admirable style in which it came from the press and its inimitable plates illustrative of the microscopic characters of the urine, the book at once attained a great popularity with the teacher, the student, and the practitioner in medicine.

Recent great advances in the science of urology have made necessary a new edition, which can scarcely be called a revision of the old one, since the text of the authors stands as formerly without material alteration, while the additions have been made almost without exception by the translators. These paragraphs, however, are well written, and bring the work up to the present level of our knowledge of the subject.

The plates are the same as those which adorned the first edition. They are above criticism, but a few additions to their number might have been profitably made.

Thirteenth Annual Report of the Secretary of the State Board of Health of the State of Michigan, for the fiscal year ending September 30, 1885. By authority. Lansing: Thorp and Godfrey, State Printers. 1886.

**Practical and Analytical Chemistry**, being a complete course in Chemical Analysis. By Henry Trimble, Ph. G., Professor of Analytical Chemistry in the Philadelphia College of Pharmacy. Second edition, revised, enlarged, and illustrated. 8vo, pp. 110; cloth. Philadelphia: P. Blakiston, Son & Co. 1886.

**Massage as a Mode of Treatment**. By William Murrell, M. D., F. R. C. P., Lecturer on Pharmacology and Therapeutics at the Westminster Hospital, etc. 12mo, pp. vi and 78; cloth, \$1.00. Philadelphia: P. Blakiston, Son & Co. 1886.

**Des Cataractes et de leur Operations Conferences Cliniques Professees**. Par le Dr. Galezowski, et recueillies par le Dr. Boucher, Medicin-Major de 1<sup>re</sup> classe. Pages 52. Paris: Publications de Progrès Médical. 1886.

Prof. Charles A. Young contributes to the November Popular Science Monthly an instructive paper on "Recent Advances in Solar Astronomy." In it he summarizes in a very readable way the results obtained and the discoveries made during the last five years by the principal investigators who have been studying the physics of the sun.

**Hand-Book of Diseases of the Ear**, for the use of Students and Practitioners. By Urban Pritchard, M. D. (Edin.), F. R. C. S. (Eng.), Professor of Aural Surgery at King's College, London; Aural Surgeon to King's College Hospital, etc. With illustrations. 12mo, pp. xi and 207; cloth. Price, \$1.50. Philadelphia: P. Blakiston, Son & Co. 1886.

**A Text-Book of Human Physiology**, including Histology and Microscopical Anatomy: with special reference to the requirements of Practical Medicine. By Dr. L. Landois, Professor of Physiology and Director of the Physiological Institute, University of Griefswald. Second American edition, with additions by William Sterling, M. D., Sc. D. Five hundred and eighty three illustrations. Royal 8vo, pp. 922. Cloth, \$6.50; sheep, \$7.50. Philadelphia: P. Blakiston, Son & Co. 1886.

**A Manual of Animal Vaccination**, preceded by Consideration of Vaccination in general. By Dr. E. Warlomont, Member of the Royal Academy of Medicine of Belgium; Founder of the State Vaccine Institute of Belgium, etc. Translated and edited by Arthur J. Harries, M. D., Senior Assistant Physician and Joint Lecturer to St. John's Hospital for Diseases of the Skin, etc., with an appendix showing the results of Re-vaccination and the Comparative utility of Animal Vaccine. Paper, pp. 152. Philadelphia: Published by John Wyeth & Brother, 1412 Walnut Street. 1886.

The Popular Science Monthly for November will contain an article by Dr. B. W. Richardson on "The Hygienic Treatment of Consumption," which is full of information of the utmost practical value to those who are suffering or who are threatened with that fatal disease. The paper consists of ten simple rules of living, with full explanations of the reasons for them, which any one of ordinary capacity can understand. They may be followed with the aid of a doctor with the certainty of salutary results. The present methods of treatment too often end in death.

## Foreign Correspondence.

### LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

At the Sanitary Congress Mr. Baldwin Latham stated that he had been asked to give, as his inaugural address, observations upon a subject which properly belonged to the Climatological Section, namely the probable influence of ground-water on health. This request had no doubt been made in consequence of the connection between an outbreak of typhoid fever in York and the movements of the subsoil water at the time. Having devoted much time during the past eleven years to the study of underground water, and having established and maintained a number of stations for observation of the relative height of the subsoil water in various parts of the country, and having also collected the past records available in this country and elsewhere, he was in possession of facts not easily obtainable. Hence he was able to draw some definite conclusions as to the probable influence of ground-water upon health. Having referred to ancient records bearing on the subject, he observed that his investigations had shown him that there was a direct parallelism between the conditions of health and the volume of ground-water. The years in which there had been the greatest quantity of such water had invariably been the healthiest years, while those in which there had been a small quantity had invariably been the most unhealthy periods. As a rule the lowness of the ground-water indicated the future health and not the state of health at the particular time of lowness—that was the unhealthy period as a rule following the period of low water—the degree of lowness indicating the intensity of future disease, especially of fever. He pointed out as an instance that the cholera period in London was one when the subsoil water was unduly lowered by the construction of the main drainage.

He gave a vast array of facts in support of his views, and he dealt also with the influence of light, showing that the absence of sunlight caused malarial disease. On the subject of temperature he stated that though cold was

not essential to the promotion of disease, yet many diseases were aggravated by intense cold, and intense cold was associated with low subsoil water. He deduced as the lesson to be received from these accumulated facts, that sewers might be of great advantage in maintaining uniformity in the water-level, but on the other hand leaky sewers were liable not only to pollute the ground, but to cause considerably greater variations in the levels of the underground water than would otherwise occur in various parts of the district. Good land-drainage had a tendency to produce uniformity of water level, but this should rarely be attempted to be secured through the instrumentality of sewers carrying polluted matters. What should be the aim of all sanitarians was the preservation of the ground from all impurities, especially in districts where the soil was of a porous character, and above all no supplies of water for dietetic purposes should be permitted to be taken from wells sunk in the immediate subsoil in populous places, and to secure the full measure of health our houses should be constructed as to prevent the admission of ground-air into them.

The President of the Congress, Sir T. Spencer Wells, having referred to the questions which had been dealt with in regard to sanitary science by his predecessors in the presidential chair, observed that it now remained to be considered how sanitary improvements might be carried still further by the co-operation of investigators, legislators, and administrators. The president reviewed the work which those whom he called the “advanced guard of sanitary science” had accomplished, in lessening the death-rates of our population and in benefiting the public health by prolonging life. Much of this he attributed to the coincident progress made in the science and art of medicine and surgery. He claimed for the medical profession a considerable share in the gain to the state of increasing numbers of more healthy subjects. We could not be far wrong if we put the average duration of human life in Great Britain half a century ago at about thirty years; now, according to the healthy life-table, it was forty-nine years. Formerly it was calculated that a twenty-third part of the population was con-



stantly sick, and the products of all that labor for the time necessarily withdrawn. A great deal of this sickness had been altogether prevented, and the duration of that which comes in spite of sanitation was lessened. In the future he looked to the overcoming of obstacles by well-directed attack, which he urged could be best sustained by a combination of the crowds of sanitary volunteers who often with much waste of energy made desultory attacks upon weak points. As the Parkes Museum had now joined with the Sanitary Institute of Great Britain, and as the Society of the Medical Officers of Health was co-operating with it by holding a meeting, so might the National Health Society, the Ladies' Sanitary Association, the Smoke Abatement Association, and others of a like character follow and, combined, work with greater will and power. Dealing, then, with the various subjects to which the institute had given attention, he divided them into five groups: (1) Those relating to the training and health of the population; (2) to their social comfort and well-being; (3) to the prevention of disease; (4) to the care of the sick; and lastly, those relating to the disposal of human refuse and remains. Commenting on these matters, he urged that the outcry about the dangers from women taking up men's work was breath wasted. Young women suffered more from want of mental occupation and from deficient exercise than from overwork. As to the overpressure in board schools, the vice of the system was that it was indiscriminate. With regard to the health of towns, he pointed out that great benefits would spring from tree-planting, and he thought the provident dispensaries and hospitals should be strengthened. As to teaching the public on sanitary matters, it could not be done without elaborate organization and legislative authority.

An interesting account has been received of the opening of the Cama Hospital (officered entirely by women) by his Excellency Lord Reay, Governor of Bombay, in the presence of a very large assembly of friends, on July 30th. The foundation stone of this hospital had been laid by his Royal Highness, the Duke of Connaught. In opening the hospital, Lord Reay congratulated the institution on having secured

the promise of success in obtaining such medical officers as Dr. Edith Pechey and Dr. Charlotte Enaby, and confidently anticipated the day when they would train native medical women to be their worthy successors. He remarked that there was no movement in India in which Her Majesty felt greater interest.

The new year of medical studies will open on October 4th, at the London Medical Schools. The providing of residential chambers for students under the immediate supervision of one of the hospital staff is gaining ground. In former years St. Bartholomew's and King's were the only institutions possessing such boons for "freshmen," but now St. Mary's has joined them, and others are about to do so. Up to the present it is thought there will be a slight falling off in the number of students entering.

LONDON, September, 1886.

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## Translations.

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THE CAUSE OF BRIGHT'S DISEASE.—At the meeting of the Paris Academy of Medicine, on the 7th of September, Dr. Semmola, of Naples, offered a communication in regard to Bright's disease.

Already in his previous labors the author had sought to determine by experimental researches the conditions of the development of Bright's disease. These new experiments have led him to believe that the condition which forces the albuminoids of the blood to undergo elimination from the organism is their pathological diffusibility. This becomes the synonym of inassimilability in proportion as their assimilation becomes difficult, the albumen escapes by the natural emunctories, and the albuminuria is constituted, but nevertheless without the existence of a lesion of the kidney. Dr. Semmola has been able to produce albuminuria by injecting white of egg into the subcutaneous cellular tissue, and that with all the classic symptoms of the disease.

An interesting point was to know what happened with the glands of the skin. The author had made numerous microscopic examinations with this view, and had been able to observe that the cutaneous lesions consisted of an

atrophy of the rete malpighii with atrophy of the neighboring connective tissue and rarefaction of the sudoriferous glands. He concludes from all his experiments that the skin is the true point of departure of the disease. It is upon this, in fact, that the action of humid cold is especially exerted, a principal and perhaps the only cause which can be invoked in the pathogeny of Bright's disease.—*Le Progrès Medical*.

**PSORIASIS VULGARIS.**—In half the cases of psoriasis in males (says Dr. Fredrich Hammer) the region of the knee was found free—in females almost never; in one case the palms and soles were exquisitely affected. Heredity was very abundantly established; in one instance the mother and daughter came with the same disease into the hospital, and in the same family the wife and her sister suffered with the disease. Of fungi only such organisms were found as, according to Bizzozero, belong to the normal trichophytes.

Efforts to inoculate the disease by means of bits of the affected skin and scales, attempted upon two persons, were entirely without result. The psoriasis was successfully treated with chrysarobin in chloroform, 1-10. The benedicted spots were afterward rubbed with traumaticin.—*Deutsche Med. Zeitung*.

**THE MEDICAL TREATMENT OF LUPUS.**—The remarkable success obtained by Dr. P. G. Unna in the treatment of lupus vulgaris by means of the application of plasters of salicylic acid was found to be attended by one difficulty, namely, that the acid, when used in a form sufficiently concentrated, is decidedly painful. This difficulty he sought to overcome by a combination of the salicylate with mercury, iodoform, cocaine, opium, extract of cannabis indica, hydrate of chloral, and creosote.

Mercury, iodoform, and cocaine proved entirely inadequate for this purpose, while, on the contrary, extract of opium as also the cannabis indica gave fairly satisfactory results.

The plasters pained for a longer time with moderate intensity, then much less but still with pain somewhat protracted.

Creosote, however, proved the best anodyne. When plasters were used containing two parts of creosote to one of salicylic acid, the pain lasted only from five to fifteen minutes and then completely disappeared. On technical grounds not more than twenty parts of salicylic acid could be fully incorporated with forty of creosote.

Where it is necessary to deal with horny growths (lupus varicosus) the part of the plaster next to them must be covered with pure salicylic acid. After that the plaster of salicylic creosote may be applied.

Before laying on the second plaster a four-per-cent solution of cocaine may be applied for ten minutes upon the already wounded skin.

That which lends to the creosote a peculiar value above all other agents for allaying pain is its peculiar antibacterial qualities, which enable it to supplement materially the salicylic acid.

The plaster of salicylic creosote, without any further aid, brings about healing of lupus. It is best to begin with the strongest application (20 of salicylic acid and 40 of creosote), whereupon the nodes of lupus soften and disappear. The plaster should be changed once daily, and at the highest twice, after abundant cleansing of the abraded spot. Should the tissues at affected parts become weaker, and restoration be arrested, a milder treatment should be resorted to, such as the ordinary treatment for wounds, for instance, iodoform.

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**A BRUTAL PHYSICIAN.**—A French journal states that a physician was called in the night to see a woman in childbirth. The labor was complicated, and an operation was necessary, for the performance of which the physician demanded two hundred and fifty francs in advance. The husband was a laboring man and had but one hundred francs, which he offered, with promises to pay the balance. The doctor refused in spite of the man's entreaties. Before another physician could be obtained the woman died in great agony, two lives having thus probably been sacrificed for the paltry sum of thirty dollars.—*The Medical and Surgical Reporter*.



## Abstracts and Selections.

**WEANING.**—This important process has called forth the most careful thought on the part of such eminent men as Trousseau, Archambault, Jules Simon, and others. If it is done prematurely, suddenly, or at an unseasonable period of the year, one may expect as a result diarrhea, gastro-enteritis, or cholera infantum, this result being due to the irritation which is caused to the organs which are accustomed to and adapted to the digestion of human milk. If an acute affection is produced, the symptoms are indigestion, diarrhea, and vomiting, which may come on in repeated attacks and may quickly prove fatal. Acute gastro-enteritis sometimes takes the form of cholera infantum. Instead of the acute form there may be a sub-acute or a chronic one, the belly becomes enlarged, the stomach dilated, and rachitis with its well known phenomena may intervene. In other cases the skin, the mucous membranes, and the lymphatic glands may be involved, and scrofula appear as the result of improper weaning. Two questions are to be considered in connection with this subject: (1) When (that is, at what age), should weaning take place; (2) how should it be done? Of decided importance, also, is a consideration as to the time of the year when this may best be accomplished. The summer is the least desirable season for it, for reasons which will at once occur. The most favorable is the winter, and then, in turn, the spring and the autumn. As to the proper age for weaning Trousseau made the mistake of laying down the general rule that it should be accomplished when the child had cut his sixteen teeth, whatever might be his age. But if a child has been nursed at the breast he will have his teeth when he is twelve or fifteen months of age; while, if he has been nourished in part at the breast and in part by the bottle, the first dentition will not be finished until he is two years or two and a quarter years of age. As to the disturbances which Trousseau attributed to dentition, or to weaning in the interval between the eruption of two groups of teeth, it is believed that they have been exaggerated. The age of eighteen months is considered as a good average for the period of weaning, modifying circumstances occasionally requiring an earlier time, but more frequently a later one. Should weaning be attempted earlier than the twelfth month, it will be attended with danger to the child's life, and this attempt is in reality responsible for the great mortality among infants. When artificial nourishment must be adopted, milk alone should be used, and the author protests against the soups, panadas, and

other more or less indigestible substances which are given to infants from four to six months of age under the pretext of preparing them for weaning. He considers that the advice of Trousseau and others upon this point has done great harm.

**How are children to be weaned?** If the child has reached the age of twenty months the question is easily answered. If he persists in wanting the breast, having already been fed, in part, upon milk, eggs, and other easily digested food, the nipple and the surrounding surface may be smeared with some saline or bitter substance, and this will speedily produce the desired result. Should weaning occur between the ages of twelve and fifteen months the difficulties will be greater, for diarrhea, athrepsia, and rachitis are among the possible results. Milk should still form the basis of the child's diet, and this should continue for several months, soft-boiled eggs and light gruels being added. When the child must be weaned under the age of twelve months, the greatest care must be taken, mother's milk should be very gradually replaced by cow's milk, or better by asses' milk. Should cow's milk be given, it must be heated over a water bath, and fed from a cup—not from a spoon or a bottle. Any food excepting milk must be considered positively dangerous for children under the age of twelve months. Meat, vegetables, and other substances which are fit only for strong stomachs, must be withheld for months after the breast has been entirely abandoned. Wine, coffee, beer, and cider must also be entirely withheld from young children.—*Archives of Pediatrics.*

**HOT BATHS IN UREMIA.**—The form of blood poisoning known as uremia or toxemia is so formidable an affection, and withal so frequent, that its consideration is justly regarded as of very great importance. It is notorious that the use of diuretics in such cases is generally futile, and therefore the chief reliance must rest on the action of the skin and bowels. As a means of greatly augmenting the action of the skin, no other measure has given such satisfactory results as the warm bath. A recent case in which I employed them, to my mind, will illustrate their good effect.

One evening, a short time ago, I was sent for in great haste to see a patient about twelve miles from my office, who was said to have convulsions. I immediately obeyed the summons, and on my way to the patient's residence I ascertained something of his history from the messenger. The patient was a stout, healthy lad, about eighteen years of age. He had been attacked with a mild form of scarlet fever about three weeks previously, from which he had ap-

parently made a rapid recovery, and seemed to be doing very well, until about the twenty-first day, when some puffiness of the face, and especially of the eyelids, became apparent, and he complained of headache, and passed very little urine—and that of a thick, turbid appearance. On the morning of the twenty-fifth day from the attack of scarlet fever he was seized with convulsions. A medical man in the immediate vicinity was called in. He administered chloroform, applied mustard to the spine, draughts to the feet, etc. He remained with the patient most of the day, and left in the evening, saying that he would not live through the night. This alarmed the friends, and they had, therefore, sent for further medical counsel. I arrived about twelve o'clock at night. On entering the room I found the patient in a comatose state, with a recurrence of the convulsions every ten or fifteen minutes—having increased very much in force and frequency during the past twelve hours. The pulse was about 130 per minute; inspirations about 30; pupils dilated; skin harsh and dry. He had passed very little urine during the last twenty-four hours, and it was high colored and loaded with albumen. I diagnosed the case as one of uremic intoxication, arising from disquamative nephritis, and treated accordingly. I ordered a warm bath, a large wash-tub being extemporized for that purpose. I had him seated in the tub, and wrapped hot blankets around his legs and shoulders. He was kept in this position for ten or fifteen minutes, and then put to bed, and friction applied to the surface of the body. Ice was applied to the head; and, as deglutition was impracticable, I ordered three drops of croton oil to be placed on the tongue. This produced a free evacuation of the bowels in a short time; the skin became moist, the convulsions gradually diminished, and ceased entirely in about three hours. I remained with the patient until five o'clock in the morning. He had no return of the convulsions during this time, but he was still unconscious. I could hold out no hopes to the friends of his ultimate recovery, although I had been able, by means of the bath, to break up the convulsions in the mean time. I now left the patient, but fearing a return of the convulsions, I directed the repetition of the bath about six o'clock in the morning. This was done; and about three or four hours afterward consciousness returned; and upon my second visit I found him in a much better condition, with a fair prospect of recovery. The patient continued to improve under ordinary treatment, and in a short time was able to attend to his usual duties.

I have adopted this plan of treatment in several instances, and it has invariably been

attended with marked success. The safety of the patient in such cases depends upon a free action of integument, without which no other treatment is of any avail. Frerichs strongly recommends benzoic acid in such cases; but I can not say that I have ever seen any benefit from its use. Chloroform is highly spoken of in the treatment of this affection. There is no doubt that in some forms of convulsion—such as those arising from some form of eccentric irritation—chloroform is exceedingly serviceable, and has proved so in my hands on more than one occasion; yet I can not help thinking that, in cases due to a blood poison, it is worse than useless—nay, positively injurious. *Dr. S. G. Gowe, in Massachusetts Medical Journal.*

#### ETIOLOGY AND TREATMENT OF DIPHTHERIA.

M. Delthill, of Nogent, in an interesting communication read to the Nancy Congress, gave an account of the results of his method of treating diphtheria by the fumes of turpentine and coal-tar, with local applications of turpentine. Of one hundred and thirty-four cases so treated, one hundred and twenty-six were cured; and prophylactic measures of the same nature being rigorously enforced, only three mild cases of infection occurred among six hundred and seventy attendants. Among other observations he found that the saliva of diphtheritic patients is always acid, that the incubation period is about five days, and that diphtheritic matter which has not been destroyed preserves its infecting power for more than a year; also that the disease may "vegetate in a chronic manner" for several months in an individual.

Perhaps, however, the most interesting part of M. Delthill's paper and of the discussion which followed related to the connection between diphtheria in human beings and epizootic diseases. M. Delthill mentioned the case of a child with diphtheria at a farm-house, where upon inquiry he found that two months previously to the child's illness the fowls had died of the pip (*pépie*), and that the pigeons had suffered from the same disease. The child had been in the habit of playing in the farm-yard where the fowls were kept.

M. Bouchard mentioned that he, too, had a case of diphtheria in a farm-house near Paris, where all the fowls had died of the pip. He remarked that in England the pip in fowls is called croup, and that he had no doubt that it had some connection with diphtheria in the human subject.

M. Delthill referred likewise in his paper to intestinal diphtheria, the existence of which was undoubted in the human subject and of very frequent occurrence in the calf.—*London Lancet.*



**COCAINE IN ANGINA PECTORIS.**—Professor Laschkewitch has found good results from the internal administration of cocaine (in doses of one half to one third of a grain three or four times daily) in cases of angina. It does not cut short an attack, but diminishes its intensity, and after a few days' consecutive administration it gradually diminishes the force and duration of the seizures until they may wholly disappear (*Rev. de Méd.*, August, 1886). He details four cases. One was that of a man, thirty-five years of age, the subject of aortic regurgitation and dilatation of the aorta. Anginal attacks occurred as frequently as eight times daily, and were of the characteristic kind. He was obliged to keep his bed, but the attacks also occurred during the night, preventing sleep. The disease had lasted two years, and had not been much benefited by oxygen inhalation. Half-grain doses of cocaine were prescribed, with the result that the attacks became less frequent and shorter, eventually disappearing. The patient died subsequently of an infectious disease. Another case was that of a man, aged sixty-three, with mitral disease, aortic dilatation, and general arterial sclerosis. Anginal attacks had occurred during the past six months upon physical or mental exertion, and were only subdued by morphia. Here, again, cocaine acted admirably, the angina ceasing after three days' administration. In a third case the patient, aged fifty-eight, presented marked arterio-sclerosis. The angina disappeared after two days' administration of one third of a grain four times a day. The fourth case, a man about forty years of age, was one of aortic regurgitation with marked dilatation of the aorta; and the administration of cocaine speedily cut short the anginal attacks, which had become severe and frequent.

Prof. Laschkewitch says that the remedy produces slowing of the pulse, which gains in volume, at the same time the quantity of urine is increased. He thinks that by combining this treatment with that by inhalation of oxygen, which acts immediately in an attack, the anginal seizure may be arrested and its reappearance prevented.—*Ibid.*

**THE INTRA-UTERINE GALVANO-CAUTERY.**—Dr. P. Landowski spoke, at the recent congress at Nancy, in favor of the action of the electro-cautery in membranous dysmenorrhea. He expressed his belief that, though this condition is doubtless chiefly met with in women who suffer from cachexia or some general disease, still the general condition is very frequently the consequence rather than the cause of the uterine disorder. He mentioned two cases in which he had applied the galvano-

cautery, the os being first dilated, and the time chosen being five or six days after the cessation of menstruation. In one of the two cases a complete cure resulted. In the other the pain accompanying menstruation was relieved, but a piece of membrane the size of a penny was expelled at each recurrence of the period. This was probably due to a portion of the intra-uterine wall having been insufficiently touched with the cautery.

At the same congress M. Apostoli stated that he had employed the intra-uterine galvano-cautery in a large number of cases of chronic metritis and endo-metritis with very great success. He does not confine the patient to bed during the intervals between the applications, and improvement very quickly follows the first few cauterizations. The author compares this method with that of scraping the intra-uterine wall with a sharp spoon, and considers that it has the advantages over the latter of being capable of exact graduation, of being more easily localized, and of not being so instantaneous. The result of the cauterization is to cause the formation of a new and healthy mucous membrane.—*Ibid.*

**INSOMNIA IN THE AGED.**—D. C. L. Dana (New York Bulletin of Clin. Soc.) has found the information contained in the text-books upon insomnia in the aged to be but very slight in amount. Insomnia was not frequent in the aged, but when it was present it was sometimes very intractable. In his experience iron did not relieve the anemia of the aged so as to produce sleep. Alcohol with food was another remedy, and many recommended hot gruel with alcohol before going to bed. While alcohol will relieve some cases, there are others in which the insomnia was increased. The bromides and chloral, even when given in enormous doses, often failed to give relief. Opium was another remedy. Good results have been obtained with a combination of cannabis indica and codeia; from five to six minims of the fluid extract of cannabis indica with one sixth to one eighth of a grain of codeia might be used. One fourth of a grain of the extract of cannabis taken alone sometime might be effective. As a rule, however, the combination with codeia was preferable. Hyoscyamine was sometimes useful, but in nervous fidgety persons it would sometimes produce an actual delirium. Under ordinary circumstances the dose should not be increased above one fourteenth of a grain to obtain the desired effect. The effect of these remedies, he thought, had been increased by the addition of from two to three drops of tincture of aconite two or three times a day to relieve the tension of the blood-

vessels. Tincture of valerian and compound spirits of lavender sometimes acted like a charm in relieving insomnia. Large doses (᠑i-3i) lupulin were also often effective.—*New England Medical Monthly*.

**THE NATURE OF JAUNDICE.**—Following in the lines of M. Chauffard, Professor Kelsch, of Val de Grace, writes in support of the specific nature and infective origin of catarrhal jaundice (*Rev. de Méd.*, August, 1886). He confirms the clinical observations of M. Chauffard, especially as to the urinary excretion, but is unwilling to accept the doctrine that the condition is due to ptomaines formed in the intestinal tract, regarding an external agent as more probable. The observation of epidemics of jaundice in the army, of which he records instances, points to the conclusion that they are due to telluric conditions, and therein establishes a link between catarrhal jaundice and malignant jaundice. The latter is mostly admitted to be due to foul water-supply or bad drainage, and both varieties are frequently associated in epidemics. M. Kelsch, indeed, avers that the simple and malignant forms are one and the same affection, and therefore sums up his belief in the propositions: (1) Sporadic or epidemic catarrhal icterus is a specific, infective disease; (2) that the infective agent is developed outside the organism; (3) that it is generated in marshes and in soil abounding in animal and vegetable matter; and (4) that owning thus a common origin with malaria and typhoid fever, the coincidence of epidemics of jaundice with ague and typhoid is explained.—*London Lancet*.

**DISEASE OF THE NOSE CAUSING APHONIA AND DYSPNEA.**—Dr. Predborski mentions, in the Polish journal *Gazeta Lekarska*, a case of aphonia and spasmodic dyspnea, where the cause was found to be an affection of the nose. A young Jewess, subject from childhood to attacks of epistaxis, received a severe nervous shock, being, in fact, the subject of an attempted violation. After this she completely lost the power of speech, and began to suffer from attacks of spasmodic dyspnea; her catamenia also ceased. One of the attacks was so alarming that it was thought that tracheotomy would have to be performed, and preparations were made for the operation, but, on chloroform being given, her condition improved so much that she not only breathed more easily, but began to scream, so that all thought of operative procedures was abandoned. In a few weeks' time the girl seemed much better, but subsequently the symptoms reappeared. The nose, on examination, showed that the lower

and middle turbinated bones on the left side were red and tumefied. When they were touched pain was produced, accompanied by sneezing and discharge of mucus. The application of chromic acid quickly and completely restored the patient to her usual state of health. *Medical and Surgical Reporter*.

**THE RELATION OF TONSILLITIS TO SCARLATINA AND DIPHTHERIA.**—There can, I think, be no question that certain poisons circulating in the blood may and do set up acute inflammation of the tonsils, the same as they do in the various lymphatics of the body. Yet there is in some persons an unquestionable tendency to strumous enlargement of the glands generally, with or without any corresponding enlargement of the tonsils, and *vice versa*, while both may exist together; and if we say that tonsillitis is always the result of some scarlatinal or diphtheritic poison, we must also believe that the ordinary strumous enlargement of the glands is due to the same cause. But while it is certain that the tongue in ordinary tonsillitis does not bear any resemblance to that which exists in scarlatina, and that simple quinsy is non-infectious, it can not be doubted that tonsils of a large spongy character are a favorite soil, as it were, for germ life and growth. My own opinion is that ordinary inflammation of the tonsils is similar to that which arises in various strumous glands, and has nothing of a specific nature about it.—*Dr. F. P. Atkinson, in London Lancet*

**THE FORMATION OF NEW TISSUE FROM ASEPTIC BLOOD-CLOTS.**—That blood coagula will organize and form new tissue after a destructive operative procedure, is the new phase in wound treatment presented by Schede at the last Congress of German Surgeons. Accustomed as we have been to regard blood-clots as foreign bodies to be carefully removed from a wound, this statement is somewhat startling; but after reading Schede's carefully observed results, and remembering that hematoma of large size not infrequently disappear, and that it has long been known that blood-clots in an aseptic wound are innocuous, we feel somewhat prepared to accept Schede's remarkable statement.

His reported results are almost marvelous; the blood fills the wound cavity completely, clots, and is gradually replaced by permanent tissue formation, without further wound secretion. By this method, resections of large joints have healed by primary union, large portions of the articular ends of bone, with the whole of the cartilage surface, have been removed without impairment of the articular function.



Two hundred and forty-one operations are recorded by Schede, and nearly all of these have healed under one dressing by primary union; among the operations performed are the removal of large sequestra from bone, the erosion of fungous granulations from the sheaths of tendons, the division of all the soft parts, including the astragalo-scaphoid ligament (Phelps' operation), and many excisions of joints and removals of tumors.

Especially adapted to this method of treatment are wounds of bones, joints, and cavities having stiff walls; it is not advisable in wounds of the soft parts. To secure these results, one must completely remove all diseased (tubercular) tissues and all foreign bodies (sequestra or fragments of bone) from the wound, which must be aseptic, accurately filled with blood from parenchymatous bleeding, and provision should be made for the escape of an excess of blood by overflow-drainage openings situated at the highest point of the wound surface; finally, one must, as far as possible, favor the evaporation and drying of the excess of blood by the dressing. Of course, to obtain such results, one must follow carefully the plan laid down by Schede for operative procedure. This we will give somewhat in detail; for example, a limb is exsanguinated by an Esmarch's bandage, the knee-joint is resected, visible arterial lumina are secured, the tourniquet is loosened and spurting points are ligated, and the cavity of the wound is allowed to fill with blood. Then all tissues from the periosteum to the skin are carefully approximated. No drainage-tube is used. The wound is covered with silk protective, which must lie perfectly smooth, and this is covered with a sublimate gauze dressing, interposed with layers of cotton batting, which is secured in place by rollers of antiseptic gauze; a splint is applied to the back of the leg, extending from a foot-piece to the waist, and this is finally secured in position by plaster-of-paris bandages. Schede has resected forty large joints, with thirty-seven typical recoveries; and he has never been obliged to change this dressing from leaking of blood or wound secretion. Bone cavities, however, are treated in a little different manner, in that the skin and soft parts are caught together, with appropriate intervals for the escape of an excess of blood. Over the blood-filled cavity is accurately adjusted a piece of silk protective one or two centimeters larger than the wound; this serves a double purpose, in that it secures the accurate filling of the wound with blood and prevents evaporation and drying of the blood clot within the cavity of the wound. The silk protective is covered with the dressing as applied to the knee joint. If any doubt

exists regarding the asepticism of the wound, Schede advises packing it with iodoform or sublime gauze until it can be made so; then, when good granulation tissue appears, he scrapes out the wound and allows it to fill with blood, which he covers in with silk protective as above and considers that he materially hastens the healing of the wound.

Schede considers the failures which have followed his treatment to be due: First, to the incomplete filling of the wound with blood; this can be avoided by loosening the Esmarch before applying the dressing. Second, to the recurrence of tuberculosis in wounds from incomplete removal of diseased tissues, for instance, in severe cases of general tuberculosis the coagula will not organize. Third, the failure to remove all foreign bodies from the wound, sequestra, etc., which may cause fistula in the cicatrix. Fourth, there is occasionally a fungous degeneration of the cicatrix as in wounds otherwise treated.

We are certainly indebted to Schede for boldly acting on his conviction that blood-clots will organize and form new tissue, and his eminently satisfactory results should attract the attention of all practical surgeons.—*Boston Medical and Surgical Journal*.

**CIRCUMCISION UNDER COCAINE—IMPROVED OPERATION.**—Dr. E. R. Palmer, Professor of Physiology in the University of Louisville, writes to the Medical Record that, desiring to perform circumcision under cocaine, he determined to use Corning's method of sequestration.

"The patient, a young man, twenty years old, with a complete congenital phimosis, was seated in a chair and the penis was seized by my assistant and drawn upon firmly. A Martin bandage, seven eighths of an inch wide and a yard and a half long, was next applied, the first turn being made behind the scrotum to prevent slipping, and the bandage being then wound tightly back and forth from the symphysis pubis to the corona and back again. An ordinary hypodermic syringe was next filled with a six-per-cent solution of cocaine, and the needle, directed toward the extremity of the penis, was passed at four different points through the skin over the glans, a fourth of the contents of the syringe being discharged each time into the subcutaneous tissue. No attempt was made to introduce the drug from the mucous surface. In about three minutes I began adjusting a Rogers' clamp, occupying as many more minutes in getting it placed to suit me and screwed down. The prepuce was removed with one stroke of a pair of long curved scissors, and the clamp removed. The

dorsal artery was found not bleeding; the frenum was not cut. The mucous membrane was split up, and some eighteen sutures leisurely introduced. The bandage was now removed, and, contrary to expectation, no hemorrhage ensued. Less than a dram of blood was lost during the entire operation. The wound was dressed loosely with absorbent cotton wet with equal parts of listerine and water. Not a twinge of pain was felt after the last needle puncture had been made. The young man, of nervous temperament, was at first quite pale, but later assisted in the stitching, and, as he washed his hands after the operation, remarked that his penis still felt dead. The wound healed in forty-eight hours by first intention.

"The advantages of the bandage are several: It wholly controls bleeding, it localizes the action of cocaine, and it increases the facility with which the penis can be handled during the operation. The reverse direction for application, that is, from behind forward, will be found the best, because the easiest, and fully effectual."

"*PERLÉCHE*."—According to the New York Medical Journal, M. Justin Lemaistre has recently described a contagious affection occurring among school-children in some country districts in France, which he thinks has never before been described, although the peasants have known it for some time under the name of *perlèche*. It is of comparatively frequent occurrence in the country districts of Limousin. It appears at the angles of the mouth as a small abrasion, which in a short time extends along the labial commissures, forming cracks or fissures, which give rise to pain and some hemorrhage when the mouth is opened wide. The lesion has many of the objective characters of certain mucous patches and commissural rhagades in syphilitic children. The malady is a simple one, without constitutional disturbance, and usually lasts from fifteen to thirty days. The treatment, like the disease, is simple—merely touching the patches with sulphate of copper or alum is quite sufficient to insure a cure.

**TUBERCLE BACILLI AND HEREDITY.**—Dr. Curt Jani has examined the healthy sexual organs of nine phthisical patients for tubercle bacilli. No bacilli were found in any of these cases in the semen from the vesiculæ seminales, but, on the other hand, in five cases out of eight a small number were found in the testicle, and in four out of six in the prostate. There was no pathological alteration in the tissues of the testes. Besides these cases, Dr. Jani found in one case of acute miliary tuberculosis num-

berless tubercle bacilli in the tissue of the prostate. He further examined two women who died of pulmonary phthisis, the ovaries both times presenting negative results. In one case of chronic pulmonary phthisis, with extensive intestinal tuberculosis, he examined the tubes and found tubercle bacilli. Dr. Jani is of opinion that the tuberculous poison may pass to the fetus in two ways—through the semen of the male and through the migration of the bacilli into the womb from the abdominal cavity. Infection of the ovum after impregnation by the placental circulation he thinks must be unusual, because the examination of the body of a woman five months pregnant, who died from acute miliary tuberculosis, in whom the general infection took place through the growth of a caseous mass in a pulmonary vein, showed that there were no tubercle bacilli either in the placental attachment or in the lungs, liver, kidneys, or the epiphyseal lines of the different bones of the fetus. Dr. Jani, however, considers that it is by no means certain that in chronic miliary tuberculosis deposits may not form in the neighborhood of the placenta, and thus infect the fetal organism.—*Med. and Surg. Reporter*.

**THE TREATMENT OF VARICOCELE.**—R. F. Weir, M.D., concludes as the result of his experience of a number of the methods devised for the treatment of varicocele: (1) That for small varicoceles there is nothing better than a single (or double) subcutaneous ligature; (2) for medium sized varicocele or for cases declining a more heroic operation, excision, in careful hands, is to be advised; (3) for larger varicoceles, for relapsed cases and for those not very large but with a much elongated scrotum, ablation of the scrotum with ligature of the veins is preferable.—*N. Y. Medical Journal*.

**THE INDUCTION OF PREMATURE LABOR BY MEANS OF THE HOT BATH.**—Hoffman (*Centralblatt. f. Gynäk.*, No. 32.) from his experience with a single case concludes that: As a means of inducing premature labor, hot baths are not to be depended upon, and are therefore worthless. The bath is not without danger to the mother, the resulting conditions being rush of blood to the head, dizziness, sweating of the face, increased respiration, rapid elevation of the temperature. In his case the rapidity of the heart-beat increased so suddenly that the patient could remain in the bath but seventeen minutes. The result of two baths, as regards uterine contractions, were negative, and the miscarriage was brought about by the bougie.

The child lived and the mother made a good recovery.—*American Lancet*.



# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. II. SATURDAY, OCTOBER 16, 1886. No. 8.

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

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## RACE AND PROGRESS.

Few travelers who have crossed the borders of Virginia and Kentucky, going south, have not been struck with the aggressive spirit that characterizes the States to the north, and the conservatism among the people of the States named. Many would at once conclude that the difference in the two sections is due to slavery. But if we travel further south, we find that South Carolina, Georgia, and Alabama are much more easily stirred than the people of the States to the north of them, and this, notwithstanding that they were still more under the domination of slavery. It seems relatively much easier to get up manufacturing enterprises, or social, or political movements of any kind in the extreme Southern States named than in the belt to the north of them.

Slavery has had very much to do, no doubt, in retarding the South, but the remarkable differences referred to seem in a great measure due to differences in the character of the people who first colonized the Atlantic coast and spread westward on lines of latitude. The energetic, pushing, enterprising, aggressive, and often tyrannical Puritan first settled New

England, and, pushing to the West and Southwest, carried the leaven of Puritanism to the line of the slave States, overrunning to a greater or less degree the entire North.

Virginia and North Carolina and their daughters, Kentucky and Tennessee, were dominated by the Cavalier. Proud, brave, and magnanimous, they held themselves to be the best of people, and all they had was the best, if only because it was theirs. Hence they were steed against all innovation, and took slowly to new enterprises of any character. But South Carolina, Georgia, and Alabama felt the influence of a different spirit. There the leaven of the Huguenots was working. The progressive, refined, receptive people driven out from France by the revocation of the Edict of Nantes, who did so much for Germany and England, carrying with them all the high qualities of culture that have so long characterized the capital of France, have stamped their impress upon a wide territory of the New World. But a change has come, and with altered aims the soldierly Cavalier now enters the lists with the Puritan and Huguenot in material progress. s.

## THE GENESIS OF ATOMS.

At the recent meeting of the British Association for the Advancement of Science Prof. William Crookes read a notable essay upon the genesis of matter.

Accepting the views of the most advanced thinkers, that atoms of matter represent only equilibria or balances of forces, he assumes that at the first formation of all stellar bodies the heat was so intense as to decompose all matter into forms more tenuous than the atoms of any known substance. As soon as any such given mass cooled sufficiently a combination of forces took place, producing the finest character of atoms. The first of these was probably helium, a hypothetical substance believed to be found in the sun by means of the spectroscope. Next came hydrogen, which has the smallest atom of all substances composing the mass of the earth; then substances of coarser and coarser atoms were formed until iridium was reached, which is supposed to have the coarsest atom of

all, when the degree of cooling arrested the further formation of atoms.

Prof. Crookes supposes further, that at successive steps of the cooling and diminution of the forces producing dissociation, diamagnetic, and paramagnetic, or electro-positive and electro-negative substances, were formed alternately. This he represents by a diagram illustrating the scheme, which is marvellously well borne out by known facts. According to this theory there may yet be a large number of substances intermediate in the present list which are as yet undiscovered. Of course these grand and recondite principles, until fully demonstrated (if ever that can be), must rest on theory, or even on working hypotheses merely; but there is much in the theory of Prof. Crookes that addresses itself to reason and seems to shadow forth a truth in a way that bespeaks the genius.

Many thoughts must be suggested and many questions may be asked in such a connection. The terms cohesion and adhesion seemed at one time in the infancy of science to express a great deal, but when one attempts to imagine the interaction of forces, of dia- and para-magnetism, of crystallization, etc., that must extend to every atom, and then of the mysterious balance in which the forces contained in a piece of coal, for instance, or a block of dynamite, can rest for ages, he feels that he can do nothing but wonder. But dazzling as is the conception of Prof. Crookes, he must go much further yet who reaches the *fons et origo* of the varied world around us. They who talk children's talk of determining sex by rising early or sleeping late, by marrying young or old, by feeding well or ill, may amuse themselves, but they who would know must go to the very origin of matter; for sex and life were before the wedding of the forces that gave birth to helim, or perhaps even the ether. The *ewige weibliche* (the eternal female principle) of Goethe was no vain dream, for it also was an inspiration of genius akin to revelation. As natural and as necessary as the formation of a crystal is the development of life when once the conditions are given, but it is vastly more complex; and when once we know, sex will be found to be determined by laws as fixed as those that determine the shape and weight of atoms. s.

## Notes and Queries.

IS VACCINATION INIMICAL TO PREGNANCY? The protection against variola which vaccination affords is now generally recognized, and the question is often asked, Is it prudent to vaccinate pregnant women? Some persons seem to entertain the apprehension that pregnant women incur special and serious risks under vaccination. To justify exceptional neglect of vaccination in their case, it ought to be shown, not only what this special risk is, but also that it is more serious than the risk incurred by the women themselves taking the smallpox, and thus of propagating the disease to others. The community as well as the pregnant women should be considered.

To make out, then, a case for special exemption, it ought to be shown that the pregnant woman incurs a particular danger. Where is the evidence of this? Very likely the following, from Dr. Meigs' work on Diseases of Females, will be cited as authoritative in this matter. "Do not," he says, "vaccinate women when pregnant. I have been the witness of dreadful distress from the operation. Eschew it, I entreat you." It would be very desirable to have the cases justifying this very emphatic assertion recorded. We fear there is some confusion in the matter. When asking for evidences of mischief, as of abortion, from vaccination, we have been told of abortion and serious illness following smallpox. We do not doubt that smallpox is a most serious accident to a pregnant woman. Variola is a most serious disease at any time, but the puerperal state fearfully augments the risk: does it not follow, *a fortiori*, that pregnant women should be protected against smallpox?

Our own experience has supplied us with many illustrations, which we think warrant us in asserting that pregnant women living under epidemic or zymotic influences are more prone to take the prevalent morbid poisons than others, and that, having taken a morbid poison, they are less able to throw it off. Their excreting organs, charged with the double duty of excreting for two organisms, are liable to break down under the additional burden. The morbid poison pursues its course in a system which



is less able to resist its injurious action; abortion, and a most dangerous form of puerperal fever, are very likely to follow.

Against this certainly greater risk of taking smallpox, and certainly greater severity of the disease, if taken, what, we ask again, is the special danger of vaccination or re-vaccination? The operation, we know, is not altogether free from danger in adults of either sex. Before resorting to it, it is wise to get the system into good condition. Do pregnant women run more risk than other adults? Probably they are at some disadvantage. But we believe that the special dread of abortion is exaggerated, if not altogether unfounded. The healthy ovum clings to a healthy uterus with a wonderful tenacity. An ordinary illness, much less the slight febrile disturbance of vaccination, will not affect this relation. On the other hand, slighter causes may precipitate an abortion already imminent.

So far is vaccination from causing abortion, that cases are known in which the fetus has gone safely through the vaccine disease *in utero*, so that it has subsequently been proof against vaccination. We think, then, we may conclude that in the absence of decisive evidence of special danger that pregnant women are entitled to equal protection against smallpox with the rest of the community; and that vaccination and re-vaccination should be practiced on pregnant women in their own interest as well as that of the community of which they form a part.—*Massachusetts Medical Journal*.

**COCAINOMANIA.**—Erlenmeyer, in *Deutsche Medizinische Zeitung* (1886, No. 46), has studied the symptoms in a number of individuals who have used cocaine to excess by subcutaneous injection or otherwise. The characteristic symptoms denote vaso-motor paralysis, the pulse is accelerated, the sweats profuse, and dyspnea and syncope ensue. Failure of general nutrition is very notable, the eyes become sunken, and the skin of cadaveric hue. At a more advanced stage psychic troubles supervene, sometimes requiring personal restraint. Most of the persons so affected had previously been addicted to the abuse of morphia, and cocaine had been resorted to as a minor evil. It would therefore be unjust to lay too large a

share of the troubles noted at the door of cocaine; still, enough evidence is at hand to prove that it may be productive of evil consequences, and should only be used as a powerful medicament with circumspection.—*Medical and Surgical Reporter*.

**THE SUPRAPUBIC OPERATION FOR STONE.**—In a paper on vesical calculi (*Bristol Med. Chi. Journal*), Mr. Pickering says: It is becoming the practice to depreciate the time-honored perineal operation, and to put in its place for all cases the suprapubic operation. This, I think, is a swing of the pendulum too far in the opposite direction; for I believe that the lateral is the best for children, while, with regard to adults, the case is different, and here the suprapubic operation should be performed; and I have no doubt it will prove, in these cases, to be the safest. I see Sir H. Thompson discards antiseptics, and does not sew up the wound in the bladder. I should prefer to perform the operation under strict antiseptic precautions, accurately suture the wound in the bladder, and drain the bladder antiseptically; this latter I found the most difficult part of the treatment, as blood-clots and mucus are very liable to frequently block the opening in the catheter, thus necessitating frequent change of the instrument. By constant care and forethought these difficulties may be overcome.

**ANDERJOA, A SO-CALLED SPECIFIC FOR DYSENTERY.**—For many years, in the island of Mauritius, a remedy has been known under the name of "*mauvais*," which has enjoyed the reputation of being a specific for dysentery. Dr. Clarenc has recently found that the active ingredient of this remedy is the *anderjoa* or *anderjou* plant, a native of that island, and he publishes in a letter, in the *Bull. de la Soc. Méd. de L'Isle Maurice*, the manner in which this remedy is prepared. One pound of the dried *anderjoa* plant is reduced to a fine powder, and twenty tablespoonfuls of this powder are mixed with a tablespoonful of *anderjoa* powder, previously roasted, together with a tablespoonful of arrow-root, and the whole divided into ten equal parts; each one of these is taken daily as an infusion. The *anderjoa* is the seed of a

member of a group of apocinaceæ of the species *hollarrhena*, and is known as the *hollarrhena antidyenterica* described by Waring in the Pharmacopeia of India in 1868, page 137. Its bark had been previously imported into Europe, and is known under the names, *cadoga*, *pala*, or *pala* or *telli-cherry bark*. Its seeds have from time immemorial been regarded as tonic, antifebrile, and above all antidyenteric. Unfortunately, however, this plant has often been confounded with other species, and as a consequence it has fallen into discredit. According to Drs. Lesur and Anteleme, the *mauvais*, or as it is also known, the *lagravelle*, remedy has the following formula :

Anderjoa powder..... 10 parts ;  
 Arrow-root powder..... 5 parts ;  
 Magnesia.....  $\frac{4}{10}$  part ;  
 Benzoin ..... 1½ parts.

M. Boil for two or three minutes in five hundred parts of distilled water, filtered through linen, and cool.

S. Dose, two or three wineglassfuls of this infusion taken on an empty stomach one or two hours before meals, while the whole is to be taken in twenty-four hours.

On the third day of treatment benzoin is to be replaced by powered red cinchona bark, and on the sixth day anderjoa powder is to be roasted before being powdered, and may be also mixed with a little alum.

According to the observations of Dr. Lesur, this remedy is especially useful in chronic dysentery, especially when the discharges have become purulent. It should not, according to this author, be administered until the use of ipecac, calomel, and opium have failed to prevent the transition of the acute into the chronic stages of dysentery. Dr. Clarenc also adds a number of cases which seem to demonstrate the efficacy of this medicament in the chronic forms of dysentery. As it seems to be already an export, it is to be hoped that it will be subjected to further study and its exact value determined.—*Therapeutic Gazette*.

THE INFLUENCE OF MEDICINES ON DIGESTION.—The rational method in therapeutics is founded on knowledge acquired largely from the experimental laboratory. Any careful in-

vestigation in the chemical department of physiology must ultimately prove of value, even though its present effect on practice may be slight or altogether lacking. O. Petersen, of St. Petersburg, has ascertained the influence of certain medicines on the duration of digestion. The inquiry was of the simplest order, as must necessarily be the case in exact experimentation. The problem Petersen set himself to solve was to ascertain the time required to digest twenty to forty grams of dried albumen by the aid of four hundred and fifty cubic centimeters of an artificial gastric fluid made of one gram of pepsin to a liter of water and ten grams of hydrochloric acid. Alcohol in the proportion of five per cent did not hinder the digestion, but when the percentage rose to ten digestion was stopped, while first being retarded proportionately before that percentage was reached. Antipyrin, in doses of two to two and a half grams, exercised no influence on the rate of peptonization, though larger quantities slightly retarded the action. One or two grams of bromide or iodide of potassium hindered the process a little. The organic preparations of iron scarcely affected the time required for the digestion, while the reduced iron and the inorganic salts slowed the action. Magnesium and sodium sulphates, even in moderate doses, were in the same case. A gram dose of chloral hydrate had no slowing effect, though marked retardation occurred with a dose of one gram and a half. The chloride of sodium, as might have been expected, did not retard digestion, even when employed in large doses.—*London Lancet*.

A CHINESE SUBSTITUTE FOR COCAINE. — In the third annual report of the Soochow Hospital Dr. W. R. Lambuth relates a case in which he used cocaine in an operation for extraction of a foreign body from the eye, much to the amazement of the friends of the patient and others. A native surgeon who happened to be in the hospital under treatment at the time was not so much impressed, and said that the Chinese had a similar anesthetic, the chief ingredient of which was "frog-eye juice." On his recovery he endeavored to make his assertion good, and, after a long search among the



wholesale drug-stores of Soochow, returned with a small, hard cake resembling beeswax, but harder, darker, and semi-transparent. This cake was cut into pieces and soaked some hours in water, together with a small, white, woody excrescence found growing upon the knot of some tree. After twenty-four hours the preparation was ready for use, and upon trial Dr. Lambuth says it was certainly found to have anesthetic properties. The tongue and lips became quite numb when it was applied to them, and a finger immersed for some minutes in the solution lost sensation to the extent that a needle could be thrust into the end of it without pain. The surgeon, as well as others, insisted that the anesthetic property lay in the juice of the frog's eye, and did not depend so much upon the other ingredient. The writer states that he has since found that the drug is widely known in China, though little used.—*Medical Record*.

**MOXIÉ: ITS TRUE INWARDNESS EXPOSED.**—The following unique communication was received at this office early in September. We regret that in presenting it to the readers of the *American Analyst* we are unable to confer upon them the esthetic gratification which they would derive from a *fac-simile* reproduction of the epistle with its striking chirography and its illumination of ink blots. The letter will speak for itself, however. (*American Analyst*.)

MOXIE NERVE FOOD CO., 55 CENTRAL ST., }  
LOWELL, MASS., Sept. 4, 1886. }

*Editors of the American Analyst:*

Your reply to my communication of August 21st, in issue of September 1st, is at hand. Lieutenant Moxie was never in the army or navy. I have never replied to the *Western Druggist*, as I see no unreason or malice. It is a just and honorable criticism, which is the right of every journal. They do not advise the poisoning of any body. As to my being a quack and pretender, and vendor of a quack nostrum, I am happy to say that the results from the use of the nostrum, and my legitimate practice of twenty years in the city of Lowell, has caused the people to entertain a contrary opinion. A man has the right to an opinion when he has a sufficient knowledge of a subject to entitle him to one. If you do not possess sufficient knowledge to earn \$5,000 by

analyzing the moxie, from where did you steal the title of Analyst? I have expended less than \$12,000 in advertising the moxie and have sold nearly 5,000,000 bottles. Has it sold on its merits or from advertising? Are the American people less intelligent than yourselves? You step into Washington, or inquire in your own New York, where the best brains in the country congregate, and ask them if the only God-given, legal, regular know-every-thing, wholly scientific medical class have ever given the American public its equal. Are you aware that nearly all of the most useful discoveries have been made outside the regular scientific schools, and are simply adopted children? My dear sirs, there are lots of things for you to learn. Take the moxie, it will expand your brain, and if you are hard drinkers, it will restore your manhood.

Sincerely,

A. THOMPSON, M. D.

P. S. We will see if you have enough to allow me a continued defense? A. T.

Believing, with several of our contemporaries who had taken the pains to look into the subject, that the nerve-invigorating claim put forth in behalf of moxié was a fiction calculated to impose upon the community—and desirous also, on our own behalf, of repairing a wrong in case we had been in error in denouncing the article—we placed the matter in the hands of the consulting chemist of the *American Analyst*, Dr. Francis Wyatt, one of the most expert chemists in the city, with the request that he would subject it to the most minute analysis, quantitative and qualitative, in order to discover what were its exact ingredients. The result of this analysis is herewith published. We have only to add that in the light of this conclusive exposition of its character, we presume that all the respectable druggists in New York and other cities whose stores are decorated with placards of the moxié "Nerve Food" will remove those fictions from their walls. Of course, if they see fit to dispense the stuff for what it really is, and not in conformity to the baseless claims set up in its behalf, that is their unquestionable privilege. We are not actuated in this matter by any other motive than the desire, which has been consistently maintained by the *American Analyst*, to protect the public from whatever we believe to be gross imposition. The sixth section of the Federal Adulteration Act de-

clares that an article shall be deemed adulterated, that is, contraband, if "it is made to appear better than it is, or of greater value." It would appear, from the statement of our chemist, as though the definition quoted applies directly to moxié. As to the owner of the article—the aforesaid Thompson—we have never had any relations with him beyond being the recipients of several ill-phrased, threatening letters bearing his signature, the tenor of which indicates his consciousness of the insecure ground he stands upon. As to the offer of \$5,000 for pricking the bubble, the American Analyst waives its claim to the reward, but suggests that a check—certified of course—for the sum be sent to the gentleman whose name is signed to the subjoined certificate: Francis Wyatt, Consulting and Analytical Chemist.

To the Editors of the American Analyst:

GENTLEMEN: In accordance with your request, I have made a very careful and exhaustive chemical examination of the article called "Moxie's Nerve Food," procured in the open market by myself from one of the prominent drug stores in this city.

I gathered from the circulars and various advertisements issued by the proprietors that it is neither a tonic, a stimulant, a poison, nor a medicine, and that it contains no trace of alcohol. Despite these facts, it is said to possess the remarkable virtue of curing dipsomania, bracing up and restoring the shattered or weakened nervous system, and imparting new vigor to the overtaxed brain.

The result of my analysis is as follows:

Specific gravity.....	1.035
Carbolic-acid gas.....	1.022

One hundred parts by weight subjected to distillation, contain—

Alcohol.....	0.750
Essentil oil of sassafras.....	} .....0.250
"    "    wintergreen.....	
"    "    aniseed.....	

The matter left in the retort, evaporated to dryness, contained—

Extractive matter.....	7.880
Composition of extractive matter—	
Sugar.....	3.810
Glucose.....	1.250
Sodium carbonate.....	1.070
Sassafras,	} Existing in the original substance as infusion, mixed together in proportions which allow the sassafras to preponderate.
Gentian,	
Checkberry,	
Quassia Amara,	
	1.870

It will be seen that there is an utter absence of any alkaloid, or of any active principle of any drug, or vegetable, or herb, recognized by or known to the sciences of chemistry or medicine. If the preparation had contained any vegetable substance such as is claimed for it, the above analysis would have shown it by the discovery of some alkaloid or essential oil.

The general result of my investigation enables me to state, with no fear of contradiction, that the sole property to which this mixture can lay claim is that of a mild and entirely inoffensive tonic, forming an agreeable drink for quenching the thirst, and incapable of exercising the slightest action upon the brain or the nervous system.

I think it would be unfair not to add, that in order to satisfy my own mind I have daily swallowed—for the past two weeks—very large and very frequent doses of this preparation, and that I have signally failed to notice the production of the least effect to which I could trace it as the cause. I am, gentlemen,

Yours respectfully,

FRANCIS WYATT,  
Ph. D.

NEW YORK, Sept. 25, 1886.

**TOXIC EFFECT FROM THE PERMANGANATE OF POTASSIUM.**—In view of the attention which potassium permanganate is now attracting in the treatment of amenorrhea, two cases of toxic symptoms from its internal administration, reported by Dr. W. D. Bidwell (Boston Medical and Surgical Journal, August 12, 1886), are worthy of attention.

The first case in which Dr. Bidwell used the drug was that of a girl nineteen years of age, with advanced phthisis and amenorrhea of ten months' standing. Dr. Bidwell administered potassium permanganate in two-grain capsules three times daily for two days, which was followed on the evening of the second day by a moderate flow lasting for two or three days. After this the girl's general health improved, and the flow appeared the following month just as previous to the commencement of the lung trouble. Subsequently, however, she failed rapidly and died in about two months. Encouraged in this removal of the amenorrhea by this drug, Dr. Bidwell's partner, Dr. Brock, prescribed two-grain capsules of the permanganate for a young lady, unmarried, twenty-two years of age and somewhat debilitated, who had been suffering from amenorrhea for four or five months. After the first dose she



complained of severe burning pain from the throat to the pit of the stomach, was nauseated, pulse rapid and rather weak. This was supposed to be due to some irritating article of diet, and the patient drank a quantity of milk, which eased the pain somewhat. The next morning, when she took the second capsule, there was a repetition of the symptoms of the previous evening, only more severe. The patient was intensely nauseated and vomited, complained of intolerable burning in the throat and stomach, was almost pulseless, completely prostrated, and did not fully recover for two or three days.

Subsequently, in the case of another young lady, unmarried, and about the same age and condition of health, who had suffered from suppression of the menses for two months, he prescribed one-grain capsules with the same result, pain like a flaming fire in the stomach and throat, and generally symptoms of shock and collapse.—*Therapeutic Gazette*.

**A CASE OF IDIOSYNCRASY WITH REGARD TO TANNIC ACID.**—Dr. J. M. Williamson reports in the *Practitioner* for July, 1886, a case of a married woman, aged fifty-seven, who had been suffering from anemia from hemorrhoidal bleeding, which, after operation, left her the subject of distressing irritability of the bladder. Previously this trouble had always yielded to a mixture containing bicarbonate of potassium and tincture of henbane and an infusion of buchu; but this medicine failing to produce any effect, Dr. Williamson administered a mixture of sulphate of atropine, the anisated solution of ammonia (German Pharmacopeia), and the infusion of uva ursi. This seemed to produce symptoms of an asthmatic paroxysm, accompanied by a short, violent, suffocative cough, and with decided mental confusion, although vomiting and nausea were absent. Dr. Williamson concluded that this peculiar effect, the responsibility of atropine having been excluded, was attributable to tannin which is so abundant in uva ursi. The symptoms passed completely and permanently away between two and three hours. This view as to the production of these peculiar symptoms was confirmed by Dr. Williamson's pre-

vious experience in the same case, where the administration of a rectal injection of thirty grains of tannic acid in alcohol and water for bleeding from hemorrhoids produced similar symptoms to those above alluded to, although very much more severe.

So also a number of other instances. One especially, where, after emptying a box containing tannic acid, she had blown into it, inhaling a portion of the tannic acid, similar symptoms were produced. It seems therefore that there existed in this patient an idiosyncrasy with regard to tannic acid. Tannin injected into the rectum, tannin accidentally inhaled, the taking into the stomach the infusion of uva ursi leaves, all were followed by identically the same symptoms, while the curious fact is also noted that the application to the skin of an ointment of galls and the administration of gallic acid internally produced no disturbance.

These points are well worthy of recollection. *Ibid.*

**THE STOMACH AND DOCTORS.**—Dr. Hodges says: It is useless to humor or to tease with restrictions the capricious digestions of those who argue over every mouthful of their food instead of swallowing it, and whose gastric neuralgias and low level of health are dependent on the defective general condition of their bodies. An eminent modern physician has declared that "he never knew a dyspeptic get well who undertook to regulate his diet;" and the stomach, we are told—like a school-boy—is sure to get into mischief unless constantly occupied. If it behaves perversely, therefore, the doctor must conquer the stomach and not the stomach the doctor.—*New York Medical Journal*.

**APOTHECARIES AND THE PHYSICIANS.**—Dr. Hodges says: No safeguard can ever entirely prevent the fatal mistakes and accidents of both druggists and physicians which arise from imperfectly written prescriptions, or carelessness in the handling of medicines. The business of the druggist is a large and important industry, demanding the best intelligence, and nothing should be done to impair its efficiency. It is

remarkable that grave errors are not more frequently made. Every physician has had reason, probably on more than one occasion, to thank the acute oversight and good judgment of some careful apothecary for the detection and sagacious counteraction of blunders in prescription-writing. As the dealer in medicines bears the burden of this important supervision, let him not be condemned if he occasionally prescribes chalk mixture, or bromide of potassium, over his counter.—*Ibid.*

**ANTISEPTIC PAPER DRESSING.**—Dr. Don Antonio Morales Perez describes in the *Revista Medica*, of Seville, a simplified antiseptic or Listerian dressing, consisting of bibulous paper heated to 110° C. and soaked in a solution of carbolic acid, boracic acid, or corrosive sublimate. This is placed over the wound in about eight layers, and covered with sheet gutta-percha or mackintosh, the whole being secured by an india-rubber bandage. The writer claims for this dressing the advantages of cheapness and portability, and thinks it will be found very serviceable in the field and in small hospitals.—*London Lancet.*

**BROMINE IN DIPHTHERIA.**—The *Lancet* says that Señor Lovat A. Mulcachy, of Buenos Ayres, has used a solution of one part of bromine in twenty-five hundred parts of water, in teaspoonful doses every ten minutes, in cases of diphtheria, and has found the remedy to give excellent results. For children less than three years of age one half the above dose may be given, and the treatment should be continued for some days. All local irritating applications should be avoided.

**HE SNATCHED HER FROM THE GRAVE.**—An old member of the medical profession in Chicago tells the *News* of that city a story which, he says, Dr. J. A. Allen told him many years ago. Dr. Allen, as the story goes, was just beginning his practice, when, one winter day, seated in a car, muffled to the ears, he heard the following conversation between two passengers who were sitting where they could not see his face: "Say, George," said one, "what kind of a doctor is this young Allen?"

"All I know about him is that he snatched my aunt from the grave last summer; that is, I shall always think he did." "Did he, indeed?" said the other. "Well, he must be a pretty good doctor then. What was the matter with your aunt?" "O, she was dead and buried, you know."—*Chestnut.*

**DECOLORIZED TINCTURE OF IODINE.**—Dr. C. O. Curtman recommends the following formula:

Iodine ..... 1½ troy ozs.  
Alcohol.....13 fl. ozs.  
Stronger water of ammonia... 3 fl. ozs.

Dissolve the iodine in the alcohol and add the ammonia. Allow to stand for four weeks, with occasional agitation, so that the precipitate may dissolve. A rapid preparation may be made by using an excess of ammonia, and afterward adding, cautiously, hydrochloric acid until the reaction is only feebly alkaline.—*National Druggist.*

[Good! But such a concoction is nothing but an alcoholized solution of the iodide of ammonium, and can have none of the local effects of free iodine.]

**THE COMING SUBSTITUTE FOR CARBOLIC ACID.**—D. F. Hueppe believes, as the result of extended experiments, that aseptol (orthophenol-sulphate) is destined to take the place of carbolic acid as a disinfectant and antiseptic. It is a syrupy, brown fluid of aromatic odor, and soluble in alcohol, glycerine, and water, and is not irritating in as strong as ten-per-cent solutions. As an antiseptic it equals carbolic acid, while having the advantage of pleasanter odor, more solubility, and of being less irritating and toxic.—*New York Medical Record.*

**DEATH FROM THE BITE OF A CAT.**—A man has died in Grenoble from hydrophobia resulting from the bite of a mad cat. He was bitten on April 30th, and was under Pasteur's care from the 4th to the 10th of May. He died on July 31st. This was the fourth death of those inoculated by Pasteur, leaving out of count the Russians who were bitten by mad wolves.—*Ibid.*



THE CENTENNIAL OF THE ROYAL MEDICAL SOCIETY OF ATHENS, GREECE.—A circular, in Greek, addressed to a corresponding member, from the Royal Medical Society of Athens, Greece, announces that the Society proposes to celebrate the centennial of its present scientific existence on the 22d and 23d of March next, 1887.

The circular requests the assistance of kindly disposed medical men—by scientific papers, or contributions of interest to the profession; and asks an early communication of titles, etc., that such may appear in the programmes for the occasion.

It is an active and earnest society, well worthy of high professional regard, and we trust that its request will not pass unheeded; surely some American physicians may be able to give some account of what the profession here has done in the last hundred years, and is still doing.

We shall be happy to be the medium of transmitting any contribution that may be offered.—*Boston Medical and Surgical Journal*.

THE TURPENTINE TREATMENT OF DIPHTHERIA, of which much has been said, was the subject of a paper by Dr. Delthill, of Nogent, at the recent meeting of the French Association. M. Delthill has treated one hundred and thirty-four patients, of whom one hundred and twenty-six were cured. He employs the fumes of turpentine and coal-tar, with local applications of turpentine. The same method is an efficient prophylactic, only three cases occurring among six hundred and seventy persons exposed.—*Medical Record*.

WHY DO NOT ALL MYOPES SQUINT OUTWARDS?—Dr. F. Stilling (*Archiv Ophthalmology*) answers this question as follows:

1. Some myopes squint inward because their position of rest is convergence, and there may be insufficiency of the external recti besides.

2. The position of rest of many myopes is convergence. If this be only slight, only relative divergent squint can possibly develop. The same holds good for parallelism as position of rest.

3. Even if all circumstances are favorable

for outward squint, it will not develop if the individual can not learn to relax one internal rectus muscle in order to give the eyeball a chance to assume its position of rest.

4. The majority of myopes do not squint because they have acquired the faculty of shifting the range of relative accommodation in the interest of binocular fixation so that the synergistic efforts of accommodation are reduced to a minimum.—*American Lancet*.

THE DETECTION OF MORPHINE-TAKING.—Professor Bull, of Paris, says that the morphine-taker may be detected by examination of the skin or the urine. The skin will be covered, usually on the thighs, with little dark spots which are situated in the center of small indurations; these are made by the hypodermic needle. If the patient refuse an examination, the urine may be examined. By adding a few drops of tincture of iron to the urine, a blue tinge will be presented if morphine be present. *Journal American Medical Association*.

MALARIA AS A CHECK TO PROGRESS.—Many medical journals kick against the suggestion of Dr. Billings that the meager attainments of physicians in malarious regions was due to the malaria. They affirm that malarious regions, all things considered, have done as well as non-malarious regions. This being admitted, it is certainly to their credit that they have surmounted the depressing influences of malaria. *American Lancet*.

NIGHT BLINDNESS.—Dr. Roussanoff (*Vratch*) says that the inhabitants of a little village in Southern Russia, built on marshy ground, suffer every spring from hemeralopia or night blindness. As soon as this symptom appears they begin to take cod-liver oil, and the night vision is restored in two or three days. Only two failed to be cured in this way during five years.

“TREATMENT OF STOMATITIS.”—Dr. H. B. Blackburn, in *London Lancet*, advises that the patches in stomatitis be painted three or four times a day with a solution of one hundred and twenty grains of boracic acid in an ounce of glycerine.

## SUPPRESSION OF URINE IN DIPHTHERIA.—

Dr. Geo. C. Kingsbury (Brit. Med. Jour.) reports a fatal case of suppression of urine in a diphtheritic patient. The little patient, aged three years, did very nicely until the ninth day, when suppression began, lasting three days. On the evening of the third day he died, having gone seventy hours without having passed any urine. Diaphoretics even had no effect.—*American Lancet*.

APPROVING PASTEUR'S METHODS.—The president of the Local Government Board, Mr. C. T. Ritchie, reported in the British House of Commons on August 26th, that the committee appointed by the government to examine into Pasteur's method of inoculation for the prevention of rabies were fully satisfied that his treatment for hydrophobia was effective.—*Medical Record*.

LAPAROTOMY IN GUNSHOT WOUNDS.—Dr W. T. Bull has again successfully performed laparotomy for gunshot wounds of the abdomen. The end of the fifth day found the patient in excellent condition. The small intestine was found perforated in two places, the sigmoid flexure in one, also a wound in the sigmoid meso-colon.

THE INCOMPATIBILITY OF CHORAL HYDRATE WITH POTASSIUM BROMIDE AND ALCOHOL.—According to Professor Markoe (Pharmaceutical Record), a combination of these drugs always results in a stratification of the solutions composing the prescription with color changes which indicate chemical decomposition.

THE NEW YORKER MEDICINISCHE PRESSE is a most remarkable instance of success in recent journalism. It is the organ of the German American Physicians, and is not only very ably sustained by home contributions, but contains also excerpts from the best German periodicals.

MR. SAMPSON GAMGEE, died September 18th. He was a gentleman of rare culture, and a surgeon and author of the first rank.

CUTICURA OINTMENT consists of petroleum jelly, green coloring material, oil of bergamot, and two per cent of carbolic acid.

## Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from September 26, 1886, to October 9, 1886:

*Major Dallas Bache*, Surgeon, granted leave of absence for twenty-five days, to take effect on or about October 2, 1886. (S. O. 143, Division of the Atlantic, September 24, 1886.) *Major Jos. R. Gibson*, Surgeon, granted two months' leave of absence from September 25, 1886, on surgeon's certificate of disability, in lieu of the unexpired portion of the ordinary leave of absence granted him in S. O. 158, A. G. O., July 10, 1886. (S. O. 227, A. G. O., September 30, 1886.) *Major William H. Gardner*, Surgeon, ordered from Department of Texas to Department of the East. (S. O. 227, A. G. O., September 30, 1886.) *Captain Daniel M. Appel*, Assistant Surgeon, assigned to duty at Fort Davis, Texas. (S. O. 133, Department of Texas, September 22, 1886.) *First-Lieut. Philip G. Wales*, Assistant Surgeon, leave of absence extended to include November 5, 1886. (S. O. 226, A. G. O., September 29, 1886.) *First-Lieut. William P. Kendall*, Assistant Surgeon, granted leave of absence for one month. (S. O. 81, Division of Pacific, September 24, 1886.) *First-Lieut. Charles F. Mason*, Assistant Surgeon, ordered for temporary duty at Fort Verde, Arizona Ter. (S. O. 90, Department Arizona, September 20, 1886.) *Captain Washington Matthews*, Assistant Surgeon, granted leave of absence for one month and twelve days, with permission to go beyond sea. (S. O. 232, A. G. O., October 6, 1886.) *First Lieutenant W. W. R. Fisher*, Assistant Surgeon, leave of absence extended one month. (S. O. 230, A. G. O., October 4, 1886.) *First Lieutenant William C. Borden*, Assistant Surgeon, relieved from temporary duty at Fort Bridger, Wyoming, and ordered to return to his station, Fort Douglass, Utah. (S. O. 126, Department Platte, October 2, 1886.) *Colonel John F. Hammond*, U. S. Army (retired), died at Poughkeepsie, N. Y., September 29, 1886.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the two weeks ended October 2, 1886:

*Purviance, George*, Surgeon, granted leave of absence for twenty-five days. September 30, 1886. *Stoner, G. W.*, Surgeon, granted leave of absence for twenty-three days. October 1, 1886. *Carter, H. R.*, Passed Assistant Surgeon, to proceed to Galveston, Texas, as inspector. September 30, 1886. *Ames, R. P. M.*, Passed Assistant Surgeon, granted leave of absence for thirty days, to take effect when relieved. September 30, 1886. *Wasdin, Eugene*, Assistant Surgeon, ordered to examination for promotion. September 10, 1886. *Brooks, S. D.*, Assistant Surgeon, granted leave of absence for thirty days, to take effect when relieved. September 30, 1886. *Williams, L. L.*, Assistant Surgeon, relieved from duty at Mobile, Ala.; ordered to Marine Hospital, Wilmington, N. C. September 27, 1886. *Perry, T. B.*, Assistant Surgeon, relieved from duty at San Francisco, Cal.; ordered to Marine Hospital, St. Louis, Mo. October 1, 1886.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. II.  
[NEW SERIES.]

LOUISVILLE, KY., OCTOBER 30, 1886.

No. 9.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### CONSIDERATIONS ON THE PATHOLOGY OF HYDROPHOBIA,

With Hints as to the Principles to be Observed in Future Attempts at Treatment.

BY J. LEONARD CORNING, M.D.

*Consultant in Nervous Diseases to St. Francis' Hospital, etc.*

Although the more eminent writers upon convulsive affections regarded the phenomena of hydrophobia with feelings akin to superstition, recent medical authors, guided by the results of pathological research, have agreed with much unanimity to consider the disorder as essentially a contagious cerebro-spinal neurosis. The histological researches of Meynert, begun in 1869, as well as those of Albutt, to which we shall presently have occasion to refer, were a decided addition to the morphology of the subject. But it was reserved for the French physiologist, Pasteur, by a series of brilliant experiments, the conception and execution of which will ever remain an enduring monument of genius and perseverance, to solve at a single stroke some of the most difficult questions connected with the pathogenesis of the affection. As these investigations constitute one of the most classical chapters in the whole range of experimental pathology, they will be referred to at some length in connection with the discussion of the morphological findings of various authors, more particularly those of Meynert.

Without anticipating further, we will simply state that the bulk of clinical and pathological

evidence goes to show that hydrophobia in man is due to a primary toxic change in the nerve centers, and not to secondary causes consequent upon an epidemic catarrh of the pharynx, as maintained by some writers at the beginning of this century.\*

*Symptoms.* When the human subject is bitten by a rabid animal, such as the dog, fox, wolf, cat, horse, pig, sheep, badger, or goat, hydrophobia may or may not be developed, according to whether the virus contained in the saliva enters the circulation or is eradicated by means of local treatment, in the form of excision of the affected part, or cauterization. If the teeth of the animal enter an exposed portion of the body, such as the hand or face, the danger of inoculation is doubtless greater than when the wound is made through the clothing, since the latter not only serves to modify the intensity of the bite, but also to cleanse the fangs more or less from the adherent saliva. The period of incubation is subject to great variations. In the majority of cases, it is true, the premonitory symptoms exhibit themselves in from thirty to sixty days, but, on the other hand, they are occasionally manifested after the sixth or seventh day, or months, and in certain rare instances even years may elapse before the malady becomes developed.

As the first manifestations of hydrophobia sometimes fail to excite the suspicion of friends as to the terrible nature of the impending disease, particularly if the wound occurred several weeks previously, it is manifestly of importance to the practitioner to be thoroughly acquainted with the prodromatic phenomena of the affection. Previous to the outbreak of the terrible and characteristic manifestations of the disease, the wound or the tissues in the

\* *Vide Rosenthal, op. cit.*

immediate environment of the same become intensely painful. Even though cicatrization may have already taken place, the parts are usually more or less congested, and the newly formed tissue is exceedingly sensitive. But by far the most characteristic symptoms observed at this time are the psychical phenomena, which, in the majority of cases, bear the stamp of pronounced melancholia. The subject is irritated, restless, and depressed; the face is pale or slightly cyanotic, and wears an expression of profound apprehension. Respiration is rapid, and the pulse accelerated. There is thirst; but aversion to fluids, though sometimes present, is by no means a characteristic feature of the prodromatic stage of the affection.

When the prodromatic symptoms have lasted for from six to forty-eight hours the disease usually becomes fully established. There is incessant and terrible thirst, but every attempt to swallow liquids, or even the sight of the latter, is followed by violent spasm of the muscles of respiration and deglutition. At the same time there are sensations of rigidity about the muscles of the head and neck, and the mucous membrane of the mouth and throat is dry and congested. In the more severe cases the ability to swallow liquids is entirely lost, but, as a rule, the deglutition of solids, though extremely difficult, is still possible. The aversion consequent upon the sight of water, or indeed liquids of any sort, is sometimes so great as to throw the entire voluntary system of muscles into spasms. At such times the picture presented is of the most revolting character, and the contortions of the subject recall to mind the convulsive phenomena of epilepsy.

Where the deglutition of liquids is possible, as is often the case during the inception of the attack, the vessel is carried to the mouth with an uncertain and jerky motion, the expression of the physiognomy of the patient meanwhile being one of abject horror. The act of swallowing, when finally accomplished, takes place with precipitancy, and immediately afterward the vessel which contained the liquid is hurled to the ground. This stage of the affection is, however, in the majority of cases of short duration, and soon the spasmodic con-

dition engendered by even the sight of liquids is so great as to cause asphyxia, intense mental excitement, and convulsions of the pharyngeal muscles extending to those of respiration, and finally involving the motor apparatus of the entire body. At the same time there is a copious secretion of saliva, which, if swallowed, gives rise like water to violent paroxysms of the muscles of deglutition, respiration, and locomotion. The knowledge that the act of swallowing this saliva is sufficient to provoke reflex spasms induces the patient to expectorate continually with a view to preventing the secretions of the mouth from entering the pharynx. In the performance of the act of expulsion, a peculiar guttural sound is emitted, which has given rise to the popular belief that those afflicted with hydrophobia imitate the bark of a dog.

The extreme reflex excitability is not, however, evident merely during the act of swallowing. Insignificant impressions upon the surface of the body, such as those evoked by hot or cold currents of air, or by the weight of the clothing, are quite sufficient to cause a paroxysm. A condition of sensory hyperesthesia, conjoined with extreme general irritability, is also present. The subject is averse to light and seeks the darkest corner of the apartment; the rumbling of passing vehicles in the streets or the squeaking of a door causes him the liveliest distress, and the odors of the kitchen give rise to nausea and convulsions.

The expression of the face is pale or livid, and bears evidence of the harrowing anxiety under which all persons afflicted with hydrophobia habitually labor. Psychical disturbances are indeed never absent, and, in some cases, they obtain the proportions of maniacal delirium, especially in young children. The character of the pulse is thready, small, and in some cases extremely irregular. A wild appearance of the countenance is met with in almost all cases; the eye is bright and wanders from side to side; the face is wrinkled, and an expression of abject terror pervades the whole countenance. Intellectual coherency is preserved for a considerable length of time in many cases, although the subject suffers from obstinate insomnia, and is extremely



loquacious. As the disease advances, however, the mental faculties become more and more blunted; hallucinations and delusions are developed, and the subject has frequent attacks of violent maniacal frenzy, during which he may bite those about him or cause serious harm to himself.

During the latter stages of the disease, which is almost invariably fatal, the entire group of symptoms increases in severity. There is often profuse vomiting of a brownish frothy water, resembling somewhat in appearance that of chocolate. The skin is discolored in spots, and the pulse is so weak as to be almost imperceptible. All the mental manifestations are extremely exaggerated; the subject is excited and exceedingly apprehensive, and indulges in incoherent mutterings, which are constantly interrupted by violent expectoration. A fatal termination is reached during an attack of convulsions, accompanied by pronounced symptoms of asphyxia, or he finally succumbs from the effects of extreme exhaustion. A deceptive diminution of all the symptoms immediately previous to dissolution has been described, but this condition is rather the exception than the rule.

*Prognosis.* The disease is doubtless fatal in almost all cases. Death ensues in the majority of cases in from forty-eight hours to three or four days.

*Pathology.* The accounts furnished by the older writers of *post-mortem* appearances in persons dead from hydrophobia are conflicting and meager, owing in part to the imperfect methods of investigation. Most frequently mentioned by those earlier chroniclers are congestive conditions of the brain, the medulla, and the cord.

In more recent times the observations of Meynert have gained a strong foothold in most of the books, and it can not be denied that there is a certain meed of justice in the prominence assigned to the painstaking endeavors of this excellent neuro-pathologist. The investigations here referred to were conducted by Meynert,\* in 1869, upon the brain and cord of two individuals dead from hydrophobia. The most striking appearances present

in the cord were, engorgement of the vessels with coagulated blood, amyloid degeneration of the vascular walls, swollen medullary substance about the nerve-fibers, and in some instances disappearance of the axis cylinder. In the cortex and medullary substance of the brain numerous vacuoles were found, and evidences of colloid matter were discovered in the perivascular spaces. Besides these findings, it was noted that a considerable number of the ganglion-cells of the cortex were in a state of apparent molecular destruction, while others were distended and sclerosed.

I can not agree with our author of eminence, who is inclined to regard these changes as "somewhat indefinite." Regarded from the stand-point of present physiological knowledge, they assume commanding proportions.

In 1874 Hammond† published the account of a microscopical examination of the cerebral cortex of a subject who had died from hydrophobia. The principal findings in the case were, distension and thickening of the vessels. The external stratum of nerve cells was infiltrated with fatty granulations and amyloid corpuscles, and a similar, though less pronounced, condition was found in the second layer of cells. The ganglion-cells of the nuclei of origin of the hypoglossal and pneumogastric nerves also exhibited changes. Somewhat similar observations were also made by Albutt.‡

Ross§ has made microscopical examinations in six cases of hydrophobia. These investigations showed that "the cortex of the brain and subjacent white substance were infiltrated with leucocytes, and the pyramidal cells of the fourth layer of the cortex were often partially filled with small yellow granules. The cortex of the cerebellum and subjacent white substances were also much infiltrated with leucocytes, the changes here being almost, if not quite, as marked in extent as in the brain; the cells of Purkinje were very granular."

In three of the cases examined by Ross the

†Psychological and Medico-Legal Journal, Sept., 1874.

‡Specimens Illustrating the Pathological Anatomy of Hydrophobia, by J. C. Albutt: Transactions of the Pathological Society, vol. xxiii, 1872, p. 16.

§On the Pathology of Tetanus and Hydrophobia, by J. Ross: Transactions of the Pathological Society, vol. xxx, 1879, p. 215.

\*Vide Rosenthal, *op. cit.*, vol. i, p. 102.

changes in the spinal cord were not well marked, while in the remaining three pronounced alterations were found in the upper dorsal region and in the cervical enlargement. The anterior horn in the cervical enlargement, as well as the tissue about the vessels on each side of the central canal, shows a copious infiltration of leucocytes. The branches of the anterior external and anterior lateral arteries distributed to the gray substance were surrounded by leucocytes. "The most interesting changes probably have occurred in the ganglion cells themselves. Two or three cells of normal size may be observed in the part of the median group which is nearest to the anterior fissure, and full-sized cells may also be observed in the central portion of the antero-lateral and postero-lateral groups. When examined under a low power, all the cells seem to have disappeared from the territory which lies between the few remaining cells of the median group and the antero-lateral group, while the cells of the central group have also, with the exception of two or three, disappeared, and a considerable number are wanting also along the margin of the antero-lateral and postero-lateral groups. When the areas from which the cells have apparently disappeared are examined with a high power, it is seen that remnants of the latter are still present. The cells are surrounded by a partially empty cavity, the walls of which are covered with leucocytes or nuclei, while the cells themselves are shrunk to a variable extent. The cell-membrane appears to be shrunk around the nucleus and nucleolus, along with a small quantity of granular contents, but one or more processes can almost always be detected; the full-sized cells often contain yellow pigment granules, and sometimes appear to be increased instead of diminished in size. A number of red blood corpuscles are infiltrated into the central group of cells, and the cells themselves are much altered and diminished in size. The vesicular column of Clarke, especially in the upper dorsal and lower cervical regions, is usually much infiltrated with leucocytes, and its own cells are often deformed and shrunk. At the juncture of the dorsal and lumbar regions, the cells of this group are

frequently found healthy. The changes observed in the medulla oblongata in hydrophobia corresponded closely to the careful drawings and accurate description of Dr. Gowers, except, perhaps, with respect to his description of the clot within the blood-vessels." (Gowers found accumulations of leucocytes about the small vessels of the medulla oblongata, and similar changes around those of the cortex, spinal cord, and basal ganglia.\*)

Most interesting and praiseworthy are the recent brilliant researches of Pasteur, whose long series of inoculations have caused widespread interest in the medical world of late. Praiseworthy as these noble efforts truly are, it is still too early to pronounce for or against the theories of this able scientist, and, until further confirmatory statistics are forthcoming, it is evidently the part of prudence to wait before pronouncing a final decision.

*Diagnosis.* The dread of hydrophobia is so great, and at the same time so wide-spread, that it almost invariably happens that when a person is bitten, even by an animal in apparently healthy condition, a morbid dread of infection (hydrophobia hypochondriaca) is at once established. After the lapse of a few days, the subject becomes imbued, from constant introspection, with the idea that he is actually the victim of hydrophobia. He procures all the available literature upon the subject, and having made himself acquainted with the symptoms of the affection, it requires but a slight stretch of the imagination to convince him that he is the victim of them all. Soon imaginary pains and inflammation are discovered in the neighborhood of the wound. The subject becomes restless and exceedingly depressed; the eyes have a brilliant appearance, and the expression of the countenance is exceedingly apprehensive. So much do these symptoms resemble the initial phenomena of true hydrophobia lyssodes, that even the medical attendant is frequently deceived. Mistakes are all the more liable to occur from the fact that the dog is usually immediately killed after inflicting the bite, and it is consequently often impossible to determine whether the animal was rabid or not. Usually, how-

\*Ross, *Treatise on Diseases of the Nervous System*, 1883.



ever, uncertainty is of short duration, since true hydrophobia generally terminates within four days, and a persistence of symptoms beyond that time must be regarded as contra-indication of the affection. Besides the hypochondriacal type of symptoms, other spurious phenomena of a hysterical nature are sometimes observed. In such cases the muscles of the pharynx are thrown into a state of frequent spasm, and globus hystericus is well marked. There may also be present the characteristic aberrations of sensation and motion.

The differentiation of these symptoms from the true phenomena of hydrophobia, though at first difficult, is accomplished with great certainty after the lapse of a few days. If there is no manifest exacerbation of symptoms, no delirium, no extreme salivation, we may be reasonably certain that the case is not one of true hydrophobia.

In conclusion, it is well to bear in mind that symptoms somewhat analogous to those of hydrophobia are sometimes, though rarely, observed as a complication of fevers, cerebral affections, and diseases of the pharynx and larynx. Besides the extreme rarity of these occurrences, the previous history of the case and the comparative benignity of the symptoms themselves will afford evidence sufficient to frame an accurate diagnosis.

*Treatment.* Unfortunately our greatest reliance is restricted to measures for the prevention of the development of the disease. These consist in cleansing the wound, and subsequent cauterization of the latter with the solid nitrate of silver, the actual cautery or concentrated nitric acid. Excision of the tissue about the wound has also been practiced, but it is probable that the immediate cauterization of the part with the hot iron or nitrate of silver is equally if not more effectual in preventing the propagation of the poison. The destruction of the affected tissue should be undertaken as soon as possible after the wound has taken place.

Rosenthal considers the nitrate of silver ineffectual; but many authors place the greatest reliance upon it when applied in the solid form, as above recommended.

The disease having developed in spite of

all prophylactic measures, it becomes the chief duty of the physician to ameliorate the sufferings of the patient as far as possible. To this end resort should be had to Turkish and Russian baths, since they have been found to exercise a pronounced soothing effect upon the psychical and motor phenomena. Mercurial inunctions, belladonna, opium, and curara have been employed and recommended by various writers. The last-named remedy has been known to yield satisfactory results when repeatedly injected in large doses (about one third of a grain).

Offenburg has published a case in which curara was employed as above indicated, the patient recovering from the hydrophobia, but with his lower extremities paralyzed, the paresis persisting for upward of two months. The subcutaneous injection of chloral combined with morphia, or the latter remedy in conjunction with the extract of conium, has proven efficacious in so far as the promotion of sleep is concerned. The elimination of the specific poison has, however, eluded the resources of ancient and modern medicine alike. The practical applicability of the measures recommended by Pasteur has yet to be finally established or disproved by the crucial test of extended clinical research.

Meanwhile it would be of interest to determine whether infiltration of leucocytes, which is so prominent a characteristic of all pathological observations, might not, in a measure, be curtailed by the protracted employment of electro-compression of the carotids—a procedure which, as introduced and employed by myself in various convulsive affections, has already yielded remarkable results. Indeed, this field of therapeutics may be regarded, as far as *a priori* speculation is concerned, as far from barren—more particularly when it is borne in mind that Schivardi succeeded in causing a cessation of hydrophobic symptoms by passing the continuous galvanic current for several days from the soles of the feet to the forehead of the patient. The above suggestion is of course merely tentative, since only a number of careful clinical observations can enable us to form definite conclusions as to the permanent value of any particular plan of

treatment. I can not help feeling, however, that, in the face of the present chaotic condition of the whole subject of hydrophobia, and in consideration of the wide diversity of opinion as to the validity of Pasteur's theories and practice, we should rather look to the treatment of the disease after it has declared itself than to the prophylaxis of the same by inoculation for future progress. The subject is large and there is plenty of room for scientific workers.

No. 26 W. FORTY-SEVENTH STREET, NEW YORK.

## Societies.

### CHICAGO MEDICAL SOCIETY.

Stated Meeting, October 20, 1886, E. J. Doering, M. D., President, in the chair.

Dr. Charles Warrington Earle entertained the Society with a very interesting account of his recent trip abroad, referring more particularly to observations made in the hospitals of Paris and the laboratory of M. Pasteur.

He first visited the Hospital Lariboisiere, which has an outside and inside obstetrical department, in which thirty-five hundred women were confined last year. This hospital has eight hundred and seventy-five beds, and the several pavilions are disinfected by carbolic acid and thoroughly washing every thing in them with a solution of bichloride of mercury. But the favorite antiseptic is the biniodide of mercury.

An interesting feature in this hospital is the contrivance for keeping up the body-heat of prematurely born infants. It is a square box so constructed as to prevent the loss of heat, the top of which is covered with glass. In the upper part is placed a thermometer and a little basket with soft clothes, in which lies the baby. In the lower part of the box is an arrangement for the introduction of hot air, either from the heating apparatus of the building, or by heating air by gas or hot-water bottles. For infants younger than seven months the temperature is maintained at 100° to 105° F. Between seven and eight months the temperature ranges from 85° to 100° F. The children are fed with breast-milk when possible,

and are not handled or exposed except when it is absolutely necessary. By using this incubator they save a large number of the lives of the prematurely born infants.

The Maison de Accouchements is Tarnier's private hospital. Although not a modern hospital, asepsis is aimed at, each patient being isolated and having her own irrigator, the permanganate of potash being the favorite antiseptic. Carbolic acid is sprayed in the wards continually.

In turn he visited the hospitals Bichat, Temon, and Hôtel Dieu, in all of which the rule is cleanliness and disinfection.

Dr. Earle said his most interesting visit was to the dispensary and laboratory of M. Pasteur. The dispensary was smaller than the number of patients demands, and here Pasteur spends his forenoons exercising a supervision over the treatment of the scores of unfortunates who go daily to be inoculated for hydrophobia. Nearly every country on the globe has sent patients here. Dr. Earle then explained the mode of preparing the virus. He said, also, that the majority of scientists on the continent are satisfied that M. Pasteur is honest in his endeavors to prove that he has discovered a cure for hydrophobia, and that they are simply waiting for time to prove if such be the case. They have great confidence in Pasteur, and believe that at the proper time he will announce the truth.

Dr. Charles F. Sinclair read a paper on the Relation of Certain Forms of Defective Vision to Headache in Youth.

He said that the headaches arising from defective vision are very numerous. They possess certain definite characteristics according to the degree and character of the ametropia. Thus, instead of the usual classification, the ophthalmologist might furnish a terminology of his own based upon a condition of the eye. The pain in these cases increases as the errors of refraction become more complicated. A woman had suffered with intensely painful headaches for fifteen years who was found to have mixed astigmatism, and here properly adjusted lenses effected a cure.

It is in childhood and youth especially that these different forms of ametropia manifest



themselves in headache. Dr. W. H. Day, of London, however, in his work on the "Nature and Causes of Headache," in which he devotes a lengthy chapter to the headache of childhood and youth, does not mention ametropia as a possible cause. Nevertheless the eye, among school children is frequently the cause of all the head trouble. Among American children one form of ametropia is exceedingly common and very disastrous in its effects. It is difficult to detect. It may in certain cases simulate different forms of ametropia, and even normal vision. He referred to a case in which occurred a slight degree of astigmatism under one dioptric.

Maud W., a school-girl, fourteen years old, had suffered with severe headaches. On examination excellent vision was found, but minus lenses improved it and made it normal. After the use of homatropin, however, half a dioptric of hyperopic astigmatism was found, which was corrected and the headache cured.

Emily R., fifteen years old, had suffered with constant headache for a year. On examination .50 D manifest hypermetropia was found, and this only corrected, as the patient would not submit to the use of atropia. This patient returned in a few days, saying that her headaches were as bad as ever, when homatropin was used, and a small degree of hypermetropic astigmatism was found. This being corrected, a cure of the headache was effected.

In another case there were constantly recurring attacks of vertigo and dizziness, together with severe unilateral headache caused by astigmatism, and which properly adjusted cylindrical lenses cured.

These are types of an exceedingly large number of cases where headache can be cured by a weak cylindrical lens. These cases are interesting, not only because of their marked consequences, but because of their tendency, in certain cases, to exactly simulate other conditions, and they certainly suggest the advisability, in every case of severe headache, of examining the eye only when under the influence of atropia.

Dr. W. Franklin Coleman said that in an examination of the eyes of pupils in Boston, in eighty-nine cases of defective vision fifty-

nine were traceable to overstudy. Out of this number twenty-five to fifty per cent of the cases of headache which occurred were relieved by supplying suitable glasses. Other cases in which headache occurs are those in which there is weakness of the recti muscles. By supplying proper prismatic glasses this weakness may be overcome, and the headache disappears.

Other factors in producing headache are improper light and too low desks, thus causing the pupil to strain the eyes. So far as artificial light to read by is concerned, the incandescent electric light is probably the best, as it most nearly resembles sunlight, and is free from heat, dust, and flickering.

Dr. F. C. Hotz said he believed the authors of such papers as this often exaggerate the importance of their observations. The result is, patients are often instructed to go to oculists, but do not do so on account of the expense, or for some other reason, and in consequence receive no treatment. But he has been surprised to see how few cases of defective vision come to him complaining of headache. He has not found it a prominent symptom. In looking over his record of cases he finds a great many cases of astigmatism, hypermetropia, and ametropia, in which the symptoms complained of are difficulty of vision, but not headache. Children often complain of not being able to see the figures on the blackboard, and consult the oculist for that trouble directly. But if a large number of the eyes of children are examined, it will be found that in youth a normal eye is often far-sighted, and yet such persons are able to do the work required. However, in cases of defective vision accompanied by headache, the defect of vision should be corrected.

Dr. J. E. Colburn related his personal experience with astigmatism, stating that he had had not only headaches, but that he could not study well; these difficulties disappeared with the using of proper glasses.

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TRAFFIC in dead human bodies is a business in Georgia of startling proportions, says the Atlanta Medical Journal.

## Reviews and Bibliography.

**Practical Guide in Antiseptic Midwifery in Hospitals and Private Practice.** By HENRY J. GARRIGUES, A. M., M. D., Professor of Obstetrics in the New York Post-Graduate Medical School and Hospital, etc. Pages 128. Detroit, Mich.: George S. Davis. 1886.

Starting out with the advocacy of the view that puerperal septicemia is probably due to a microbe, as well also as nearly all other puerperal inflammatory diseases, the author proceeds to earnestly advocate the practice of the most advanced antisepticism. Whether he is right or wrong as to the exact character of the infecting germ, there can be no doubt that methods similar to that advised by the author have been a boon of unspeakable value to lying-in women.

We who have not habituated ourselves to such precautions are apt to find fault with the refinements of the system advocated in this volume, and it is possible that some of them are unnecessary.

The work is most entertainingly written, and issued in attractive style. We cordially commend it to the profession. Antiseptic Midwifery is one of the numbers of the Physician's Leisure Hour Library. D. T. S.

**How We Treat Wounds To-day.** A treatise on the subject of Antiseptic Surgery which can be understood by beginners. By ROBERT T. MORRIS, M.D., late House Surgeon to Bellevue Hospital, New York; Consulting Surgeon to the Woman's Hospital of Brooklyn, etc. Second edition; pp. 163. Price, \$1. New York and London: G. P. Putnam's Sons. 1886.

Coming so soon before the public with a second edition, Dr. Morris gives evidence that his saucy little book has made a hit. The only alteration here made is an effort to show that the marvelous successes of Tait in laparotomy are due to the fact that, after all, the peritoneum is not so delicate as we once supposed, but very well able to take care of itself. This ought to satisfy the most exacting, as it is well known that Tait cuts nothing but the peritoneum in his laparotomies. To us there

is much that is unpleasant in the Sam Jones style of the work, though in favor of the definiteness of method and system advocated much may be said. Things that are to be done are usually much better done by means of one definite method than by having to break a new path in every instance. The philosopher may hold all things in balance, but the surgeon, like the general, must have convictions. The work is not without merit, but the coarseness and arrogance of the author's style can not but render it unsavory when its piquancy shall have lost the charm of novelty. D. T. S.

**Laws of the State of Kentucky Relating to the Public Health, and Sanitary Memoranda.** Compiled and published under the supervision of the State Board of Health; pp. 89. Frankfort: John D. Woods, Public Printer and Binder. 1886.

The excellent presentation of the condition and needs of the State of Kentucky, as regards its sanitary regulations, afforded by this volume is a continuation of the evidence of earnestness, capacity, and energy furnished in no stinted measure by the State Board of Health of Kentucky.

**Rheumatism: Its Nature, its Pathology, and its Successful Treatment.** By T. I. MACLAGAN, M. D. Pages 277. New York: William Wood & Co. 1886.

Dr. MacLagan is very widely known as having first formally introduced to the profession the treatment of rheumatism by salicin, though Buss and Riess had both published, a year previously, an account of the effects of salicylic acid in acute rheumatism as an antipyretic.

The author is well entitled to be heard, albeit in the work before us he seems to use too many words for what he has to say. It is wanting in terseness, comprehensive grasp, and conciseness. It would have been very satisfactory to have had a statistical report of the death-rate from rheumatism, derived from the careful records of Great Britain and other countries, where such reports are trustworthy, and comparison made with that existing before the introduction of the salicylates. The author



largely essays medical philosophy, but we think guards very imperfectly against sources of fallacy in his logic.

The work forms the September number of Wood's Library of Standard Medical Authors.

D. T. S.

**The Healing of Arteries after Ligature in Man and Animals.** By J. COLLINS WARREN, M. D., Assistant Professor of Surgery, Harvard University; Surgeon to the Massachusetts General Hospital, etc. Pages xii, 184. New York: William Wood & Co. 1886.

Dr. Warren has, in this volume, given us a painstaking and exhaustive treatise upon whatever relates to the healing of arteries after ligation. For the surgeon who essays to be thorough in whatever relates to the pathology of his department, the work presents itself as a treasury of special learning. It is illustrated by numerous plates, and supplemented with a complete bibliography of the subject. D. T. S.

**Two Rare Cases of Abdominal Injury.** By J. A. STUCKY, M. D., Lexington, Ky.: Reprint.

**Methods in Medical Study,** by Charles H. MAY, M. D., Instructor in Ophthalmology. New York: Polyclinic-Report.

**The Removal of Foreign Bodies from the Larynx.** A cocklebur removed from the larynx by Voltolini's sponge method. By Max THORNER, M. D. Reprint.

**Transactions of the Medical Association of the State of Missouri,** at its Twenty-ninth Annual Session, held at St. Louis, Mo., May 3, 1886. Pages 118. E. Carreras, St. Louis.

**Information on the Newer Materia Medica, Standard Medicinal Products, Fine Pharmaceutical Specialties, Properties and Doses of Drugs,** epitomized for the use of the busy Physician. Fourth edition, revised and enlarged. Compliments of Parke, Davis & Co.

In the face of the array of new plants and synthetical alkaloids now before the profession, the physician can not keep himself informed as to their properties and uses, or give them trial in practice without some special comprehensive treatise to the point. This Messrs. Parke, Davis & Co. have supplied in the pamphlet under notice. It may be had for the asking.

**Minutes of the Thirty-first Annual Session of the Kentucky State Medical Society,** held at Winchester, June 23, 24, and 25, 1886. Louisville: Rogers & Tuley. 1886.

This account of the doings of our State Association on the occasion of its recent profitable and enjoyable meeting at Winchester should be carefully read by every Fellow. It shows that we have a large membership working in harmony and for the good of medicine. The amount and character of work done at the June meeting are matter for mutual gratulation. The secretary is to be praised for the excellency of his work, and the publication of the volume at this early day.

**The South African Medical Journal,** Cathcart, Cape Colony. W. Darley Hartley, M. D., Editor and Publisher.

Under this title comes to us a sprightly four-page weekly from far-away South Africa, in our boyhood days the home of the Hottentot. From its newsy pages we gather that the doctor's trials and triumphs are much the same toward the southern pole as here. Modest as is this little publication, it brings pleasing reminders of the spread of the Anglo-Saxon civilization, race, and language, as well as of the grandeur and power of the great profession of medicine, that finds in every spot on the earth a truth for every other and for all. To the "*Bon esperance*" of our isolated young brother we respond with "*Bon voyage*."

**Spitalul Revista Medicala Apareodata pe Luna,** Comitetul de Redactie, P. Adam D. Arnovichi, M. D., Calinesca, etc., Bucharest, Roumania.

We have so far kept the promise we made to supply our readers with translations of important medical discoveries and news from the principal languages of the continent. We have given the earliest translations of what was found most valuable in French, Italian, Spanish, German, and Portuguese; and further, we have had the pleasure of seeing several articles translated into those languages from the PRACTITIONER AND NEWS. From Roumanian, however, we have promised no translations, and in that respect we will be very likely for excellent reasons to keep the promise. But when a well-gotten-up journal, and as far as we can make out by putting bits of this and that language together for a key, a well-written medical journal, is sent us all the way from the Balkan peninsula with a polite request to exchange, we cheerfully comply, and hope the worthy editors of *Spitalul* will be able to make better use of our English than we can make of Roumanian.

D. T. S.

## Foreign Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

At the Congress of the French Association for the Advancement of Science, recently held at Nancy, Dr. Delthil, of Nogent on the Marne, read a paper giving the results of his treatment of diphtheria by the vapors of the essence of turpentine, and by fumigations of tar. Of one hundred and thirty-four patients treated by this method there were one hundred and twenty-six cured. Dr. Delthil employs this method, not only in the treatment of the disease, but as a preventive measure. In this way, of six hundred and seventy persons who came in contact with diphtheritic patients, and who had been submitted to the prophylactic, there were only three affected by contagion, and that only in a mild manner. The local treatment consisted in repeatedly painting the throat with the essence of turpentine. Dr. Delthil summarizes his observations with the following considerations: (1) Absence of accidents caused by the treatment. (2) Duration of the diphtheritic incubation is five days on an average. (3) The diphtheritic matter, not destroyed, preserves its contagious property for more than a year. (4) Diphtheria has its seats of election, and individual conditions of receptivity in certain families. (5) The analogy between the diphtheria of fowls and that of man, being only admitted, is probable, and the contagion from one to the other is possible; the manure of a farm-yard is an instrument of dissemination and of contagion. (6) The saliva of diphtheritic patients is acid, and reddens litmus paper. (7) Diphtheria is an affection primarily local, which generalizes itself, producing sometimes a sort of diphtheritic phagedenism; it may start from different points of the organism. (8) It may be inoculated on a wound. (9) Intestinal diphtheria can not be denied, it exists in man, and often in the calf. (10) Diphtheria may vegetate chronically during several months in the same individual. (11) The contagion of diphtheria does not cease to augment in Paris, in the suburbs, and in

the provinces; the number of deaths from this disease in Paris alone exceeds 2,000 per year.

The following note has been published in the *Gazette Médicale de Paris*, on the contagiousness of tuberculosis and its communicability, not only from man to man, but from man to animals, and again from animals to man. The author of the note in illustration of his thesis writes: In 1872 a young Frenchman, living in a most healthy village, had contracted bronchitis while a prisoner in Germany during the war. He married a strong, healthy girl; soon afterward he began to spit blood, and died of consumption within a year of his marriage. Soon after his death, his wife, who had nursed him and who had given birth to a son, had bronchitis, which became chronic, and in a little while tuberculosis of the lungs was manifested. The child had successive attacks of bronchitis, and rapidly developed consumption. Cavities had formed in the woman's lungs, and she expectorated abundantly. A short time ago the physician attending her was called to a young woman in the same village, who showed evident signs of pulmonary phthisis. The house was at some distance from that of the first female patient. The second patient was a woman aged twenty-nine, and of a robust constitution. On careful inquiry it was ascertained that she rarely went to the house of her neighbor who had contracted consumption, and never ate or slept there, but that she had eaten the flesh of eleven fowls which had died at her sick neighbor's during four months. She had eaten them rather underdone, believing that they were more nourishing in that condition. It was discovered that these fowls had swallowed some of the sputa expectorated by the first patient. The fowls had been seen to collect around her when she coughed. On making a necropsy of one of the fowls which had just died, it was found that the intestines and liver were filled with tubercles. The fowl had become very emaciated, and could hardly move, the purulent liquid found in the tubercles contained in the liver was filled with tubercule bacilli. It was probable that the other fowls had perished from the same cause, and it was therefore inferred that these fowls



must have been the means of conveying contagion to the second woman, who had eaten them. This case is a clear illustration of the triple contagion of tuberculosis: (1) From man to man. (2) From man to animals. (3) From animals to man. Contagion from man to man is already a scientific fact. Contagion from men to animals had been admitted by many writers, but others had stated that certain animals, among which are fowls, could not be inoculated. This case, however, proves that fowls are as liable to contract tuberculosis as other animals, such as cats and dogs. Contagion from animals to men is also clearly demonstrated in this case. Up to this time, the only known vehicle of contagion was cow's milk. It is now shown that the bacillus can also be conveyed through fowls. The author concludes with the salutary advice, that it would be most important, therefore, to pay great attention to the health of fowls destined for food; and it would be worth while to find out how soon after the fowl has begun to suffer from tuberculosis it can infect those who may eat it, and also the amount of cooking that would be required to effectually destroy the bacilli.

Dr. Netter, of Nancy, read a paper at the above-named Congress, on hypnotic suggestion in its relations with the doctrine of Descartes. After having shown that hypnotic suggestion, such as is taught and practiced at Nancy, accords with the spiritualistic doctrine of Descartes, he stated that the disciples of this philosopher may accept the principle of hypnotization in the education of evil-disposed children in whom vice is inherent, for in subduing in them certain morbid impressions they may be rendered more apt for education and instruction.

Dr. Rochard made a communication, at the same meeting, on the hydrotherapeutic treatment of chronic paludal fevers; and after having having made some interesting remarks on the characters of paludal fevers in different countries, he stated that, without denying the influence of sulphate of quinine, which he considered a sovereign remedy in acute paludism, he thought that in chronic paludism it was necessary to apply a hydrotherapeutic treatment

to obviate the inconveniences and the dangers of quinic intoxication.

Professor Fournier, Physician to the Saint Louis Hospital, recommends the following domiciliary treatment of the common itch or scabies: (1) Lotions all over the body with common toilet-soap, soap-powder, with or without scent. (2) A bran bath; immediately after which, (3) Frictions with the ointment, composed as follows: Glycerine, 200 grams; gum tragacanth, 1 gram; flower of sulphur, 100 grams; carbonate of soda, 50 grams; to be scented *ad libitum*. (4) A second bath to be taken. (5) The body and bed-linen to be changed and disinfected, and the gloves burnt. On the following day a few emollient baths of starch, or the glycerole of starch, to be taken to complete the cure.

PARIS, October 8, 1886.

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## Translations.

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ANGINA PECTORIS—(Dr. Henri Huchard). To Parry alone belongs the honor of having pointed out, about the end of the last century, that the cause of angina pectoris ought to be placed in an alteration of the coronary arteries, as one may learn from the following passage:

"I can not refrain from remarking," said he, "that the evidence furnished by autopsies present singularly uniform results. I am far from denying that there are exceptions which it is impossible to harmonize, but to take the mass of facts and leave out the exceptions, it is almost impossible not to agree that in angina pectoris there is a morbid tendency to ossification about the origin of the aorta and the coronary arteries."

True angina pectoris is the result of a cardiac or functional ischemia. It is absolutely different in its mechanism, its march, its symptoms, its termination, and its treatment, from the pseudo-anginas which spring up under the influence of neuralgia, neuritis, or from hyperemia of the cardiac plexus.

"It may be seen, then, that I am far from denying neuralgia or neuritis of the cardiac plexus. But I affirm, resting upon my expe-

rience and observation, that the complete distinction accomplished by Bretonneau between croup and false croup (two diseases previously confounded) ought likewise to be made in angina pectoris. There is not only such a difference between grave and benign angina pectoris as separates a neuritis from a neuralgia; there is more—there is a difference in the localization, the nature of the lesions, and the seat of the affected organs.”

The opponents of this exclusive and radical opinion have found a fine response in the citation of some negative autopsies—of some observations of neuralgic angina terminated by death, or others still in which the diagnosis between the two kinds of angina is well-nigh impossible.

These objections are not more valuable than when they are employed as between true croup and false croup. In fact, one may die of false croup, of which fact Trousseau has cited some examples, and the symptoms of this latter malady may reproduce those of the former in such manner that the uncertainty persists even to death. But by reason of the existence of these facts will the idea ever occur to any one to confound, nosologically or otherwise, croup and false croup? For me it is the same with true and false anginas. *One* is an arterial affection, the others are most frequently of a nervous nature. To the first it is necessary to oppose an arterial treatment, to the second a treatment antinervous and antineuralgic. The latter recover spontaneously in spite of medicine and doctors; the former is greatly ameliorated, almost always cured, by the continuous and prolonged administration of the iodides, and above all by the iodide of sodium in a daily dose of forty-five grains for from one to three years, and also such medicines as exert their action upon the arterial system, such as trinitrine, nitrite of amyl, etc.

The numerous successes obtained by this method of treatment instituted by me confirms in a most formal manner the opinions I hold as to its ischemic nature.—*Journal de Médecine de Paris*.

IN the Academy of Medicine, September 28th, M. Chatin read a communication on tenia

in sheep. Recently attention had been called to this subject by a work of Cubbold, who appeared to admit the existence of cystocerci in sheep, and thus destroyed the notion that had been held of the absolute innocuousness of mutton. But the cysticercus ovis, described as being able to give birth in the case of man to a special tenia, the *tenia tenella*, is almost unknown, and its existence seems even doubtful. As to the argument drawn from the frequency of tenia in Algeria, a country where large use is made of mutton, it could not withstand a scrutiny of the facts, the tenia of Algeria being nothing else than a variety of *tenia medio-cancellata*, or tenia of cattle. M. Chatin concluded, therefore, that mutton may be given to patients without fear, and without any danger whatever.

## Abstracts and Selections.

THE VALUE OF EXTERNAL APPLICATIONS IN THE TREATMENT OF CHILDREN—EFFECTS OF COLD WATER.—When one hand is immersed in cold water the temperature of the other hand also falls. Cold not only cools the surface of the body but affects markedly the condition of internal organs through the nervous system, especially in children.

Brown-Séquard has shown, by experiment, that cold applied to the lumbar region contracts the arterioles of the kidney, and consequently diminishes the blood-supply to those organs. When cold water is applied to the surface of the body the *cutis anserina* immediately becomes manifest, the skin becomes paler, the respiration is sobbing, and the pulse is quickened. If the temperature be not too low the condition of reaction soon supervenes. The coldness is succeeded by a feeling of warmth, and the depression by a feeling of exhilaration. The bath should not be continued too long for this tonic effect.

If the tonic effect is well shown the circulation is equalized and invigorated, tissue metamorphoses take place more rapidly; and with the increased tissue changes and activity of assimilation the appetite is increased, and the body gains in weight and strength.

The cold bath should have a temperature of from 40° to 70° F.

*Wet-Pack.* This is occasionally an efficient way of applying cold water. A large towel may be wrung out of cold water and wrapped about the little patient, and covered with a



blanket. The sense of chilliness at first experienced is soon followed by an exhilarating glow.

When reaction is well established, the pack should be removed and the body vigorously rubbed with dry towels. Unless active diaphoresis be the object, the application of the wet pack should not continue more than fifteen minutes. If the little patient be enveloped with the wet sheet, standing, and rubbed vigorously with the sheet, reaction will be more quickly induced.

When the pack is removed the patient should be vigorously rubbed with coarse towels.

The *douche* is where the water is poured from a height upon the patient. This means is rarely available in the treatment of children.

The external applications of cold water in the treatment of the diseases of children are many, and some of them very important.

In tonsillitis, diphtheria, and croup, the cold-pack applied to the neck will oftentimes give great relief. In laryngismus stridulus, the application of cold water in this way will sometimes quickly relieve the distress in breathing.

For spasm of the glottis, Morell Mackenzie recommends that while the child's body is placed in a warm bath, that cold water be dashed in the face.

In the first stage of laryngo-tracheal diphtheria, among other means, the same authority recommends that an ice-bag be applied to the throat.

One of the most important uses of cold water is in fevers, for its antipyretic effects.

Zeimssen's method, by placing the patient in a tepid bath, and gradually cooling the water, by the addition of ice, to the required temperature, which may be 60° F., or even 40° F., according to the height of the pyrexia and the rapidity of its descent, may be sometimes available in treating children. The bath may be used from one to six times a day, and continue each time until the temperature is brought down to the required limit.

In the treatment of children's diseases the wet-pack is, however, generally preferable, on account of the ease with which it is applied. The little patient may be put in the pack several times a day, and remain from five minutes to an hour. Hyperpyrexia often kills. The deplorable determination may sometimes be averted by the cold bath; and it is in these cases that its remarkable effects are most conspicuously shown. In scarlatina, for instance, when the temperature rises to 105° or 106°, and there are alarming symptoms, the cold wet-pack will prove of very efficient service. Most families have a prejudice against the ap-

plication of cold water, especially in the eruptive diseases. It will, therefore, be necessary, usually to use that means least likely to frighten the patient and meet with opposition on the part of the family.

Trousseau, in the treatment of these cases with a high temperature, was in the habit of placing the patient in a bath-tub, and directing that three or four pailfuls of water be dashed over him every one fourth minute to one minute, after which he was put in bed, and covered with the bed-clothes, without being dried. The physician in private practice who should try this "dashing" process, would in most cases find himself unceremoniously dashed out of the house.

Zeimssen's method might be used in some cases; but the cold-pack or cool sponging will usually meet with less opposition and will be found very effectual.

J. Lewis Smith says that in most cases he prefers to reduce the temperature by the constant application to the head of a rubber bag containing ice. The bag should be one third full, so that it may fit over the head like a cap.

If the temperature is above 104°, he makes a similar application over the neck at the same time, which not only abstracts heat, but diminishes the pharyngitis, adenitis and cellulitis.

A. Jacobi, in an article on "Typhoid Fever in the Young," says: "To reduce high temperatures quinia has been frequently recommended, though it has not served me well in infectious diseases." I will add that I have found quinine not only useless in these cases, but under certain conditions, even with a high temperature, exceedingly dangerous. A rational empiricism is safer in the treatment of children than a blind adherence to scientific theories."

"The best antipyretic is cold."

"No cold bath for cold extremities; no more cold bath, when once after it the extremities remain cold or cool. In these cases the surface becomes colder than before, it is true; the interior, however, is warmer than it was."

"Warming-pans ought always to be used to the feet and legs when cold is to be applied."

In a very full and interesting article, William Perry Watson, after speaking of the various ways already mentioned of applying cold water, directly or indirectly, speaks of a rubber cot which he uses, made of rubber tubing and sheet-lead, which may be folded about the little patient.

In acute cerebral congestion, cold water may be applied to the head while the feet and legs are immersed in warm water, or covered with mustard and flaxseed poultices.

Cold to the spine is one of the most effective remedies in some cases of chorea. It is most conveniently applied, perhaps, in the form of an ether spray.

In infantile convulsions cold may be applied to the head, while the body is immersed in warm water.

In my experience, weakly cachectic children are best treated by the application of the morning cold bath followed by vigorous rubbing; and I believe it to possess more beneficial results, in most cases, than any system of medication without the external application. I have used it for several years in these cases with the happiest results. I am in the habit of prescribing at the same time small doses of Fowler's solution, as an aid to digestion and assimilation in these cases. This treatment should be continued for some length of time, if there are no contra-indications; the effect of two or three applications will be hardly noticeable. It is well to begin by using tepid water, and have it a little cooler at each succeeding application until a temperature of about 60° F., is reached. It is well to put a little salt in the bath.

Under the treatment indicated, these cases will sometimes improve with astonishing rapidity; the weight will increase, the appetite become better, the color return to lips and cheeks, and the irritable cough, so common in such cases, cease.

Dr. Forchheimer, in speaking of the treatment of rachitis, says: "I rely upon these baths (salt and cold water) and upon fresh air as the main agents for curing this disease."

*Warm and Hot Water.* What is the effect when the body is immersed in warm water? It causes at first a pleasant sensation; the skin becomes red, the pulse increases in rapidity, but the tension is less, and a sense of giddiness and depression is soon experienced. Extreme muscular weakness supervenes if the bath be prolonged. Transpiration from the skin is increased. The temperature of the body rises. There is rapid disintegration of tissue. The warm bath should have a temperature of from 90° to 100° F., and the bath from 100° to 106° F.

It is not necessary to speak of the various ways of applying warm and hot water, the Turkish or Russian bath, the hot-pack, etc.

Extremely hot water is similar in its immediate effects to cold. The same remarks that were made in regard to the application of cold water to the neck in laryngismus stridulus, etc., may be applied to hot water.

In acute desquamative nephritis, warm fomentations may be applied to the back with good effects.

Wakefulness or restlessness of children may often be overcome by a warm bath taken just before bed-time.

In various diseases, as meningitis, cerebro-spinal meningitis, or threatened convulsions, the body may be immersed in warm water, or flannels wrung in warm mustard-water may be applied to the feet and legs with the happiest results.

I have again and again seen this simple means followed by quiet and sleep, after bromide of potash—the child's opium—in large doses has been without effect.

Where there is congestion of the brain from any cause, and a warm bath is required, the physician should see to the temperature of the water himself; for if it be too hot, it may defeat the end in view, and instead of relieving the engorged vessels the shock of the too warm water on the cutaneous nerves may cause a rupture of blood-vessels, a gush of blood may be from the nose, or sudden dilatation of one pupil and sudden death; a very unpleasant result, one which I have known to happen, and which is likely to bring a valuable means of relief and cure into disrepute.

Flannels wrung from warm water and covered with dry flannels or oiled silk, make one of the neatest and best applications that can be made to the chest in pneumonitis or catarrhal bronchitis.

In treating pneumonia in children, L. Emmet Holt says he has little faith in drugs, and summarizes the treatment which he would recommend in these words: "Nourishment, opium, alcohol, local applications."

After tonsillitis has continued until abscess is almost certain, Morell Mackenzie advises the persistent application of warm poultices to the neck to encourage suppuration. I am satisfied that the persistent application of hot fomentations—preferably flannels wrung from simple hot water—from the start may hasten resolution and prevent abscess.

In entero-colitis, gastro-enteritis, and the various inflammatory affections of the abdominal organs, heat is always indicated; and there is no doubt that in these applications, properly applied, the physician has a more potent, reliable, and easily controllable agent than in any remedy or class of remedies which may be administered *per os*.

Winckel says that permanent baths are indicated for those children who are extremely feeble between twenty-three and thirty-six weeks of age, and with those who are in a state of profound asphyxia in consequence of hemorrhage from the cord after *accouchement*.

He had a bath especially constructed, in which a child could be comfortably kept con-



stantly for several days in succession in water at a temperature of 97° to 100° F.

Henry N. Read, Assistant Physician, Long Island College Hospital, in speaking of ephemeral high temperature in young children, after quoting Bouchut—who says in his work on Diseases of Children, “In the first stage of childhood there is no relation between the intensity of the symptoms and the extent of the material lesions”—writes, “that the most intense fever, restlessness, and spasmodic movements, etc., may disappear in twenty-four hours, leaving no traces. The pulse and respiration may become extremely rapid, and the temperature run up to 105° or more.” In these cases we can only explain the phenomena, as Dr. Read does, by the insufficient regulating power of the nervous system. The nervous system no doubt plays an important part in the regulation of the body heat, although its action and exact influence is ill understood. In these cases I should put great faith in the sedative action of the tepid or warm bath. Dr. Read recommends the administration of chloral hydrate; Da Costa and Wilson, of Philadelphia, speak well of the same treatment.

*Poultices.* Some of the applications already spoken of might come under this head; in fact there is no better application, where simple heat and moisture are desired, than the flannels wrung from hot water and covered with dry flannel or oiled silk. Spongio-piline may be used in place of the flannel, or a layer of cotton batting covered with oiled silk makes a light and neat poultice, which may be left in place for several days. If it be desirable to produce a little cutaneous irritation in the case of children, a spice-poultice makes a light and convenient poultice. It is well to mix the white of an egg and a little glycerine with the spices to prevent them from becoming dry too soon. I prefer in most cases an ordinary flaxseed-meal poultice to which a little mustard has been added. If it be desirable to keep the poultice moist as long as possible, a little glycerine may be mixed with it. The physician should always either give minute instructions in regard to making and applying any poultice ordered, or, better, see to it himself—as a poultice, unless properly made and applied, may do more harm than good.

A hop poultice is popular, but probably owes its good effects simply to the heat and moisture. If the chest be covered with flannel and oiled silk in every case of measles, many lung complications might be avoided, says J. Lewis Smith.

Poultices should not be continued too long; for if kept too long in contact with a large surface they depress the vigor of the system, and

lower the tone, so that recovery may be prolonged. They, also, if kept in place too long, cause little abscesses which are very irritating.

*Inunctions.* Inunctions of fat are useful in most fevers, especially in scarlet fever, to relieve the dry condition of the skin. Cocoa butter is the best, perhaps, but lard or olive oil may be used.

Colbat advocates the use of inunctions of lard or vaseline, not only in scarlatina, but in variola, pneumonia, etc. His experience has been that the inunction is always followed by a period of calm and repose, and with a reduction of the body temperature from one half to two degrees.

I shall not speak of the various medicinal agents that may be put into the circulation by means of inunction, such as mercurials, cod-liver oil, etc. Neither have I spoken of the medicinal agents that may be absorbed from baths or vapors.

I will mention one means, however, which is very little used, and which is of great benefit in treating weakly children, who are sallow, and have pasty, whitish stools; and that is by general baths with a solution of nitro-muriatic acid—one ounce to gallon.

*Counter-irritants.* In speaking of mustard, etc., in poultices, I have already mentioned some forms of counter-irritation. There are a few others that the physician who is called upon to treat children should bear in mind.

H. C. Wood strongly recommends the oil of amber as being especially valuable as a counter-irritant in the treatment of the *bronchitis* of young children, associated, as it often is, with marked nervous disturbance and tendency to collapse. The oil, diluted with from one to three parts of sweet oil, and applied to the chest as a sort of stupe, sometimes acts very happily in allaying nervousness as well as internal congestion.

For pertussis, among the thousand and one remedies, John M. Keating speaks well of counter-irritation as an important measure, and mentions croton oil, oil of amber, and oil of cloves, which may be mixed with olive oil, and rubbed on the chest three times a day, and the surface afterward covered with oiled silk. J. Lewis Smith also advises mild counter-irritation in pertussis. The same authority advises counter-irritation along the spine and nucha, after discontinuance of ice-bags in cerebro-spinal meningitis.

Dr. Faulkner, of Pittsburgh, advises as an efficient means of treatment in many cases of asthma, counter-irritation over both pneumogastrics with Churchill's tincture of iodine.

In tetanus infantum, Dr. Merriwether, of Alabama, says, if there is no improvement from the medicine which he orders, he applies

a blister, larger than a dollar, to the umbilicus, and with this treatment the child generally improves. Warm foot-baths and stimulating embrocations along the spine are proper adjuvants to the treatment. Trousseau sometimes used blisters to the legs in scarlatinal dropsy with good effect in conjunction with hydragogue cathartics. Blisters are very seldom required in treating children, especially in the case of young or weakly children they should be used with extreme caution—*Dr. F. H. Knickerbocker, in Archives of Pediatrics.*

**MICROSCOPIC SECTIONS OF TUBERCULAR ULCER OF THE TONGUE.**—At the June meeting of the Medico-Chirurgical Society of Edinburgh, Drs. James and Bruce exhibited a specimen of tubercular ulcer with the following interesting remarks:

The specimen was taken from the tongue of a man, J. H., aged forty-four, who had suffered from pulmonary phthisis for probably ten years. The disease was of the fibroid type, and was very chronic, and with the exception of laying him up for some weeks on several occasions after somewhat profuse hemoptysis, it did not until the beginning of last June prevent him from following out, in an easy way, his employment in an upholstery establishment. Last winter was, however, too much for him. At the beginning of it he had a severe hemoptysis; after it hectic fever, which hitherto he had never experienced, supervened, and becoming gradually weaker, he died on 13th of February. The ulcer of the tongue began in June last on the right side, near the tip, as a pimple. This bursting left a small ulcer, which gradually increased in size, till at death, irregularly oval in shape, it measured about three quarters of an inch by one half inch, and had a depth of about one eighth inch. Its surface during life appeared granulated, and was usually covered by a grayish mucus. At times, however, this was absent, when it had the aspect of raw meat; its edges were quite level with the surrounding surface, and they were not swollen nor indurated, but were distinctly undermined. The surrounding mucous membrane was perfectly healthy. The patient did not complain of any great amount of pain; he suffered from it somewhat in eating, but not to any thing like the extent usual in such cases. Salivation was not marked. There was no enlargement of the lymphatic glands beneath the jaw, and during the whole course of the disease there were no laryngeal, intestinal, or other complications. The only treatment was the use of borax and chlorate of potash lotions. Such ulcers, though not common, have often been described, and in Butlin's book, and in

the Transactions of the Pathological Society of London, full accounts of them can be obtained. They are rarely the primary manifestations of tubercle, but, as in this case, are usually secondary to pulmonary disease. In connection with their position, a point to which Dr. James drew attention was that they were probably caused by infection from the sputum. They knew that if animals are made to eat tubercular matter the mucous membrane of the pharynx, etc., readily becomes infected. Now, the sputum will act similarly; and when we recollect that in the performance of the act of spitting there is great risk of abrasion of the front part of the tongue by the teeth, we can readily understand how inoculation is then likely to occur. Of course, if the teeth are decayed, irregular, and sharp-pointed, the risk is much increased. A scraping of the ulcer during life was examined for bacilli. Why pain should be so common we can understand, when we remember that the tip of the tongue is the most sensitive part of the body.

**CASE OF CHOLECYSTOTOMY.**—(Dr. A. Landere, Leipsic). The wife of a shoemaker, aged thirty-five, suffered for about eight months from severe pains in the region of the liver. No stones were passed, no jaundice occurred; the pains were intermittent in character. A tumor of the size of a child's head, with irregular surface and hard to the feel, could be made out in conjunction with the liver and participating in its movements. The lower portion gave a tympanitic note, and the tumor, slightly movable under the integuments was painful on pressure, especially near its upper part. Urine and pelvic organs normal.

Incision parallel to the median line over the tumor revealed the tumor adherent to the transverse colon and covered by hepatic tissue, and connected with the mesocolon behind. Tapping produced mucus and pus, and verified the diagnosis of empyema of the gall-bladder.

As extirpation was impossible, the author stitched the liver to the abdominal wall around the incision by means of five silk sutures, and applied sublimate and iodoform dressings. After six days, during which no febrile reaction occurred, a large trocar was inserted into the gall-bladder through one and a half centimeter of liver tissue and drainage established. Subsequently the opening was enlarged by Pacquélin's cautery.

The patient made a good recovery, the pains were effectually cured, and only a fistula remained, through which only a few drops of rosy mucus were daily discharged.—*Annals of Surgery.*



**DOES THE ELECTRIC LIGHT INJURE HUMAN EYES?**—This is a question occasionally asked of the oculist, and perhaps oftener of the general practitioner. In so far as we are aware at present the basis for this answer must be mainly impressions from a limited number of observations for a relatively short period. The facts are not yet sufficiently numerous or definite to permit a scientific answer. Yet we must give some reply, even if it be to say we do not know. It is best to tell the truth and give our impressions as they exist at the present time. For ourselves, our impression is that the incandescent light of Edison is the best light, in so far as the eye is concerned, that we have met. To even very sensitive eyes we have observed that it is uniformly non-irritating. But respecting the Brush arc electric light, we have seen several cases where it seemed to do positive harm, and many other cases in which we were impressed that in a slighter degree it was hurtful to the functions of the eye. We can not cite a single case and say that organic disease was induced by the Brush arc light, but we have noticed unpleasant and harmful functional disturbances both in normal and diseased eyes. These are frequent enough, and by themselves render the arc light undesirable, to say the least, for lighting rooms in which persons are writing or reading.

It would seem as if the harm resulted not so much from the brilliancy of the light, as this might be modified by shades, but from its inconstant and flickering character.

Dr. J. A. Andrews (Medical Record) presents a careful *résumé* of the published literature on this subject.

Dr. W. C. Rockliff (Ophthalmic Review) reports a case of acute conjunctivitis caused by the action of the arc electric light. The patient had previously found that on descending a ladder after adjusting the light he was unable to see people in the street. But this effect soon passed off. There are few persons who have not noticed similar effects after exposure of the eye to any very bright light. On the occasion alluded to the vision returned in about fifteen minutes. But there followed rapidly increasing lachrymation, photophobia, pain, and swelling of the lids, all within fifteen minutes. These symptoms yielded to treatment during a couple of days. Other workmen were affected the same, but in a slighter degree.

A. Emrys Jones (Ophthalmic Review) records a case of intense conjunctivitis induced by working within a few inches of the arc electric light.

David Little (Ophthalmic Review) reports a case of retinitis occurring in a gentleman engaged in experiments with the electric light.

These are all the positive observations that occur to us at date of writing. Probably a more careful research would find more. In no case has it been stated that the Edison incandescent light has acted injuriously on any eye. Its steadiness and softness commend it to the attention of such as are compelled to work many hours by artificial light. But the gazing at the arc electric light for any considerable period is apparently dangerous to the integrity of the eyes.—*American Lancet*.

**THE PROPER USE OF ERGOT IN OBSTETRICS.** This has been and is likely to continue a moot question. Different observers see it in different lights. Doubtless, different practitioners have a varied skill in using it. Dr. F. H. Potter (Buffalo Med. Journal) concludes a study of its proper use thus:

1. Ergot is a drug which in any of its preparations tends to deteriorate rapidly, and should never be used, excepting prepared from a pure fresh specimen.

2. It is a stimulant to the tubular and non-striated muscular structures of the body, causing them to contract.

3. It acts especially upon the muscular structures of the uterus, throwing it into a state of tonic spasm.

4. Its action on the uterus is, however, uncertain; sometimes it contracts the whole organ, at others only a part of it.

5. If the entire organ is contracted, labor may be delayed through the rigidity of the os, and the child destroyed by the interference with the placental circulation.

6. Or the contractions may be so powerful as to force the child at once into the world, causing any or all of the lacerations to the soft parts of the mother.

7. The life of the child may be endangered, also, through the absorption of the essential oil of ergot.

8. It may act in a similar manner in cases of abortion, actual or threatened, and cause a similar result.

9. The proper use of ergot in obstetrical practice is limited to those cases in which, after the expulsion of the placenta, the uterus refuses to contract, or, having once contracted, shows a tendency to secondary relaxation. Even in these cases, however, reliance should not be placed upon it alone, but its action should be supplemented by the other means used to provoke uterine contraction.

**ON THE ANESTHETIC ACTION OF SUBCUTANEOUS INJECTIONS OF COCAINE.**—Wölfler has made some very interesting experiments with the view to ascertain the anesthetic effects of

hypodermic applications of cocaine (*vide Heitler's Centralblatt*, April, 1886). He found that an injection of about half a dram of a five-per-cent solution of cocaine produces, within two or three minutes, an anesthetic condition lasting for twenty to twenty-five minutes. The region of complete anesthesia had a diameter of two to three centimeters, while the adjacent skin was in a state of semi-anesthesia for a distance of two to three centimeters. Further injections widened the sphere of anesthesia. Needles introduced into the skin to a depth of three centimeters were not felt.

Wölfler employed these injections practically for the extirpation of small tumors, removal of foreign bodies, opening of abscesses, and similar minor operations. In larger incisions the injections are best made at both termini of the incision. Wölfler obtained excellent results with cocaine injections in neuralgias, especially of a strictly local nature. Though not meeting himself with any accident in the employment of cocaine, Wölfler advises, nevertheless, to be cautious in its use, as Heyman had recently observed a severe intoxication after its application. (Cocaine had been applied by the brush to the larynx of a boy ten years of age, previous to the removal of papillomata, whereupon a state of apathy set in which lasted for five hours.)—*Therapeutic Gazette*.

ON SUBLIMATE INTOXICATION AFTER LAPAROTOMY.—Dr. H. Kuemmell, Hamburg (*Centralb. f. Chirurg.*), who was so instrumental in introducing bichloride as an antiseptic, now reports his unpleasant experience with it. By limiting the use of this solution, and employing principally strengths of 1 to 5-10000, his first one hundred and seventy major operations with it showed but one case of poisoning lasting a few days; this occurred in a very fat subject after amputation of the mamma.

Within a few months, however, he has had two cases of poisoning after peritoneal operations. His first nine laparotomies with it passed off well; then came a fatal case of poisoning in a woman of thirty years. She was of slender build, and very anemic from profuse uterine hemorrhages. Interstitial myoma of uterus; laparotomy, operation lasting an hour and a quarter. Cuneiform excision of tumor; slight loss of blood; warm sublimate solution, not stronger than 1 to 5-6000, was used; vomiting repeated during the night; diarrhea set in the next day, the passages soon containing blood; no fever. She became progressively weaker, and died four days after the operation.

Neither *intra vitam* nor at the autopsy was there any indication of inflammation about the uterine wound. In the mucous membrane of

the ascending and transverse colon were several defects with sharp edges.

The second case was that of a rather anemic but fairly nourished woman of twenty-five. Papilloma (size of a baby's head) of right ovary, with a large encapsulated ascites. The left ovary, also diseased, was removed at the same time; operation at first well borne; vomiting during the day and severe collapse in the evening; stimulants hypodermically; extreme exhaustion the following day; the vomiting had stopped, but the passages became bloody. Injection of 1500. gram six to ten per-cent salt solution into the left basilic vein, with great improvement in the pulse; it, however, caused a subjective feeling of great fear, lasting all day. Threatening symptoms had subsided by the next day, though bloody passages continued a few days, and gums and oral mucous membrane were ulcerated at many points. Final recovery. No relapse up to seven months after operation.

"From former publications and the two histories just given, I believe we can draw the conclusion that in laparotomy on patients not too much reduced, sublimate solutions of 1 to 5-6000 may be used; that, however, in highly anemic, weakened individuals and those with kidney affections it is safest to avoid sublimate altogether."—*Annals of Surgery*.

NIGHT PALSY.—Dr. W. E. Stevenson (Practitioner) contributes a short article on a special form of numbness of the extremities occurring, for the most part, during the night, and to which Wier Mitchell has given the name of night palsy. Dr. Ormerod's description is quoted as follows: "The symptoms are remarkably definite in character. They occur in women, usually about the climacteric period, and begin in the night. On waking, the patient has a feeling in the hands and arms (commonly on both sides) of numbness, deadness, pins-and-needles; sometimes there is actual pain, severe enough to wake her. There is also loss of power, the hands and arms become useless, and she can not hold things. This may so far predominate that the patient comes to be treated for a supposed paralysis. Sometimes, also, the patients say that the hands swell, the veins swell, etc., at the time. The symptoms pass off in a little time, and rubbing suggests itself as a natural remedy. But occasionally they manifest themselves in the daytime also, and then principally when the patient sets about her ordinary work—washing, scrubbing, needlework, etc." The author has had several cases of the affection, and his observations agree, in the main, with the foregoing description. Though mostly seen in women at or near



the climacteric age, it is occasionally met with in men, in whom it is likely to be more severe and obstinate. Some attribute it to anemia, others to gastric disturbances. All of the author's patients recovered with rest, bromide of potassium, and galvanism.—*New York Medical Journal.*

**THE COMBINATIONS OF DRUGS.**—Attention is drawn to an address recently delivered by Professor Goll before the Swiss Medical Association (*Correspondenzblatt für Schweiz, Aerzte*, No. 14, 1886) to a point in the practical administration of drugs, which seems hardly to have attracted the attention which it merits. The days of bulky polypharmacy have passed, and we are now more and more striving for the isolation of active principles and the administration of drugs in concentrated, isolated forms, but yet a careful study of many of the old prescriptions can teach us many points of value. The value of many combinations of drugs is well known. Many have fallen out of use, and many new combinations may serve totally to modify the character of the individual ingredients, or, better yet, to prevent the unfavorable actions of certain drugs while accentuating the influence which it is desired that they exert. Dr. Goll calls attention to several of these which are well worthy of notice, even although many of them may be known, and although constantly employed.

First, as regards the use of opium. As is well known, opium is often added to numerous medicines to render them less irritating to the stomach or intestines, or to reduce or prevent some remote reflex action. Thus vomiting produced by irritant action on the stomach is often entirely prevented by the use of opium. Oppholzer and Hasse long ago called attention to the fact that the emetic action of antimony, while not hindered by the conjoint administration of opium, was freed from the painful retching and cramps of the abdominal muscles which almost invariably follow its administration alone. So again in the administration of drugs which are absorbed but with difficulty, the conjoint use of opium, by delaying the passage of the drug through the alimentary canal, assists in its more complete entrance into the circulation. Thus salivation or the constitutional action of mercury is more readily produced by the addition of a little opium to calomel or mercurial iodide. Finally, the addition of opium to cough mixtures as a means of dulling the irritation from the bronchial tubes, reducing expectoration, and relieving dyspnea, is well known and every day employed.

Equally important are the various purposes served by the combination of belladonna and

atropine with other remedies. Thus from the time of Trousseau atropine or belladonna has been combined with opium as a palliative against the night-sweats, cough, and dyspnea of phthisis, while again it does not seem to be appreciated that the vomiting and nausea which in so many cases follow the subcutaneous use of morphine may be almost entirely, if not invariably, removed by the combination of one part of atropine with fifteen to ten of the morphine in the subcutaneous injection. Where morphine must be given continuously nausea and vomiting may be permanently removed by the combination of atropine in the first few injections which are given. The system seems then to tolerate the morphine, and the atropine may be omitted. So also in the removal or the prevention of nasal catarrh so constantly produced by the administration of iodide of potassium. Here the primary combination of the belladonna with the potassium iodide not only assists in the absorption and more rapid production of iodism than when the iodide of potassium is alone given, but will constantly prevent the production of the nasal complication. Against salivation Dr. Goll finds that belladonna is less active, but that there is no other drug which is equally efficacious in suppressing profuse perspiration.

One of the oldest uses of belladonna is in the relief of cardialgia and intestinal colic, where belladonna or hyoscyamus extract is to be preferred to opium or morphine. The combination of belladonna or hyoscyamus with colocynth, senna, and other drastic purges, will almost entirely prevent the griping and colic which so often renders the use of these drugs so disagreeable. An old form of administration of the extract of the hyoscyamus with colocynth and aloes, or the more modern American formula of the combination of extract of belladonna with three times its weight of podophyllin with soap, is worthy of the reputation which it at present enjoys. It is well known that by means of belladonna the intestinal muscular fibers are first excited and then partially paralyzed; hence belladonna is a valuable remedy for the relief of the spastic colic which accompanies lead-poisoning.

Another use of belladonna, which does not seem to have attracted sufficient attention, is in its administration as a cardiac stimulant. The following statement of Luchsinger deserves to be widely known: "If the heart is brought to a standstill, whether by chloroform or potassium salts, by gallic or oxalic acid salts, by apomorphine, quinine, zinc, or poisonous mushrooms, atropine will always succeed in the commencement of the paralysis in restoring the action of the heart."

Again, the combination of morphine and atropine in the proportion of twenty to one will accentuate the action of cocaine; combined with chloral, belladonna reduces the paralyzing action of the former upon the heart, while, according to Bert, Morat, Aubert, Doster, and Laborde, preliminary injections of atropine will greatly remove the danger of arrest of the heart in chloroform narcosis. Finally, the combination of belladonna with quinine or salicylic acid has deserved the greatest reputation in the treatment of neuralgia.

Still another use of the combination of drugs is called attention to by Dr. Goll, where the production of solubility plays the most important rôle. Mercury, as is well known, is with difficulty absorbed, and is corrosive in many solutions. The combination of mercury with albumen forms one of the most absorbable compounds. Such a solution is easily prepared by warming a solution of one of the haloid salts of mercury in the presence of a soluble albuminate.

Many other additions might be made to this list of useful combination of drugs, but enough has already been said to call attention to the useful purpose which may often be served by the judicious combination of drugs, and to teach us that we must not entirely neglect the teaching of the older therapeutists.—*Therapeutic Gazette*.

**TUBERCULOSIS COMMUNICATED BY FOWLS.**—Dr. G. de Lamallerée relates fully and convincingly an important case of this kind which occurred in a small hamlet with specially good hygienic surroundings, and where disease was practically unknown. A young soldier died here of phthisis which he had contracted while on active service. His wife, who nursed him assiduously and never left the room in which her husband was, showed signs of phthisis soon after his death, and the disease advanced rapidly. A neighbor who had little intercourse with her also developed signs of phthisis which the author was entirely at a loss to account for at first, as she had previously been a strong, robust woman. He discovered that a number of the fowls had died, and that they had been eaten by this woman in an undercooked state. He further noted that when the first female patient coughed, it was the signal for all the hens about to approach where she was in anticipation of getting the sputa to peck. He made a *post mortem* examination on one of the fowls which died soon after his attention had been drawn to the facts, and he found extensive tubercular changes in the intestines and other organs, the parts containing the bacillus tuberculosis. He insists upon this

being a case in which infection was conveyed, (1) from man to man; (2) from man to animal; (3) from animal to man; and the case as recorded appears to us to be satisfactorily proved.—*Gazette Médicale de Paris; Edinburgh Medical Journal*.

**THE ANTIRHEUMATIC ACTION OF ANTIPYRINE.**—In the service of Prof. Immermann, of Bâle, antipyrine has been administered in a number of cases of acute and of muscular rheumatism. The results obtained have been such that M. Eich does not hesitate to conclude that antipyrine is not inferior in efficaciousness to salicylate of soda. Occasionally it fails as the salicylate does, and it no more than the salicylate prevents the grave complications of acute articular rheumatism. The remedy has, however, given relatively favorable results in cases where there existed endo-cardial or pericardial complications. At the commencement he gives from four to six grams daily. M. Lenhartz also gives his experience of the treatment of rheumatism with antipyrine. His conclusions are as follows: (1) In the treatment of articular rheumatism, principally of the acute form, antipyrine is equally efficacious with that of salicylate of soda, for the drug (a) is endowed with a sure antipyretic action, (b) and leads to the disappearance of the local manifestations of the rheumatism, especially the pain; (2) it no more than the salicylate prevents relapses; (3) it can be used in cases where the salicylate is not successful. It is contra indicated in adynamic cases, or where cerebral manifestations are present.—*Revue de Thérapeutics; Ibid*.

**THE INTERNAL TREATMENT OF GONORRHEA.** At the meeting, June 21st, of the Berlin Society of Internal Medicine (*Deutsche Med. Zeit.*), a discussion arose upon the treatment of gonorrhea by medicines.

Dr. Posner stated that, although what had been learned about the gonococcus was extremely interesting, it had not given us much that was practical so far as treatment was concerned.

Local antibacterian treatment has not yet been followed by brilliant results, and to-day we treat gonorrhea with the well-known remedies, and combat it especially with the various forms of injection. These injections are not valuable in that they destroy the gonococci, but because they cure the inflammation of the mucous membrane. Internal medicines act beneficially by passing off in the urine and clean out the urethra in the opposite direction from that in which local treatment acts.

He speaks highly of sandal-wood oil, which



has had such a reputation in France, and which he has used much because he has become convinced that injections, although they work so well in some stages of gonorrhea, still are not well borne by many patients, and can indeed act injuriously. From the speaker's observation, he believes that many gonorrheas which would get well of themselves under suitable *régime* are often kept up artificially.

He has used the sandal-wood in fresh cases, and can state from his own observations that under all circumstances it was better borne than the other balsams, and that under all conditions it exerted a better influence on the disease.

In those complications of gonorrhea in which we have to cease injections, on account of epididymitis, cystitis, prostatitis, etc., this drug is greatly to be recommended.

Repeatedly had Dr. Posner seen cases of acute catarrh of the bladder, with bloody or turbid urine, improve and the urine become clear after a few doses of the sandal-wood oil. In old cases of cystitis and prostatitis it is also beneficial, and always acts favorably on the tenesmus, and clears up the urine. In chronic gonorrhea less stress is laid upon its beneficial action. The purity of the preparation is of great importance. The most elegant form to use is the French preparation which goes under the name of "santal mide," put up in capsules which are easily taken and well borne. The patient takes daily from ten to twelve of the capsules of five drops each. A German preparation on the market, also in capsules, does not agree so well with the stomach. If the oil does not agree with the patient, a little hydrochloric acid may be added to the dose, and, to improve its taste, a few drops of oil of peppermint.

Altogether, according to the speaker's idea, sandal-wood oil is the most efficacious internal remedy at our disposal.

Dr. Lublinski has had occasion to use sandal-wood since his attention was called to it from English sources, some four years ago, and he agreed with Dr. Posner as to its value. It does not affect the stomach nearly so much as balsam of copaiba, but its action is not so strong as the latter drug. He has increased the daily dose gradually to twenty capsules. When administered in drops, he gives peppermint tablets with it. In severe tenesmus, even when the bladder is affected, he has found it to work admirably.

Dr. Rosenthal had also used sandal-wood, but when a decided result was not obtained, he was better satisfied with the old balsam of copaiba. It is desirable to have the drug remain as long as possible in contact with the mucous membrane of the urethra. When the disease is in

the posterior part of the urethra, in the neighborhood of the neck of the bladder, balsam of copaiba has an especially favorable action, but if the gonorrhea is in its first stage the result is not so good. He does not altogether agree with Dr. Posner that no injections are necessary. That balsam of copaiba has an action on the gonococci is shown by a recent work of Oppenheimer. The gonococcus does not grow when placed in the urine of a man who has been taking the balsam. When gonorrhea reaches the neck of the bladder all injections must be withheld, and at this time he has found balsam of copaiba the best remedy.

Dr. Caspar also confirmed in all essentials Dr. Posner's observations. He had first learned of the use of the drug in England two years ago, and had since made frequent use of it. He finds, however, the dose given by Posner rather large, and uses himself only a ten-drop dose three times daily. The East India sandal-wood is that most to be recommended.—*Jour. Cut. and Ven. Diseases.*

#### THE RECUPERATIVE POWER OF OLD AGE.—

It appears to be the accepted opinion of the public, and of our profession more or less, that old age possesses little recovering power; but, from observation, I am led to think that advanced age is not such an important negative factor in the prognosis of wounds, injuries, operations, or disease as it is stated to be. When we remember that in old persons the physical powers are becoming weakened; that the wear and tear is not so easily combated; that the skin and internal organisms are lessening in their secretory powers; that the muscular tissue is becoming atrophied, or undergoing fatty degeneration from want of use; that the brain and spinal system are losing their power; and that the circulatory system is undergoing calcareous degeneration, it does not surprise one that old age is not given credit for much perseverance in repairing wounds or struggling with disease. Actions speak more than words, which is in this case proved by the following records, and that must be my apology for infringing upon the space of this valuable journal. It is always well to remember that "many mickles make a muckle."

James Deacan, Cargreen, aged seventy-one. At the age of thirty he received a kick on the back part of his right leg, which was followed by an abscess. This continued to discharge for several years, when it was found that he had necrosis of the lower end of femur. He was advised to have it removed, but would never consent to its being done; preferring to suffer the pain, rather than run the risk of an operation. It completely incapacitated him

from following his occupation, and he spent the greater portion of his time in bed, owing to the pain which was produced by walking. He came under my notice within a few days of his seventy-first birth-day, in 1882. I advised him to run the risk of an operation, as I thought if it could be performed without much loss of blood, there was no reason why he should not recover; for the healing process would not produce so much pain and discharge as the disease itself did. After-events proved me to be right. I removed the thigh at the lower third, making "Teale" flaps. At the end of a month the flaps had united; and at the termination of five weeks he was able to get about on crutches. He is still living, and has gained considerably in weight since the operation was performed.

John Hosking, Landulph, aged eighty-six. When this man first came under my notice he was suffering from apoplexy, from which he made a good recovery. Ten days after the hemorrhage had taken place, a small red spot appeared over the front of lower third of tibia. He complained of great pain in it. This enlarged in size until it was about four inches in length and three inches in breadth. This, after a few days, became gangrenous, with the formation of a slough, extending down to the periosteum, and laying bare the anterior surface of the tendon of the tibialis anticus muscle for about three inches of its length. Within a short time I found that the anterior half of the tendon was necrosed; and it was particularly interesting to watch, day by day for about six weeks, the granulations slowly encircling the healthy portion and forming a sheath for it, and gradually throwing off the necrosed portion. After this became detached the granulating process made rapid strides, and in a few weeks the wound was filled, and soon became covered over with skin. He is now able to get about, and enjoys good health.

Elizabeth Hambly, Saltash, age seventy. Had consolidation of both lungs. Made good recovery, and is now well and strong.

W. R., age seventy-three. Had consolidation of both lungs. Made good recovery.

W. W., age eighty-six. Had broncho-pneumonia. Made good recovery at end of five weeks.

M. C., age eighty-nine. Had fracture of patella. Made good union. She now walks well, the accident happening some two years since.

W. H., age seventy-two. Had fracture of patella, eighteen months ago, followed by broncho-pneumonia. Is now able to walk well, good union having taken place.

I well remember a case which came under

my notice in St. Marylebone Workhouse. It was that of a man, age eighty-nine. He was completely paralyzed. He was attacked by smallpox, but made a good recovery.

I have selected these cases because of their severity, and as they necessarily more forcibly portray the restorative power which many old persons have. The operation for cataract is a good evidence of the store of repairing power which old age has. I consider that the case of James Deacan is rather remarkable; for all the surgical authorities that I have read state that the operation for amputation of the thigh, after the age of fifty, is almost certain to be fatal. This proves the opposite. No doubt the long continuance of the disease, and the operation being performed in a country cottage, were the two chief factors of his recovery. The cases of the consolidation of the lungs recovering are also unusual, and show that even here, with the amount of waste that ensues during the career of the disease, old age is at times able to combat with it. In such cases I find that one ounce of equal parts of brandy and milk, injected *per rectum* every two hours, produces most satisfactory results. I would make an observation regarding the diet. I always endeavor, as far as possible, to give the patient the same kind of food which he or she is accustomed to in health; and if I find that the stomach rebels against that, to give it as little trouble as I possibly can, and resort to nutrient enemata, given in small quantities and at frequent intervals. In summer or winter I invariably have a hot-water jar placed in the bed, as the lessened muscular energy, with consequent diminution of animal heat in old age, is considerably increased by the disease. These, perhaps, are small things; but even they are worthy of our notice and consideration.—*H. B. Runnalls, M. R. C. S., Bristol Med. Chi. Journal.*

DIGESTIVE FERMENTS IN THE URINE.—Mya and Belfanti (*Centralb. f. Klin. Med.*, 1886, No. 26) have succeeded in detecting two digestive ferments in normal human urine. One is the already well-known digestive ferment, which is active in an acid solution; the other displays its activity in an alkaline solution only. Both ferments produce only small quantities of peptone. The first ferment is found also in pathological conditions—typhoid fever, gastric cancer, and Bright's disease. The ferments have nothing whatever to do with the putrefactive processes. The detection of these ferments, the authors believe, is of considerable importance in the question of the pathological significance of peptonuria or propeptonuria.—*New York Medical Journal.*



# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. II. SATURDAY, OCTOBER 30, 1886. No. 9.

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A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the journal, should be addressed to the Editors of THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

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## THE YELLOW FEVER AT BILOXI.

After a season of quiet, the yellow fever excitement has again broken out on the Gulf coast, and quarantine, for a while suspended, has been renewed against Biloxi. This has been accompanied with no little ill feeling, crimination and recrimination.

It is very difficult in the midst of so much that is contradictory to get at the exact truth in the matter. But at this distance it seems that in many respects a more satisfactory course might have been pursued, and one better calculated to further the end in view.

We have all along been inclined to doubt the existence of yellow fever in Biloxi; for, while having from thorough personal acquaintance great confidence in the ability and perfect confidence in the integrity and honesty of purpose of the representatives of the Louisiana Board of Health, we were inclined to accept the conclusions of Surgeon Godfrey, from the fact that they were made with greater deliberation and judicial coolness, with equal ability, and without bias, excitement, or other motive than to ascertain the exact state of facts.

The action of the boards of health concerned

in removing quarantine before sufficient time had elapsed to render this a safe procedure, in case the disease had been yellow fever, goes to prove that they also felt somewhat doubtful.

At the same time, when we consider the momentous importance of protecting the country against an invasion of yellow fever, we can not but commend the authorities concerned for prompt action, even though there might yet have been some doubt. Indeed, the quarantine enforced seems to us too lenient under any circumstances demanding quarantine.

Nor is it to be denied that the bad faith of the authorities of Biloxi, in not reporting all cases of fever as they had covenanted to do, rightly subjected the place to the present quarantine.

There is not, probably, a more trying position in the entire country to fill than that of president of the Board of Health of Louisiana. However, it does seem that this body, clothed as it rightly is with almost despotic powers, might proceed with more of military quietness and indifference to hasty criticism than has marked its history for several administrations past.

In the nature of the case it can hardly be required that yellow fever should be made out with absolute and undisputed certainty before measures of quarantine are resorted to, for in many cases quarantine by that time would be useless. It is sufficient justification for provisional quarantine that there is good reason to believe yellow fever exists in any locality.

Yellow fever has never, perhaps, broken out in this country without disputes among doctors at the beginning as to whether it was bilious or yellow fever. Even in countries where yellow fever is endemic the same controversy is continually coming up. In the latest number of *La Cronica Medica*, of Lima, Peru, where yellow fever is ever present, there is given the history of just such a controversy; and a similar difficulty is described in the latest issue of the *Gaceta Medica*, of Bahia, Brazil. We much incline to doubt whether the distinction can be positively made out in isolated cases between yellow fever and the more malignant forms of bilious fever.

But whatever else may be said, or whatever mistakes may be made, of this the country is

becoming convinced, that President Holt, of the Louisiana State Board of Health, will in good faith give advice of the very earliest occurrence of aught that is even suspicious of yellow fever.

s.

### VESICULAR EMPHYSEMA AND ITS ANTAGONISM TO TUBERCULOSIS.

The production of vesicular emphysema, as well as interlobular or areolar, may be ultimately reduced to a few very simple physical terms. It simply means that greater pressure in the interior of the air-cells of the lungs has been for some time maintained than on the outside; just such a condition as would stretch any other elastic sac.

In chronic bronchitis the fibrous tissue deposited about the bronchiæ begins after a while to contract. Now if the bronchiæ were in a free space, such contraction would merely cause a stricture as in case of similar deposits about the urethra. But this fibrous deposit is attached to lung tissue on its outer aspect, upon which it must pull during contraction. The lung tissue, on the other hand, finds its final attachment to the parietal pleura, to which it is held by the power of suction, for it can not be drawn from the latter without producing a vacuum. As a necessary result the cells are stretched and the bronchiæ also, producing thereby bronchiectasis on the one hand and emphysema on the other. To a certain extent this might be obviated by collapse of the chest walls. But, as the organism by the infiltration and impairment of the function of a part of the lungs is stinted in the amount of oxygen it receives, by a consensus of reflex influences it requires that the respiratory apparatus shall at least make the fullest respiratory effort, even though the lungs may be further impaired.

In asthma the spasms of the bronchi render the ingress and egress of air quite difficult, and as a result expiration is imperfect, leaving the air-cells somewhat expanded on expiration, and leading to loss of resiliency. On inspiration a violent effort becomes necessary, and a strong tendency to vacuum between the lungs and pleura is the result. The pressure being

thus removed from the outer surface of the lungs, the air within the vesicles is permitted to expand, resulting in a general vesicular emphysema.

In the case of vomica the principle is similar. The emphysema occurring in glass-blowers, cornetists, etc., is most likely due to rupture of vesicles, and is not true vesicular emphysema.

It is a very prevalent belief that vesicular emphysema and consumption are absolutely antagonistic. This, however, though very largely true, is not entirely so, for lungs have been met with thoroughly involved in emphysema and yet studded with tubercle. Why this large degree of immunity exists no one has ever attempted to explain, so far as we are aware. The great danger to which those who have emphysematous lungs are exposed, when attacked with pneumonia, admits of easier explanation. For an emphysematous air-cell would have greatly less absorbing space in proportion to its contents than would a healthy one, because of the well-known mathematical principle of the geometrical ratio in which the contents of spheres increase with simple increase of diameter. In an emphysematous vesicle filled with exudate, there is a much smaller proportion of absorbent investing membrane to contents than in the normal vesicle similarly affected.

s.

### MECHANISM OF CARDIAC HYPERTROPHY.

The various hypertrophies of the heart, when studied aside from the vital elements of the factors which produce them, are also reduced to fairly simple laws. The heart, as a rule, beats as the demands of circulation in the organism require. If much blood is needed in the tissues the beat is strong and rapid; if little, the beat is slow and without great force. If the blood is poor, as in anemia, the heart must beat rapidly, for the system must have more blood. May we not fairly conclude then that the demands of the tissues of the organism for pure and sufficient blood, imposed upon the heart in a reflex manner, are the cause of all *hypertrophy* and *dilatations*.



To say that the heart is forced to extra work by obstruction, is without meaning in the light of logical analysis. A tumor, a pregnancy, a narrowed orifice, may be the indirect cause of forcing extra work upon the heart, but the direct cause is the complaint of the deprived tissues that their blood-supply is deficient. The heart is not going to overwork itself simply because obstructions are offered to the circulation. It would naturally do a smaller amount of work as the character of the work became more difficult. If a gravid uterus imposes extra work upon the heart simply by reason of the obstruction it offers to the blood-current, then the amputation of the hip with ligation of the femoral artery ought to offer a still greater obstruction, and enforce a still greater amount of extra work. But it is well-known that it does not do so.

The hypertrophy of anemia is produced on the same principle. That principle is one which pervades animal life, namely, that within certain limits a muscle grows with exercise. The poor blood sent in ordinary quantity does not satisfy the tissues; the heart is spurred to send more, and it grows by its extra work. In Bright's disease likewise, the impure blood does not suffice for the tissues, and as a result they require an extra quantity, which imposes extra work upon the heart. A sound logic could hardly conclude that the heart would work harder, grow spontaneously, and thrive better on the poor blood of pregnancy, or anemia, or the poisoned blood of Bright's disease, than on the pure blood of health.

We conclude then that *all hypertrophies are reflex*. Dilatations, of course, are simply exhausted hypertrophies. The overworked muscle has become exhausted and proved unequal to the requirements of its task. s.

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POISONED HONEY.—At a recent meeting of the Dresden Agricultural Society, a local pharmacist reported that, in a neighborhood where the deadly nightshade grew abundantly, the bees had incorporated with the honey sufficient poison from these flowers to account for numerous and occasionally fatal cases of poisoning.—*Medical and Surgical Reporter*.

## Notes and Queries.

*Editors American Practitioner and News:*

When I left Seymour, Indiana, the first of last August for a short trip to England, I rashly promised to write some notes of my observations abroad for your journal. I have delayed doing so until now, mainly for two reasons: First, while traveling through Ireland, Scotland, and England I fell into the habit of sight-seeing to such a degree that I had no time for writing. Secondly, I took no systematic notes of things of especial professional interest. But since my return to this city I have settled down to regular professional work.

I will now recall a few incidents of my journey:

The first medical center that I visited abroad was Dublin, where I had the pleasure of making the acquaintance of Dr. Finney (Professor of Medicine, Trinity College, and Physician to St. Patrick Dun's Hospital). This hospital contains many chronic cases. In one ward was a group of cases of Bright's disease, and as we passed through the Professor gave me an outline of his views of the pathology of this affection. He holds that there is a hypertrophic thickening of the walls of the intra-renal blood-vessels, the arterioles being obstructed; consequently arterial tension is increased, and we may expect in all chronic cases hypertrophy of the left ventricle. In treatment, remedies that tend to dilate the contracted blood-vessels and reduce vascular tension afford most relief. Nitro-glycerine, he thinks, fulfills these indications much better than any other known remedy. I was also informed by him that in cases of ascites from disease of the heart, where the kidneys are entirely healthy, calomel, one grain given every three hours for a few days at a time, is remarkably efficacious as a diuretic.

By the courtesy of Dr. Maccan, its master, I had the privilege of visiting the splendid and commodious Rotunda Hospital. It has an extensive department devoted to lying-in patients as well as ample provision for a great many general gynecological cases.

I did not witness any surgical operation here,

but was impressed that their gynecological practice was done in rather a slovenly manner, and with but little attention to antiseptic precautions. I was told that the operators rarely used Sims' speculum, and that they saw very few cases of laceration of the cervix that required Emmet's operation. Dr. Maccan was of the opinion that American gynecologists had gone wild on the subject of laceration of the cervix, and were inclined to exaggerate the symptoms that resulted from the lesion. I was kindly invited to witness an ovariectomy to be done two days later. However, I did not remain, but pushed on to the North of Ireland, stopping a short time at Belfast. I found Belfast in a greatly excited condition on account of the serious riots that had occurred there only the day before my arrival. The city was full of soldiers and constables, in fact it presented the appearance of an immense barracks.

It happened that I reached Edinburgh on the day of the Queen's reception, the occasion of her visit to the Edinburgh Industrial Exposition. It was a great day, the crowd was immense, the streets being literally jammed with people. I am sure that hundreds of visitors were obliged to go to Glasgow at night to obtain lodging. I was discommoded by the throng, but the occasion afforded me an opportunity to see the Queen and Princess Beatrice as the royal procession moved through the principal street to the booming of cannon and the shouts of loyal Britons.

I had a pleasant interview with Dr. Keith, who asked after the health of his friend, Dr. Yandell.

Unfortunately I arrived at London too late in the season to see any gynecological surgery worthy of mention. I found the Samaritan Hospital closed and undergoing a thorough sanitary renovation. The two great laparotomists of this institution, Bantock and Thornton, were out of the city, this being the time of their annual vacation.

When I called on Dr. Allingham he had his "grip-sack" ready and was about to leave the city. However, he treated me very kindly, and tarried long enough to give me a description of his favorite methods of treating hemorrhoids, fistulas, and other diseases of the

rectum. He says the ligature, when properly applied in cases of piles, is so perfectly satisfactory that he has had no desire to experiment with other methods. He regards the injection of carbolic acid into these tumors as unscientific, and not by any means free from danger. Why there should be such a difference of opinion between American and European surgeons with regard to the frequency of laceration of the cervix, has been a puzzling question to others as well as myself. Dr. Emmet, several years ago, called attention to the importance and frequency of this lesion. He laid down explicitly the points involved in its diagnosis, and pointed out a simple operative procedure for its cure. Since that time hundreds of operators from all parts of this country have been enabled through ample experience to corroborate Dr. Emmet's conclusions as to the frequency of the lesion and the value of the operation for its cure. Notwithstanding these well-known facts, the statements of European surgeons, almost uniformly, is that in their observation laceration of the cervix to a degree requiring Emmet's operation is of extremely rare occurrence. With this question in mind, I made a visit to Dr. Fancourt Barnes with a view of getting his opinion on this much mystified subject. He said that from a large experience with all classes of patients, he was of the opinion that injuries following parturition were far more frequent in American than English or other European women. He would account for this difference on the grounds of the defective physique of American women. This he thought was mainly due to the faulty educational methods prevailing in this country. During the period of rapid development our girls were kept too much in doors, being confined to school too closely, and not allowed to indulge in the out-door sports that have a tendency to give tone and elasticity to the body. In these respects he thought the English girls had the advantage, as public sentiment allowed them to indulge in out-door amusements and athletic sports in common with their brothers. Hence they were able to attain superior physical development, and arriving at womanhood were capable of passing through the ordeal of maternity with comparative safety. Dr. Barnes



conceded that the American women were handsome, but insisted that they were of frail physical make-up, passing the ordeal of parturition badly and giving abundant after-work to the gynecologist.

T. S. GALBRAITH, M. D.

NEW YORK, October 20, 1886.

*Editors American Practitioner and News:*

**CIRCUMCISION UNDER COCAINE.**—Dr. Palmer, in a recent number of the *Medical Record*, tells of a case where circumcision was rendered painless by the hypodermic use of cocaine. Four days ago a negro was placed upon the table in the United States Marine Hospital to be operated upon for phimosis.

A small Esmarch bandage was applied to the penis after the manner used by Dr. Palmer, and about one and a half drams of a four-per-cent solution of cocaine injected at several points into the skin over the glans. After a few minutes the prepuce was divided on a grooved director. The patient complained so much of the pain that cocaine was applied to the cut surfaces and one half dram injected under the everted mucous surface of the prepuce. The redundant foreskin was then trimmed off with the scissors, and some fifteen or twenty fine sutures introduced, whipping the mucous and cutaneous edges together. The cocaine modified the pain to a certain extent, but the suffering occasioned by cutting and stitching was much more than I care to inflict unnecessarily. The frenum was not divided, there was scarcely any hemorrhage, and the wound united almost throughout its entire extent by first intention. This is the second case of circumcision in which I have used cocaine, and in neither was the effect satisfactory.

LOUISVILLE.

WM. M. GRIFFITH, M. D.

**INFECTION A CRIME.**—A curious case has recently been decided before Mr. Justice Wills at the last September session of the Central Criminal Court. The charge against the prisoner was on two counts, one with having had carnal knowledge of an imbecile woman, aged eighteen, and another, under 24 and 25 Vict. c. 100, s. 47, for a "fraudulent assault" upon the same woman, occasioning her actual bodily harm. The harm done was the willful infection with syphilis. The prisoner was found

guilty on both heads, and sentenced to two years' imprisonment for the first, and five years for the second; but the latter conviction is reserved for consideration by the judges in the Court for Criminal Cases Reserved. According to Dr. Thomas Stevenson, this is the first reported conviction for the unlawful carnal knowledge of an imbecile woman, although the unlawfulness of such an act has long been formally stated. The more remarkable piece of information is that a man who has immoral sexual connection with a woman, knowing himself to be suffering at the time from gonorrhea or syphilis, is liable to prosecution and penal servitude. Pending the further hearing of the case, this may be assumed to be the law, and the sooner this is made known to a certain section of the public the better. There is no more revolting part of a hospital surgeon's duties than to witness the numerous instances of the infection of girls and young women by men who either did not care about the consequences or hoped to obtain relief for themselves by contaminating an innocent victim. Two such convictions have already been registered in England, but their value has been impaired by a contrary decision in the Irish courts. We may now hope that a formal expression of high judicial opinion will settle the question in the affirmative. In the contrary event it might well be introduced as an addition to the Criminal Law Amendment Act, for no act is more cruel, more abominable, or more deserving of severe punishment than the willful infection of a woman. While we are about it, however, it would not be amiss to formulate some pains and penalties for the women who knowingly infect men, since the "actual bodily harm" is identical in the two cases. Convictions may, and probably will, be always difficult to obtain, but the liability to penal servitude will hang over the heads of the evil-doers *in terrorem*, and can not but have a beneficial effect on public health, if not on public morality.—*London Medical Press*.

**HYGIENE IN THE CURE OF DISEASE.**—The progress of hygienic medicine in the last fifty years is the medical fact of the present age, and the fact that will stand out in boldest re-

lief when the history of this period shall be written by some Æsculapian scholar of the future.

But, rapid and effective as this progress has been, the principles of hygiene are yet in their infancy. We have learned to appreciate the true value of hygienic principles in the prevention of diseases of the epidemic type; and the medical profession, throwing aside all selfish recollections, has been the first to teach the practice of these principles and to prove their force and vitality. The next step in the way of advancement is to demonstrate that the same principles are as useful and as necessary in the treatment of actual disease as they are in prevention.

A great advantage in the hygienic treatment of disease is, that it does not, or at least need not, interfere with sound and experience-proved modes of treatment of a medicinal kind. The scientific physician finds, in fact, that there is always a consistent plan for combining the medicinal and hygienic systems. He sees that the two systems are one; he sees further that the mere medicinal plan without the hygienic is in all cases imperfect, and in some cases worse than imperfect.

The practical details of hygienic medicine in relation to the treatment of disease have, however, yet to be wrought out more fully. This will be sure work, but slow. Necessarily slow, because it is hard to give up old friendships in dogmatism; while, to effect a cure in a sick man by simply advising fresh air alone, or diet, is infinitely less satisfactory to the public than to assume to effect the same cure even by a bread-pill.

It is vain, it is sticking in the slough of hopelessness, to pander to these popular weaknesses; for though they must die out, and, indeed, are dying out daily, they will go the sooner if they are effectually damped, and if something real and common-sense is put in their place. *Scientiæ mutantur, et nos mutamur in illis.* There is a time when medicines are invaluable; but, if faith in medicines is to be retained, the times for their administration, as well as their selection, must be learned by knowledge, not by routine, and must be dictated by the circumstances of the case, not by the caprice of the

patient. The executive of medicine must be independent, if it would keep in the path of truth and advancement.—*Dr. B. W. Richardson, Popular Science Monthly for November.*

THE HABITS OF A CENTENARIAN.—M. Chevreul has a considerable library at the museum, which has been regularly increased by the accession of valuable books which his son, a bibliophile like himself, has helped him to find. His grand life has been engaged in thought, and concentrated upon the studies from which such useful discoveries have resulted. He has kept himself in good condition and happy by work and moderation. His wife, who has now been dead for more than twenty years, attended to his comforts with all the devotion which such superior minds are able to invoke. His only son, a retired magistrate, lives at Dijon. The illustrious old man lives, therefore, alone, with his books for companions, by the aid of which he is able to converse with his brethren, the great ones of mankind, the Newtons and the Galileos. When not among his books, he is at his laboratory in the Gobelins, where he goes on with his experiments with a dexterity still quite juvenile.

M. Chevreul possesses a large fortune, which is augmented from year to year by the rewards of his scientific labors. His life therefore passes along placidly, enlivened by the pleasure of seeing the closing years of his career emphasized by ovations to his merit. He has witnessed the birth of all the scientific discoveries of our century, and has beheld the marvelous spectacle of the development of modern industry.

M. Chevreul is tall, and bears to this day an erect body. Of elegant manners and incomparable affability, he rarely fails to receive you with a smile. His head is a very fine one, with a broad and massive forehead, shaded with white locks. He is a man of wit as well as of genius. Recently, when engaging a new preparator for his laboratory, he said to him: "You must have a good deal of courage to take this place; I have killed four preparators already." We recollect, says M. Tissandier, seeing him at a ball in the Élysée, at midnight of a winter night, fresh and lively, surrounded



by ladies whom he was gayly entertaining, with an exquisite and charming grace.

M. Chevreul is very sober. He drinks nothing but water and beer, except that, by the special request of Minister Goblet, he for the first time in his life departed from his abstinence to drink a glass of champagne in response to the sentiment, "*Vive la France!*" at his century-banquet; and to his temperance, with his robust constitution and his prudent, regular, and industrious life, he doubtless owes his survival to so high an age.—*From "Chevreul at a Hundred," by W. H. Larrabee, Popular Science Monthly for November.*

**BALD AND TOOTHLESS.**—In a facetious leading article called forth by the assertion of Mr. Virgil G. Eaton and Dr. William A. Hammond that our descendants of a thousand years hence will be destitute of hair and teeth, the *Journal of the American Medical Association* says: Will this be an unmitigated evil to posterity? The dental colleges will then live only in history, and the barber, like Othello, will find that his "occupation's gone." The medical literature of that day will perhaps contain a short reference to a disease mentioned in the infant history of medicine as "Toothache;" and doubtless some medico-historian will show that its disappearance from the earth was caused by a change in the meteorological conditions of the planet in the year 2900. The Professor of the History of Medicine will no doubt lecture learnedly on the fatal affection of the nineteenth century known as "dentition," and will ascribe its disappearance to improvements in sewer pipes and house drainage. He will look up *alopecia* in the medical dictionary, and finding that it is so called because foxes were supposed to be afflicted with it, will marvel greatly that even so late as the twentieth century the doctors could not cure fleas. The archeologist will perhaps find an old toothbrush, and straightway construct the wondrous animal which possessed such a tail. And what a very treasure it will be to him when, in excavating the site of an ancient barber shop, he finds a bottle with the curious inscription: "Scalpine; positive cure for baldness." Perhaps some daring scientist will try some of it

on a cubic centimeter of his own glossy scalp, and regret it the remainder of his days. False teeth, teething rings, and hair-pins will be deposited in honorable positions in museums. No doubt Paracelsus will then get the credit of having invented the dental engine, and given it a name which, like many others of the nineteenth century, has no signification, and no other merit than length. In that day an infant king of Spain will not have a dentist appointed for him before he has taken leave of the last three inches of his umbilical cord. Roast beef will be a thing of the past, and the earth will be dotted over with mush factories.

**THE PNEUMATIC CABINET.**—We have just received a communication from the Pneumatic Cabinet Company, saying that, mainly on our suggestions, the directors have determined to sell the intruments. During the early period of its existence and trial of test and experiment, the possibilities for misdirection of the instrument, and perhaps fatal injury, made it necessary that the greatest caution should be exercised in selecting those who should bring its merits and demerits before the profession. The directors now say that no reason for a restrictive policy remains, and they have resolved to accept our editorial suggestions, and sell the cabinet. We will now further suggest that the same caution be used in selling the instrument as was used in renting it. It has been but a short time since a daily paper of this city contained an interview with a professor of chemistry in a homeopathic college, who claims to have one of these machines, and manages to pose before the public as the next thing to a raiser of the dead. Whether he really possesses the instrument under consideration we do not know; but this shows that some people should not be trusted with the instrument.—*Journal American Medical Association, October 16, 1886.*

**IN BAD ODOR.**—The Cincinnati Lancet-Clinic asks, What woman is there who enjoys a tobacco-smoker's breath, or a husband with bromidrosis or fetid feet? Yet Louis XIV, according to Fragon, suffered from the latter to such a degree that the worst courtezans in Paris fainted away at the first whiff of his per-

fumed feet. Henry IV had the same redolent perfume, but this did not prevent the diplomatic Queen Marguerite from occupying the same couch; and she pardoned her liege lord's legendary infidelities as well as the loud smell of his royal toes. One day he was so redolent that Madame de Verneuil, one of his court favorites, said to him: "Sire, it is fortunate you are king; without that your presence would not be tolerated—you stink worse than carrion." A woman may passionately love a humpback, a cripple, a legless or an armless man, but she can never love a man with a bad breath or smelly feet; and we may remark *en passant* that the German army have hereditary bromidrosis, and its soldiers are obliged by law to use a deodorant powder of salicylic acid upon their odorous, tyrannical feet.

[Abbott says that the peasantry of Russia are so universally redolent of a peculiar disagreeable odor that they are called the *smendi* (those who smell bad) by the aristocrats.]

IN MEMORY OF THE LATE PROFESSOR S. D. GROSS.—The following verses are taken from the Chicago Current. We reprint from the Medical News:

The flowers sometimes whose bloom is paling  
 Their fragrance still enfold,  
 And rarest fruit is often gathered  
 From tree and vine grown old.

'Twas so with him. Some hearts, though beating  
 The pulse of feeble years,  
 Are young in age, and often singing  
 Life's loves and songs through tears.

I knew him in that later ripening,  
 When russet hues turn white,  
 And saw the uprising fires of glory  
 That burned before the night.

Fame stopped him at the gates of sunset,  
 And on his kingly brow  
 She gently bound her wreaths immortal.  
 He needs no praises now.

LEAD-EATING INSECTS.—A French architectural journal recalls an observation made by Viollet-le-Duc, that lead plates for roofing and other purposes are often pierced by insects. He accused the wasps of being the authors of the little holes which he found gnawed in

lead roofs, but later observers have discovered that both worms and flies often drill through heavy plates. Some twenty-five years ago it was found that the lead bullets of cartridges, which had been stored in wooden boxes, were badly gnawed, and a number of gall or saw flies were found in the act of working upon them. Why these little creatures should amuse themselves in digging out the tough metal with their jaws it is hard to say. Both males and females were found at work; and the only suggestion which our Gallic contemporary can make is, that they were, perhaps, sharpening their teeth. The first notice of perforation made by worms seems to have been made by M. Janniard, formerly official architect in charge of churches and public buildings, who observed that the lead covering of the steps on the roof of an old house in Paris was bored through in several places. Only one of the steps was attacked, and on looking closely he found that every hole in the lead corresponded to a worm-hole in the oak planking on which it was laid.—*Medical News*.

IODOFORM-POISONING.—Dr. Cutler, in the Boston Medical and Surgical Journal, gives seventy-seven reported cases of poisoning consequent upon the use of iodoform in the treatment of wounds. The general symptoms were those of poisoning by iodine, namely, persistent taste and smell of the drug, impairing appetite and digestion, headache, sleeplessness, and delirium, the latter usually of a melancholy character, in extreme cases passing into absolute apathy with involuntary dejections, rapid, feeble pulse, and progressive marasmus. Dr. Cutler arrives at the conclusion that, (1) Fresh wounds, or unhealthy or tuberculous surfaces, are the only cases fitted for the application of iodoform; (2) only a thin layer or small amount of iodoform should be applied; (3) when granulations appear healthy iodoform should be omitted; and (4) at the first symptoms of poisoning, or even coincidentally with the first use of iodoform, compounds of alkalis with organic acids, such as potassium acetate, should be given by the mouth at frequent intervals. If severe symptoms supervene, transfusion with a solution of common



salt is recommended, and the wound, after being washed free from iodoform with pure water and a solution of an alkaline carbonate, should be dusted with magnesia.

**GENESIS OF ALCOHOL.**—According to the Talmud, one theory concerning the origin of alcohol is as follows, viz: Noah planted the first vineyard, Satan being present and assisting in the work. After the vineyard was planted, Satan slew a lamb, a lion, an ape, and a hog, and with their mingled blood watered the roots of the vines. This he did, he said, because he who shall taste for the first time of the juice of the grape will be a lamb; he who shall use it in moderation will become—for the time being—a lion; he who shall use it to excess will become an ape; and he whom it shall master will become a hog.—*W. B. Davis, in the Epitome.*

**BLIND LEADING THE BLIND.**—A prince once spoke of medicine as a science of guess-work. "But, sire," returned a physician, "suppose an Egyptian darkness were suddenly to come over the land. Would you not rather trust to a blind man to guide you to Paris, than to one who might see in the light, to one who had learned to grope his way in the darkness, than to one who would stumble and go astray the moment his clear sight was dimmed?"—*Medical Age.*

**AN INSTRUCTIVE CONTROL EXPERIMENT.**—M. Duthil continues to report great success in the treatment of diphtheria by the use of vapors of turpentine and eucalyptus. He claims to have treated one hundred and thirty-four patients, with only eleven deaths. The method applied at the Children's Hospital in Paris, however, has given only deplorable results.—*Medical Record.*

**MEDICAL SOCIETIES IN NEW YORK.**—New York boasts of thirty-one different medical societies, all of which resume work during the present month. These societies meet monthly and semi-monthly. On an average there are seven or eight meetings every week in the city.

**A JUST RULING.**—Puffendorf tells the following: "A man who had sore eyes went to a horse-doctor for relief. The doctor applied to his eyes an ointment he was accustomed to use on horses. The man became blind, and sued the doctor; but the judge acquitted the horse-doctor on the ground that if the man had not been an ass he would never have applied for relief from a horse-doctor."

**PATENT MEDICINES.**—Recently published statistics show there are 5,000 proprietary articles of home manufacture on the American market. The patent-medicine trade of the United States is twenty-two million of dollars annually; of this ten million is annually expended in advertisements, and the net profit amounts to five million.—*Western Druggist.*

**TREATMENT OF ELEPHANTIASIS.**—Dr. Neff had a case of elephantiasis in which the size of the legs was reduced one half by the constant use of an ointment composed of one dram of nitrate of mercury and one ounce of vaseline, rubbed in well, and the wearing of rubber bandages on the feet and legs.—*College and Clinical Record.*

**SIR ANDREW CLARKE** declares that one half of the population of London is permanently ill. His definition of health is: That state in which the body is not consciously present to us; that state in which work is easy and duty not a great trial; the state in which it is a joy to see, to think, to feel, and to be.

**AN ELECTRIC SWORD** is said to have been invented in Shanghai which, when the point touches the person attacked, sends a powerful shock through him. The battery, it is said, is carried at the waist of the wearer, and is connected with the sword by means of insulated wires.

**MR. GLADSTONE** is not a total abstainer, but takes four glasses of claret and one of port daily. He consumes about seven gallons of alcohol yearly. M. de Flaix puts forward this and other facts as arguments against the present outcry against alcohol.

A RESIGNATION FROM THE INTERNATIONAL MEDICAL CONGRESS.—We are informed that Dr. E. Williams, of Cincinnati, has resigned the presidency of the Section of Ophthalmology in the Washington Congress.—*Medical News*.

THE PASTEUR INSTITUTE.—The Paris Municipal Council, after a heated discussion, has voted to extend the concession of the site for the proposed Pasteur Institute, in Rue Vauquelin, from thirty to ninety-nine years.

SWIFT once said that the reason a certain university was a learned institution, was that most persons took a little learning there and few brought any away with them, and so the learning accumulated.

PROFESSOR: "You see the right leg of this patient is shorter than the left, in consequence of which he limps. Now, Mr. Sorter, what would you do in a case of this kind?" Sorter: "I'd limp too."

PULQUE is the stimulant of Mexico. It is made out of the juice of a cactus, and is sold at a cent a glass. It is said to look bitter, smell loud and taste yellow, but it gets there just the same.

COCAINE HABIT.—A promising young surgeon of New York City is an inmate of one of the neighboring insane asylums, a victim to the cocaine habit.—*Medical Record*.

OF seven Russians bitten by mad dogs in May last, and subsequently treated by Pasteur, three have just died.—*Medical Zeitung*, August 23d.

DR. N. S. DAVIS is an active worker in temperance circles, and for over thirty years has been prominent as a Methodist.

### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from October 10, 1886, to October 23, 1886:

*First Lieut. Edward Evarts*, Assistant Surgeon, ordered to proceed to Fort Grant, A. T., and there take station. (S. O. 94, Dept. Arizona, Oct. 1,

1886.) *First Lieut. W. W. R. Fisher*, Assistant Surgeon, ordered, on the expiration of his leave of absence, to report to the commanding officer, Fort Bidwell, Cal., for duty as post surgeon. (S. O. 93, Dept. California, Oct. 4, 1886.) *Major Warren Webster*, Surgeon, leave of absence on account of sickness further extended one year on account of sickness. (S. O. 244, A. G. O., Oct. 20, 1886.) *Capt. Daniel Weisel*, Assistant Surgeon, relieved from duty at Fort Fred Steele, Wyo., and ordered to proceed to and take station at Fort McKinney, Wyo., reporting to the commanding officer of that post for duty. (S. O. Dept. Platte, Oct. 15, 1886.) *Capt. B. D. Taylor*, Assistant Surgeon, from Dept. East to Columbus Barracks, Ohio. *Capt. L. S. Tesson*, Assistant Surgeon, from Dept. Texas to Dept. East. *First Lieut. C. C. Barrows*, Assistant Surgeon, from Dept. Arizona to Dept. East. *First Lieut. P. R. Egan*, Assistant Surgeon, from Dept. Arizona to Dept. Texas. *First Lieut. F. V. Walker*, Assistant Surgeon, from Dept. East to Dept. Texas. (S. O. 244, A. G. O., Oct. 20, 1886.) *First Lieut. E. C. Carter*, Assistant Surgeon, granted leave of absence for six months, with permission to apply for an extension and to go beyond sea, to take effect when his services can be spared. (S. O. 244, A. G. O., Oct. 20, 1886.) *First Lieut. Guy L. Edie*, Assistant Surgeon, having returned from detached service in Dept. of Arizona, will join his station at Fort McIntosh, Texas. (S. O. 144, Dept. Texas, Oct. 13, 1886.) *First Lieut. Charles S. Black*, Assistant Surgeon, granted leave of absence for two months on surgeon's certificate of disability, to take effect when his services can be spared. (S. O. 244, A. G. O., Oct. 20, 1886.) *First Lieut. Alonzo R. Chapin*, Assistant Surgeon, relieved from duty at Fort Laramie, Wyo., and ordered to Fort Washakie, Wyo. (S. O. 137, Dept. Platte, Oct. 19, 1886.) *First Lieut. Francis J. Ives*, Assistant Surgeon, in obedience to instructions received from the division commander, ordered to report in person at Headquarters Dept. of the Platte for duty. (S. O. 146, Dept. Texas, Oct. 16, 1886.) *First Lieut. Wm. P. Kendall*, Assistant Surgeon, leave of absence extended fifteen days. (S. O. 239, A. G. O., Oct. 14, 1886.) *First Lieut. W. B. Banister*, Assistant Surgeon, assigned to duty at Fort Wingate, N. M. (S. O. 97, Dept. Arizona, Sept. 29, 1886.) *First Lieut. Charles F. Mason*, Assistant Surgeon, relieved from temporary duty at Fort Verde, A. T., and ordered for duty at Fort Huachuca, A. T. (S. O. 99, Dept. Arizona, Oct. 12, 1886.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended October 9, 1886:

*Peckham, C. T.*, Passed Assistant Surgeon, granted leave of absence for thirty days, to take effect when relieved. October 5, 1886. *Kalloch, P. C.*, Passed Assistant Surgeon, granted leave of absence for twenty-one days, to take effect when relieved. October 5, 1886. *Pettus, W. J.*, Assistant Surgeon, to proceed to Evansville, Ind., for temporary duty. October 8, 1886. *Kinyoun, J. J.*, Assistant Surgeon, appointed an assistant surgeon October 4, 1886. Assigned to temporary duty at New York, N. Y. October 5, 1886.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. II.  
[NEW SERIES.]

LOUISVILLE, KY., NOVEMBER 13, 1886.

No. 10.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.*—RUSKIN.

## Original Articles.

### INTUBATION OF LARYNX FOR TRUE AND DIPHTHERITIC CROUP.\*

BY W. CHEATHAM, M. D.

*Lecturer on Diseases of the Eye, Ear, Throat, and Nose, University of Louisville.*

Although it has been but a short time since Dr. O'Dwyer, of New York, introduced intubation of the larynx for the relief of the above affections, the device has made a remarkable record for itself against tracheotomy. The operation is not a new one; it was tried years ago, and given up as a failure. To Dr. O'Dwyer we are indebted for the perfection to which it has been brought. In the last three weeks I have practiced intubation in four cases, which I will now report.

October 20th I was called to see a case of diphtheritic croup by Dr. J. A. Ouchterlony. The urgent symptom at this time was loss of voice, the breathing not being much interfered with. The child was four years old, and had been sick seven days. On the 22d the breathing was labored, and all the symptoms of laryngeal stenosis developed, the left lung being partly involved. Drs. Ouchterlony, Brandeis, Gilbert, and myself decided that there was but one chance to save the child's life, and that was in intubation. The case was too far gone to admit of a successful tracheotomy, and moreover, the family would not consent to the performance of the operation. The patient was chloroformed, and the tube introduced with but little diffi-

culty. Relief was instantaneous. Respiration became quite free and easy. The child coughed a little, and the string attached to the tube disturbed her to some extent. After the string was removed she was comfortable.

The operation was performed October 22d, at 10:30 P. M. The patient passed a comfortable night, but there was some difficulty in swallowing fluids, as they caused cough. The voice, which could scarcely be heard before the tube was used, now, strange to say, could be heard distinctly across the room.

On the morning after the operation the involved lung was quite clear, and the patient looked much better.

On the occasion of our afternoon visit we found her much worse; the disease, no doubt, having extended to the smaller bronchi. At 3:30 P. M. that afternoon she died suddenly, I suppose from heart failure.

The tube in this case relieved all urgent symptoms immediately, and did quite as much as under the circumstances it could be expected to do.

Case No. 2 was in the practice of Dr. Pelle, of this city. The urgent symptoms were the same as in No. 1, and relief was instant. The child died, twenty-four hours after the introduction of the tube, from extension of the disease below. This case had lung complication also before the tube was inserted.

While treating another case with Dr. Field, of this city, the disease developed in a two-year-old child in the same family. Laryngeal complications began early, I think on the second day of the invasion.

Tuesday morning, November 2d, while on the way to see the patient, the father met us, telling us of distressing symptoms, and begging us to hurry to the house. We found the child blue in the face and fighting for air; her

\* Read before the Louisville Medico-Chirurgical Society, November 5, 1886.

physical efforts were such as to render it difficult to hold her. The tube was inserted after a few seconds, with instant relief.

On the same morning Dr. A. M. Cartledge called me to see a little patient of his, who he feared would die before we could reach it. The tube was inserted with some difficulty, as the child was only thirteen months old. The tube was twice coughed up, and once inserted, by mistake, in the esophagus. As soon as it was got in position, and the thread removed, breathing became entirely natural.

On November 3d we attempted to remove the tube, as it had been impossible for the child to take nourishment up to that time, and it was actually starving to death. In my efforts to remove it it was pushed a little farther down to the point where it should have been at first; some mucus came away from the throat, and this gave immediate relief; she nursed without difficulty.

If this child should get well it will be a marvel, since the surroundings are as bad as they can possibly be. The family cook, eat, and sleep in a room about twelve by twelve. The floor seems to be below the level of the ground outside. They are too poor to get proper food for the mother, consequently the baby is badly fed. With such surroundings, diphtheria is likely, with the best of treatment, to do its fatal work.

Physicians who have used the tube write of the difficulty of its introduction. I have given an anesthetic in but one of the four cases in which I have introduced it, and have found but little trouble in getting it into place. The discomfort from the tube is but slight, passing off in a few moments. The patients feed very well afterward; especially is this true after the first twenty-four hours. I recognize feeding as a matter of first importance in diphtheria, and realize the importance of the loss of twenty-four hours. A majority of the patients feed well in from three to six hours after the introduction of the tube.

Now let us glance at the comparative statistics of intubation and tracheotomy in diphtheritic croup.

Of all the tracheotomies done in Louisville, we know of but four successes. Dr. J. A. Lar-

abee reports eleven operations, with one success. In Chicago there have been acknowledged three hundred and six tracheotomies, with fifty-eight successes, or only 18.95 per cent. Would any of us undertake to guess at the many failures not reported? The ages of the patients in whom tracheotomy was performed averaged five years and one month. Dr. Waxham, of Chicago, to whom I am indebted for most of the statistical notes in this article, says he knows of one physician who has performed tracheotomy fifty times, with two recoveries; another, twenty times, with no recovery; another, fourteen times, without one recovery; another, eight times, without one recovery; and another fifteen times, with one recovery. In all, 107 cases, with but 3 recoveries.

It seems to me that this showing is bad enough to make any substitute, even if it should promise only equal success, with no mutilation, more than acceptable.

Now let us look at what intubation has done. Dr. W. P. Northrup, of New York, reports 12 cases, with 5 recoveries; Dr. C. P. Caldwell, of Chicago, 3 cases; Dr. E. F. Ingalls, of Chicago, 5; Dr. Strong, of Chicago, 7; Dr. Richardson, of Chicago, 10; Dr. Waxham, of Chicago, 58. Total, 95 cases, with 28 recoveries, or 29.47 per cent. The age of these cases averaged three years and seven months. You remember the cases that were tracheotomized averaged five years and one month, which should have been much in their favor, yet the recoveries from tracheotomy were only 18.95 per cent, while intubation gives 29.47 per cent of recoveries. Dr. Waxham says, of the 58 cases operated on by himself 20 of them were actually moribund.

All of us must acknowledge that the usual average of successes of tracheotomy in diphtheritic croup given in the books is too high. Few ever save one third of the cases. One author has reported fifty per cent of his cases saved, but acknowledged at the same time that he operated very early in each case, and that many of them would no doubt have recovered if left to nature.

All the cases of intubation reported were performed late in the disease, not until it was impossible for the patient to breathe without



the measure, and some of them were performed after the patient had become pulseless.

The followers of intubation must acknowledge that tracheotomy gives one advantage, and that is, a chance to keep the trachea clear of obstruction. But the operation is attended by many disadvantages: (1) The difficulty of getting permission to perform it; (2) the mutilation; (3) the open wound with danger of septic inoculation; (4) the danger incurred by the passage of the air directly into the lungs without having obtained the proper degree of temperature and humidity; (5) the danger of obstruction to the tube from the causes given in No. 3; (6) the slow recovery from the wound; (7) the difficulty of the operation; (8) the great care needed after its performance; (9) the great irritation caused by the canula, if used; (10) if the patient dies, regret is always expressed that the operation was allowed; (11) the greatest of all, the few recoveries.

Now, as to intubation: (1) The readiness with which permission is granted to perform it; (2) no mutilation, and of course no hemorrhage; (3) the inspired air, going through the natural passages, is moist and warm; (4) the air being moist and warm the expectoration is easier; the tube is not so apt to become obstructed, and pneumonia is less liable to follow; (5) no wound to granulate and slowly heal; (6) the ease with which the operation can be performed; (7) but little attention is needed after intubation—the tube occasionally becomes closed, but this does not happen near so frequently as in tracheotomy; (8) the tube causes but little irritation; (9) if the patient dies, no regret is expressed that the operation was performed; (10) the encouraging percentage of successes.

There are no doubt objections to intubation, the chief of which, so far as I know, is the difficulty of removing the tube after recovery. In the very young, we must expect some trouble here. When the patient has recovered sufficiently to have the tube removed, if it is necessary, ether can be given, which will simplify matters very much. In some cases simple inversion of patient is all that is necessary. In others inversion with a sharp blow on the

back will be successful. Again, gagging the patient by introducing a finger or some foreign substance into the mouth, and touching the soft palate or pharynx while the patient is inverted will succeed. A special instrument for the removal of the tube, when the above fails, is with each set of instruments. Again, the tube may be coughed up when the doctor is not convenient, or, as has occurred occasionally, it may become occluded by mucus or membrane when the physician is not on hand.

Since writing the foregoing, Case No. 4, the thirteen-months-old child has died. It lived forty-one hours after the introduction of the tube. In this case every thing was against its recovery. The cause of death is not known. Dr. Cartledge, some hours after death, endeavored to recover the tube. As he was not able to reach or feel it in the larynx, he expressed some fears that it had passed into the trachea. I believe this to be impossible, because of the smallness of the glottis, and the size of the collar or head of the tube. Such an accident happened to Dr. Waxham, with one of the primitive tubes, but not with one of the latest improved form. Should this happen, there would be no immediate danger unless it became occluded. Again, the child's jaws were so stiff that the doctor had to use a piece of metal to prize them open, and could with great difficulty reach the larynx. Furthermore, the edema of the parts might have hidden the tube, or the patient might have coughed it up and swallowed it, death following the removal of the tube. We endeavored to get a *post-mortem* in this case, but failed.

Case No. 3 has been wearing the tube since Tuesday, 8:30 A. M., or eighty-four hours.\* This afternoon she breathes naturally, except after a nap, when she coughs a little. The pulse this afternoon was 126; temperature, 99°; respiration, 40. She feeds well.

There have been three cases in this family. The first, a child of six years, died from extension of the disease to the lung. She was treated with whisky and iron internally; locally, there was used a gargle of sulphur, glycerine, and sulphurous acid.

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\*Coughed up tube at 4:30 P. M., 6th. Discharged, cured, November 10th.

No. 2, two years old, who is now wearing the tube, was treated in the same manner, except that insufflation of sulphur, boric acid, trypsin, bicarbonate soda, and acacia was practiced.

No. 3 was given from the first a one-grain calomel triturate every hour until eight were taken. The gargle was not used, but the insufflations of the above-named powder, with boric acid omitted, were used.

No. 3 was in bed but two days, not wanting to stay there longer. I found her up this morning, dressed and playing around the room. Dr. Field ordered her to bed immediately. It is wonderful with what avidity the patients I have treated drink whisky. They can hardly get enough to satisfy them. They ask for it constantly, and are never refused.

I have endeavored to present this subject to the "Fellows of this Society" in an impartial manner, and I leave it to you, gentlemen, to say whether, in future cases demanding operative interference, the measure shall be tracheotomy or intubation.

LOUISVILLE.

### ON SHOULDER PRESENTATIONS.\*

BY JOHN G. CECIL, M. D.

*Assistant to Chair of Obstetrics and Gynecology, University of Louisville.*

It is not with a view of bringing up any thing new that this subject is introduced, but simply to report a case, and afterward make a few comments on the subject in general.

Mrs.—, white, aged twenty-six, is of English extraction, of good physique for child-bearing, and the mother of one child about two years of age. First labor normal in every respect.

Labor with the second child began about midnight. I was called to attend her at six o'clock in the morning. Found her suffering with pains of good length, strength, and frequency. Examination revealed the vulva and vagina soft and moist, the cervix dilated to the size of a silver dollar and dilatable. A small bag of waters presented. Further investigation led to the expectation of encountering a presenting breech in the left dorso-anterior position. The fetal heart sounds were distinctly heard near the median line and midway be-

tween the umbilicus and symphysis. The presenting part was held high on the brim of the pelvis, rendering digital exploration unsatisfactory. Inspection and palpation did not aid much in the diagnosis, for the patient being of short stature, broad pelvis, with abdominal walls tense and thickly covered with fat, the irregular shape usually noticeable in these positions was not a very suggestive feature.

The diagnosis of a breech presentation was both hasty and faulty; golden opportunities were allowed to pass unimproved. The membranes having ruptured the situation as to diagnosis quickly cleared up, but became at the same time correspondingly cloudy as to prognosis. The left hand accompanied by the cord dropped down into the vagina, no longer leaving doubt as to a shoulder presentation. The dorsal aspect of the child was to the front, the head deep in the right iliac fossa, with consequently the left shoulder and arm presenting. Efforts to alter the position of the fetus by the external method, as recommended by Wigand, were immediately begun. Failing in this, the combined methods of Hohl and Braxton Hicks were ineffectually tried.

Finding all attempts at cephalic version futile, and fearing valuable time would be lost by further delay, I determined to perform podalic version. In the meantime labor pains followed each other in rapid succession and were very strong; the assistance at hand being unreliable, the anesthetic was not pushed to that extent desirable in operations of this character, and possibly accounted for failure in the former attempts at correction.

The right hand was introduced with ease into the uterine cavity, and after a short search the left foot was found and brought down. Traction as far as was considered safe was made on this foot, but, like the preceding endeavors, failed to dislodge the child from its position. Traction on one foot in easy versions is correct practice, but not always effectual. The left foot, funis, and left arm were now in the vagina. Search for the remaining foot was renewed; after a tedious hunt, on account of the active contractions of the womb, it was secured and brought down. The remaining steps in the operation were speedily

\*Read before the Louisville Medico-Chirurgical Society.



accomplished. After delivery of the body and shoulders the head was delivered in two or three minutes. From the rupture of the membranes to complete expulsion of the child about one hour elapsed.

The child, a female, weighing about eight pounds, was moribund at birth, and could not be resuscitated. The mother made a prompt recovery, with no bad symptoms except a rise of temperature on the third day after to 103° F., doubtless due to the combined causes of malaria and the appearance of milk.

Such in brief is the history of a case not of itself of any very great interest or unusual occurrence, but suggestive of a few thoughts on a very important subject. Trunk presentations are comparatively rare. Madame Lachapelle met with 1 in about 230 deliveries; M. P. Dubois, 1 in 169; Dr. Bland, 1 in 210; Dr. Joseph Clark, 1 in 212; Merriman, 1 in 255; Naegèle, 1 in 180; Dr. Collins, 1 in 416. Average of the above, 1 in 239. Dr. Churchill from large statistics arrived at an average of 1 in 231½.

Pelvic version proves fatal to women in 1 out of 10.4 according to Reicke, and to 1 out of 11.4 according to Hüter, and according to Churchill, 1 out of 15. To children, Madame Lachapelle represents the loss of 1 child in 3.96; Churchill represents the loss of 1 child in 3. The above statistics are hardly a fair representation of the fatality either to the mother or child, in cases seen under circumstances similar to the one reported, for they doubtless include neglected and maltreated cases. In early operations, with the accoucheur present from the beginning of labor, the death-rate should not be so appalling.

Rare as this presentation is, its liability to occur in the practice of every physician should stimulate each one to so prepare himself as to be able to diagnose it before the membranes rupture, and, having so diagnosed it, set about intelligent correction of the same. "With the exception of shoulder presentations," says Cazeaux, "none of the malpositions of the child require the intervention of art, until, after waiting for a longer or shorter time subsequent to the rupture of the membranes and the complete dilatation of the cervix, it is as-

certain that natural efforts are insufficient." It is true that a certain very small proportion of cases may terminate by the process of spontaneous version as described by Denman, or the spontaneous expulsion of Douglas, but these are subterfuges few are justified in taking. To quote Cazeaux, after citing a case graphically described by Velpeau, he says, "I may say briefly that the course of M. Velpeau was legitimized by the desire he had of testing the opinions of Denman, at that time in dispute; but young practitioners should be very cautious how they make such experiments, for although in the hands of a man like Velpeau the version at advanced period of labor would have been comparatively easy, yet it must never be forgotten that in trunk presentations the soonest possible period after the rupture of the membranes is the most favorable for artificial version."

In the case reported there were several points overlooked in making the diagnosis. A more careful and systematic auscultation of the position or fetal heart-sounds, with the fact that the presenting part was not as low down as it should have been in an ordinary breech presentation, associated with the favorable existing conditions, that progress was not as rapid as it usually is, and the absence of the head at the pelvic brim and at the fundus, should have suggested something different from a breech presentation. Introduction of the hand into the vagina would have been a valuable aid.

I am as much opposed to meddling midwifery as any one need be, or as the most conservative could desire. But once the necessity for obstetric interference becomes apparent, then the quicker it be done the better. An argument to establish such an assertion before this Society would be presumption. The necessity for prompt action has already been hinted at. If possible, the position and presenting part should be made out before the escape of the amniotic fluid, for there are several important resources known to obstetric art that are available at this time which, if allowed to pass by unemployed, are not applicable after the escape of the waters. For example, the bipolar or combined method of podalic version of Brax-

ton Hicks, which is one of the most important contributions to obstetric science during the present century, becomes almost if not entirely impracticable after rupture of the membranes and escape of the waters.

A few words as to cause of death to the child. After explaining the cause in many breech deliveries by asphyxia due to compression of the cord, Cazeaux certainly explains, in the following quotation, many deaths that are obscure and not attributable to any fault or neglect of the accoucheur: "I am of the opinion that asphyxia of the fetus might take place in still another manner, and yet without the cord being necessarily compressed. It was stated above that, when the head gets down into the excavation, no portion of the child is left in the uterine cavity, and the empty womb retracts of its own accord; which retraction determines, as is well known, the separation of the placenta, whereby the utero-placental vessels are inevitably torn, and the fetus placed in the same condition as if the cord was compressed, and, should expulsion of the head be at all delayed, it might die asphyxiated. It is not necessary, however, that the placenta should be separated in order to produce this effect; for, as Van Hueval remarks, if the head be retained for some time in the cavity of the pelvis, the retraction of the womb would of itself obstruct, or even stop the utero-placental circulation and destroy the fetus by asphyxia." It naturally follows, the more active the uterine contractions and retractions the more likely is this untoward accident to occur. For this very reason I consider the practice of employing suprapubic pressure in the delivery of the head in breech presentations, as recommended by Parè, Pugh, Wigand, Martin, Kristeller, Taylor, Goodell, Lusk, and other eminent authorities, a procedure, the good of which may be overbalanced by the possible danger of causing a premature separation of the placenta. The direction is "to make sustained and gradually increasing pressure upon the fundus uteri," and this must be done by the hands of an assistant. This maneuver is somewhat akin to the Credé method of removing the placenta. Furthermore, there are grounds for believing that, during the search for the

feet with the hand of the attendant, there is danger of these manipulations causing a premature separation of the after-birth.

For want of a better explanation of the death of the child in the case reported, it was ascribed to this accident with the following reasons as inference: (1) The time elapsing between delivery of the trunk and head did not exceed more than three minutes, hence compression of the cord during that time was hardly sufficient to cause death in a well-developed child; (2) when the cord was cut, which was done immediately after delivery, there was no hemorrhage from the maternal end of it; (3) the placenta was found a few moments after delivery in the vagina—this is only corroborative; (4) the surface of the child was red when delivered, showing, according to clinical observations of Budin, Ribémont, and Schücking, that it was practically in the same condition as children which have had the benefit of late ligation of the cord, who are red, vigorous, and active, while those in which the cord is tied early are apt to be pale and apathetic. Therefore, if in the case reported the child had died from compression of the cord, we should have expected to find it pale.

LOUISVILLE.

## BORACIC ACID AS A LOCAL ANESTHETIC.

BY A. C. EWING, M. D.

George S., a railroad (D. & R. G.) employe, came to my office October 19, 1886, with a deep suppurating wound in palm of left hand, having two weeks prior inflicted the injury by being thrown forcibly against a moderately sharp instrument, cutting, or rather tearing its way through to the bones. He was suffering excruciatingly; his hand being in a semiflexed position from involuntary, and to some extent voluntary contraction. Upon taking hold of the hand and making but a slight effort to straighten his fingers, he fairly cried out from pain. Taking about thirty grains of powdered boracic acid and dissolving it in a half ounce of water, I saturated a pad of absorbent lint in the solution and applied it directly to the wound, securing it by means of a splint and bandage. I directed him to return on the next



day. In the morning I was agreeably surprised to find that he had not suffered in the least during the night. I took off the splint and found, by using considerable force, that I could almost entirely overcome the contracted tendons and fascia, the wound gaping open as I did so, but without having given him the least inconvenience; in fact, he himself pulled open the wound to "see how deep" it was, squeezing out some pent up pus, and in doing so felt no more pain than if he were squeezing healthy tissue. I am still using the same dressing once daily, because of its excellent antiseptic qualities, and the wound is healing rapidly by granulation.

SALT LAKE CITY.

### Societies.

#### THE CONGRESS OF GERMAN SCIENTISTS AND PHYSICIANS.\*

Herr Schatz, of Rostock, read before the Section of Gynecology, a paper on the Physiology and Psychologic Treatment of the Third Stage of Labor. He referred to the next forthcoming publication of his work on this subject, and would consider only a single point of it. The cause of the separation of the placenta is attributed by some to the contraction of the uterine walls into folds, by others to displacement during expulsion.

In fact, the first is the principal cause, while the second only occasionally and incidentally assisted. This is at once clear from the way in which the placenta is born.

There are two opinions opposed to this view. Bandelocque, and with him B. Schultze, maintain that the normal birth of the placenta is that in which it is turned away with the covering of the fetus, and borne downward with the fetal membranes; and Schultze fixes this birth at the time of the retroplacental gush of blood, which at first raises up only the centrally loosened portion of the placenta, and, through the general pressure, forces it through the uterine outlet. By dint of further contractions of the uterus the placenta is expelled.

This view is opposed to that of Duncan. This author maintains that the birth of the

placenta is dependent upon the contracting of the uterus, without the turning off of the fetal membranes with the advancing lower edge. Both methods are observed in nature, but we can not possibly have two natural causes of a distinct character; both methods can not combine etiologically. A right explanation must at the same time suffice for both methods. I give it, as follows: For demonstration a case serves best in which the placenta is attached to one of the lateral walls of the uterus, for a placenta situated at the fundus of the uterus must always come into view first with the fetal membranes. A laterally situated placenta will normally be loosened in the following way, when the uterus either shortly before or after the birth of the child accomplishes a sufficiently powerful and effective contraction.

Contraction of the uterus takes place in a peristaltic manner from above downward, in such wise that the contraction reaches the internal os half a minute after it begins at the fundus. This peristaltic action manifests itself in the empty uterus more clearly than in one yet filled with the ovum, because in the latter case the retraction can only be small, and the active tension of the fundus can only later be distinguished from the passive tension of the rest of the organ. In the empty uterus, upon the other hand, the fundus can contract sharply, while the remainder of the organ yet shows a large lumen. If the uterus thus contracts in its upper third, this will separate the upper border of the placenta; and since the lumen of the fundus is diminished with great force, this upper border will be rolled up in the direction of the zone of the uterus next below. When this zone is drawn forcibly together, the portion of the placenta attached to it will be separated; and since it can not yield in the direction of the contracted fundus, it must at once be driven deeper down with the uprolled superior border of the placenta. In this way will the advancing peristaltic action gradually roll up the entire placenta from above downward, causing the upper border to be born first, just as the skillful obstetrician would remove it. In very many cases the upper border, in fact, comes first; the method of Bandelocque is for such cases

\* Translated from *Deutsche Med. Zeit.* by D. T. Smith, M. D.

simply impossible. Naturally it is not exactly the upper border of the placenta that always appears first at the os uteri. This must draw the attached fetal membranes after it, and will thereby be more or less held back when it is moderately thin, so that only the part of the upper fold of the placenta nearest to them will enter the os. At the last comes the torn section of the amnion. For this procedure there is no need of the retroplacental outpouring of blood.

In such an ideal separation and expulsion of the placenta—that is, by a single pain—there is no loss of blood; for so long as the placenta is attached there is no bleeding of the uterus without contraction. But every part of the uterus which contracts so strongly that the corresponding part of the placenta is thereby separated, is bloodless through contraction. Every experienced obstetrician has met with such almost bloodless births of the placenta. The cause of hemorrhage is, that often nature does not come to aid with a contraction, so that in the pause which occurs in the labor blood is poured out from the parts of the uterus bordering between adherent and non-adherent placenta. The so-called retroplacental hemorrhage is, to say the least, superfluous. When abundant it is so only because the first pain or pains after the expulsion of the child are often imperfect, owing to the too rapid emptying of the uterus, folds or curves of the walls being in this way produced. At all events, not all placentas are born as Bandelocque describes. Duncan, in the presentation of his mechanism, describes a very thick placenta. Such a compact placenta will, in fact, very often be born with the lower border foremost.

When the upper part of the placenta is thick and firm, so that upon being separated it can not reach the lower segment of the uterus without rolling up on itself, it will be pressed down so that it will be more quickly separated by pushing than would otherwise have occurred through contraction of the walls. Between the first and the second methods the different positions and attachments of the placenta allow of every possible transition, as many varieties occur where the placenta is in one place very thick and in another very thin.

The treatment of the period of the after-birth follows from the conditions described. The method of Credé is of itself and especially for the time altogether rightly conceived, only Credé has not been enabled to give a satisfactory physiological basis for his empirico-therapeutic conception, and has not remained entirely true to his views and his writings. The Credéan method was not designed from the beginning to make the after-birth period in ordinary cases less bloody, but it had the well-indicated aim and result that the cases should be more rare in which women should be weakened through loss of blood or die directly from hemorrhage. This class of cases the obstetrician meets with not very rarely. If only in one birth in a thousand nature is not in a position to permit the woman to give birth to the placenta without lasting injury, the method would be justified. It results thereby that many cases of manual separation of the placenta are avoided, with their resulting septic diseases. It is only necessary that in the after-birth period we individualize as with other therapeutic measures. The birth of the placenta is not less interesting than that of the child itself. Credé's method, even when rightly applied and at the right time, has some dangers. It is a favorable condition for it, that the placenta escapes according to the view of Duncan rather than that of Bandelocque.

By this method the ruptured part of the amnion near the lower border of the placenta is with extreme readiness pressed further forward, so that the membranes easily remain back, and the rolling up of the placenta is hindered, the lower part being first separated.

Parts of the placenta may in this way be left behind when the grasp is not applied rightly and at the right time, just as they may be left behind by the expectant method.

By sufficient knowledge of the never uninteresting mechanism of the third stage, and by rightly individualizing, the physician will be in position, here by waiting, there by interfering, to work effectually. To him there need be no one method for exclusive employment.

Herr Kehler: The question is, whether the placenta is separated by the last pain which expels the after part of the child, or afterward.



It has been established that in a great majority of cases, immediately after the birth of the child, the placenta is found lying detached in the mouth of the uterus; here the detachment can not take place through peristaltic movements.

Since the peristaltic action of the uterus during the expulsion of the child can not be felt, detachment of the placenta in the sense favored by Schatz can hardly result, and especially the folding and depression of the upper border, as likewise the expulsion of the membranes during the third stage, are not explained except by contraction, with production of retroplacental hemorrhage, according to the theory of Schultze.

Herr Schultze agreed with Kehrer that upon the birth of the child the placenta is found already detached in the uterus. It is incumbent then to explain the fact, why, normally, the placenta in the majority of cases is born before the amnion.

Schatz basis his explanation upon proof, or evidence, outside of the pains. It is normally not the after-pains which detach the placenta, but the continual shortening of the uterus aside from the after-pains, which takes place during the expulsion of the child, a fact Herr Kehrer had just mentioned, while the walls of the uterus are contracting and the placenta, mostly in the middle—for here the contraction is greatest—is thereby lifted up, the retroplacental hemorrhage occurs and presses the placenta into the cavity of the uterus. The significance of this procedure will be established only through an analysis of cases in which the fetus is born without being shelled out of the membranes. The inclusion of the fetus may exist in those cases in which the whole placenta is at once uplifted by the diminution of the uterus, even when the amnion bursts beneath. As a rule in such cases, a minimum of hemorrhage occurs or the blood finds escape between the amnion and the uterus. Direct observation gives a further confirmation of retroplacental hemorrhage. I remember the most recent observation on this theme by Schroeder. Whether the hemorrhage itself or the mechanical drawing together of the uterus accomplishes the turning out of the fetal mem-

branes is indifferent. A vacuum can not exist in the uterus, and hence follows the retroplacental hemorrhage. The normal separation of the placenta can not be inferred from the mechanism of the action of the pains; when the blood-gush does not follow, the placenta is not turned out.

Herr Schroeder agreed essentially in the position taken by Herr Schultze, calling attention to the changes in form which the placenta passes through during birth. During pregnancy the placenta is very thin; during parturition it adapts itself to the area of insertion and becomes thicker. How and in what place the placenta is first detached depends upon various circumstances, especially upon the anatomical connection between the uterus and placenta and the somewhat irregular contractions, which are hindered at the spot of placental insertion. The area of insertion of the placenta does not contract so strongly as the remaining parts of the uterus. We can not therefore utilize uterine peristalsis by way of explanation; and, furthermore, the carrying forward of the placenta in that way explains its detachment only in the the smallest number of cases.

Schroeder remains therefore a believer in the old explanation, and opposed to the one offered by Schatz.

Herr Schatz: In answer to Kehrer, I remark that the placenta is not always thoroughly detached immediately after the birth of the child, but only when the emptying of the uterus proceeds with sufficient tardiness; that is when, after the birth of the head, the birth of the body takes place with the next one or two pains. In the Berlin clinic Stratz has found that the placenta, after the extraction of the breech, was still often quite adherent. As regards peristalsis, I have been misunderstood. It is present in the full uterus as well as in the empty, only in the former it is less perceptible. In answer to Schultze and Schroeder, I have to observe that an explanation can be satisfactory only when it applies to all cases of placental detachment; that a theory can not be sufficient which fails to embrace the smallest number of cases. The theory of Schultze does not fit the cases in which the upper border of the placenta is first expelled;

and it can not be true. These cases are not at all rare. They are often observed in cases where expression has been either not undertaken or attempted at a late period.

In response to Schroeder, I might also remark that the place of placental attachment is not generally paralyzed, though it appears so on autopsy. It is an illusion that the placental area contracts less than the rest of the uterus. This depends upon the resistance present. The area covered by the placenta can not so unobstructedly contract as the remainder of the uterus, and under the influence of defective pains it remains larger and thinner.

#### CHICAGO MEDICAL SOCIETY.

Stated Meeting, October 18, 1886, E. J. Doering, M. D., in the chair.

Dr. R. W. Bishop read a paper entitled, *Is Alopecia Prematura Contagious?* Dr. Bishop thought this disease due to micro-organisms upon the shafts of the hair, and that it is contagious. He has made a series of experiments, assisted by Dr. Oscar Lassar. A typical case was that of a perfectly healthy young man whose head was nearly bald on top. The hair from the diseased surface was brittle and came out easily when pulled. Microscopic examination revealed a large number of fungi on the scalp and the shafts of the hair, the root being free from the parasite. The diseased hairs were cut and mixed with vaseline, which was rubbed on the skin of healthy rabbits, and in two weeks the hair entirely disappeared from the parts which had been rubbed. Experiments were continued, and it was found that the hairs from the inoculated animals possessed increased virulence.

The patient was treated as follows: The head was thoroughly washed for fifteen minutes with tar soap, which was removed with warm water. The head was then exposed to a warm water douche, which was gradually cooled until the water was quite cold; it was then rubbed with a rough towel until dry, and afterward washed with a solution of corrosive sublimate, 1-500. This was removed and a half per cent of lithol applied, and, after this, one-and-a-

half-per-cent carbolic oil was applied very slowly. The treatment was continued daily for eight weeks, and the result was a fine growth of new hair with beginning pigmentation at the end of three months.

Dr. Joseph Zeisler thought this was a disease which possibly might be produced by vegetable organisms. He knew of Dr. Bishop's experiments, but still there were strong objections to the value of these experiments. Michelson made some experiments by using a mixture of vaseline and rancid oil and rubbing it on the skin of guinea-pigs, and after these inunctions the animals got bald on the places anointed, although no diseased hairs nor scales were used. There are older experiments which show that animals fed on old cheese or hard boiled eggs get bald. Another point was, that the disease is so frequently met with in men and so rarely in women, between whom there are plenty of chances for contagion. It is an ascertained fact that the disease most frequently occurs in men who in their earlier years (seventeen to twenty-five) suffer from pityriasis of the scalp, so that there certainly is a casual relation between this affection and alopecia. After all, he thinks that the contagiousness of this disease is still an open question.

Dr. Frank Billings spoke on hospital practice in Vienna, with exhibition of new urine tests, new instruments, etc. The hospital at Vienna contains about 2,500 beds. The number of deaths per year is about 3,000. Prof. Nothnagel, who presides over the first medical clinic, has from 80 to 100 patients in his ward continuously. Histories of the patients are written by assistants and left in charge of the nurses. Temperature charts are kept of important cases, the temperature being taken every two hours. Daily clinical and microscopical examinations are made of the urine in all important and grave cases. Dr. Billings gave an illustrated description of the tests employed. He said that in the Vienna hospitals some form of tuberculosis is found in nearly seventy per cent of the deaths. The treatment of acute diseases is generally expectant, and, in typhoid fever, milk and other liquid diet is used. Previous to 1879, when the city ob-



tained its water from the Danube River, typhoid fever was almost epidemic in Vienna. In that year they put up new water-works, and since that time not one case has developed in the city. The obstetrical department is divided into three clinics, with three thousand confinements in each yearly. Four cases of sublimate poisoning occurred last winter. The autopsies showed ulceration throughout the alimentary tract with charred, black appearance of the mucous membrane throughout the colon and rectum. The solution used in these cases was 1-4000 bichloride of mercury. Abortion is treated by rest in bed with non-interference, unless too severe hemorrhage occurs, when tampons are used. In the gynecological department Prof. Braun performs laparotomy every Wednesday. Where part of a tumor is left in the stump, the prognosis is bad even when treated externally, because of the low vitality of the tumor tissue, which becomes necrotic. In operations about the anterior vaginal wall no anesthetic is used. In the surgical wards of Profs. Billroth and Albert, closest attention is paid to cleanliness. The operating-rooms are constructed with floors inclined to the center, where a grating allows all blood, water, etc., to flow away. The floor is thoroughly douched every day. Sponges, silk sutures, and towels used in operations are boiled in a five-per-cent solution of carbolic acid for one hour, then placed in a five-per-cent solution for fourteen days. Cutting instruments are polished and placed in a two-and-a-half-per-cent solution of carbolic acid during the operation. Instruments used in operations for abscesses, etc., are heated in flame and sent to the instrument maker to be repolished. A ten-per-cent solution of carbolic acid is used for irrigating wounds during operation. For partial amputation of the tongue a bloodless method is used, as follows: (1) A double stout suture thread is passed through the center of the tongue from below upward and backward, beginning at the frenum; the two threads are twisted and tied upon the side firmly enough to control the vessels. The part is then amputated smoothly by taking out a triangular section. Two deep and a sufficient number of superficial sutures close the wound after the vessels are secured.

A bacteriological laboratory is connected with the pathological department, and cultivations of bacteria are made from typhoid fever, pneumonia, erysipelas, glanders, septicemia, and other diseases. Experiments with bacterial cultures are made upon lower animals. Nearly every department of the hospital now has a bacterial laboratory, and the search for new forms and confirmation of already discovered bacteria goes on with great enthusiasm.

Dr. C. W. Purdy said that in testing the urine for evidence of kidney diseases, the only proteids of any significance were serum albumen and globulin. The presence in the urine of peptone, hemi-albumose, etc., points to morbid conditions outside of the kidneys, and, whatever light they may shed upon general conditions, they afford us no information whatever as to the state of the kidneys. He mentioned this because so much had been written of late on peptonuria, and the various transition proteids, that an impression seemed to have arisen that the presence of these in the urine was of scarcely less importance than that of serum albumen. The only bearing these non-homogeneous proteids have upon the subject is the fact that their occasional presence in the urine may, with certain tests, be mistaken for serum albumen unless great care be exercised.

He believed the most delicate of all tests for albumen in the urine to be the potassio-mercuric iodide with citric acid; but that it had not met with general favor thus far on account of the errors liable to arise through its use. It is necessary to discriminate between the precipitates formed by this test with peptone, alkaloids, above all with mucin and that formed by serum albumen. It is true that heat clears up the precipitates due to peptones and vegetable alkaloids, but not so with mucin, the latter being practically indistinguishable from albumen. He has lately, however, come upon a method which he believes will correct not only the errors due to the presence of mucin, but also those likely to arise from the presence of alkaloids and peptone when precipitated by this test. The method is very simple, viz., after having applied the reagent to the suspected urine, if a precipitate be formed, add

hydrochloric acid in volume equal to the quantity of urine tested; if mucin, peptone, or vegetable alkaloids be the cause of the turbidity, it promptly clears up; while, if due to albumen, the precipitate becomes flocculent and settles, but does not dissolve. A considerable number of experiments have shown him that hydrochloric acid in volume equal to one half the quantity of urine tested quickly clears up the peptone, alkaloid, and mucin precipitate, while it requires at least two volumes of hydrochloric acid to dissolve the slighter traces of albumen in urine when precipitated by the mercuric test.

With regard to sugar testing: In addition to the test brought forward by Dr. Billings, two new ones have recently been introduced, both of which are of such exceeding keenness that they are claimed to be able to detect 0.00001 per cent of sugar. These tests are, alcoholic solutions, fifteen to twenty per cent, of alpha-naphthol and thymol. Two drops of either of these solutions are added to two cubic centimeters of urine, and the mixture briskly shaken; sulphuric acid is next added in quantity equal to the volume of urine, which is again briskly shaken. In the case of alpha-naphthol a deep violet color is developed in the presence of sugar, and dilution with water throws down a violet blue precipitate, soluble in alcohol, with a yellow color, or in caustic potash with a deep yellow. In the case of thymol a dark red color is produced, and, on adding water, a precipitate settles, which dissolves with alcohol, forming a yellow color more decided if ammonia be added.

Dr. Purdy often had samples of urine sent him, in which, although loaded with albumen, no casts could be found. These samples of urine had been long passed, and perhaps several days before examination alkaline fermentation had occurred. Urine rendered alkaline quickly dissolves the casts. In searching for renal casts it is of the greatest importance to have the urine as freshly passed as possible. His method of examining urine for casts is as follows: First, he prefers to have the urine passed at his office. If the urine be neutral or alkaline in reaction, he renders it frankly acid by the addition of dilute acetic acid. In all cases

he adds a solution of resorcin to the urine, which prevents change for weeks. The urine thus treated is set aside in a conical glass, carefully covered, and allowed to stand for from twenty-four to forty-eight hours. At the end of this time a few drops—not more than ten—are taken up by a glass tube from the bottom of the glass, and one or two drops placed upon a glass slide and examined under the microscope. He had had no difficulty in finding casts by this method if they were present in the urine even in sparse numbers.

Dr. Frank S. Johnson described a new form of hemoglobinometer, viz:

The hemoter of Von Fleischl consists of a stand with a horseshoe base, an upright, a stage, and a well divided perpendicularly in two equal compartments and closed below by thin glass. One half of the well is to hold blood of known dilution, the other half is for clear water. This well fits an opening in the stage. Beneath the stage is a plain white reflector. On the under side of the stage is a frame that can be racked back and forth. Set in it is a narrow wedge-shaped piece of ruby glass whose width is one half that of the opening in the stage. The thicker end of the wedge gives by transmitted light the color of a dilution of blood containing the maximum amount of hemoglobin. The thinner portions correspond with the color of a dilution of blood poorer in hemoglobin. The percentage of variation from the normal quantity of hemoglobin is estimated by comparing the color of the blood solution with some part of the ruby wedge. Only artificial light can be successfully used for the examination.

With the instrument are several capillary tubes for measuring the amount of blood to be used for comparison with the colored glass standard. The necessary amount of water for making the dilution is measured in one of the chambers of the well.

The blood for examination is best obtained by pricking the ball of an uncompressed finger and forcing out a drop by gentle pressure. The amount needed is taken in the capillary tube. One of the halves of the well having been previously half or two thirds filled with water, the blood can be easily washed from the measuring tube into it. Then both halves of the well are



accurately filled with water so that the upper surfaces are plane. A small pipette is furnished for this purpose. The well is then so adjusted that the half holding water is above the colored glass, and that holding the blood solution receives its light directly from the white reflector. The next step is to so adjust the ruby wedge that the light it transmits corresponds in color with that passing through the blood solution. The observer then reads off the percentage of the normal amount of hemoglobin as indicated by a scale graven upon the metal frame carrying the glass wedge. The average percentage of hemoglobin in the blood of healthy individuals varies greatly with age and sex. The average is from twelve to thirteen per cent. The percentage of this amount is ascertained by comparison with the color scale. This result should be corrected as far as possible for the known variation of hemoglobin in healthy blood. Taking as the normal percentage that found in the blood of healthy individuals between twenty-five and thirty years of age, it is found that in the first few weeks of life the percentage is greatly in excess; but after six months or a year it is below the adopted standard, reaching it again at about twenty-five or twenty-six years of age, and that after the thirtieth year the amount is below the normal, but is variable.

The instrument recommends itself to the ordinary practitioner. It does not entirely replace the hemocytometer, but in all cases where it is only necessary to watch from time to time the rise and fall of the hemoglobin in the blood, it can be done much quicker and more accurately than by the hasty counting of the corpuscles by the microscope.

Dr. J. J. M. Angear thought that it is necessary to count the globules, because we have conditions where the red corpuscles are normal in number but deficient in hemoglobin, hence the necessity of both instruments.

Dr. C. E. Webster, chairman of the Pathological Committee, exhibited a spinal column, and said that it showed caries resulting in the entire destruction of the bodies of one of the vertebræ, without the protection of the characteristic deformity before the removal of the ligaments, no curvature being noticeable.

## Reviews and Bibliography.

**Hand-book of Diseases of the Ear**, for the use of Students and Practitioners. By URBAN PRITCHARD, M. D., F. R. C. S., Professor of Aural Surgery at King's College, London, etc., with illustrations. Price, \$1.50. Philadelphia: P. Blakiston, Son & Co., No. 1012 Walnut Street. 1886.

This hand-book gives a digest of our practical knowledge of ear diseases. No moot points are taken up—the preface says: “As far as possible, I have endeavored to avoid controversial points and to give simply the results of my own observation and practice.” Sufficient anatomy for an understanding of the relation of the different parts of the ear forms the first chapter. The chapter on methods of examining the ear strikes us as exceptionally concise and clear. The author advises the inspection of the pharynx in all cases of ear diseases, and says “it is sometimes advisable to examine the naso-pharynx by means of posterior rhinoscopy, but as a rule this is unnecessary.” Much more can be learned by inspection of the naso-pharynx and nares in ear diseases than by simply looking into the throat, and it should be insisted on in every adult case. Nasal obstruction is very common, and without previously relieving it treatment of the ear disease is of little avail.

The author, together with many other aural surgeons, recommends the use of the so-called diagnostic tube. Roosa says that its use gives us very little, if any, information of the condition of the middle-ear cavity; the sounds transmitted through it being often produced at the pharyngeal mouth of the Eustachian canal, and thus are often misleading. This accords with our own experience, and we now depend on the appearances of the drum before and after inflation. The description of the methods of diagnosis and treatment of the diseases of the middle ear is well and concisely made.

With reference to chronic middle-ear diseases, Dr. Pritchard says: “My own experience has led me to abstain from the introduction of fluids into the tympanic cavity, except in certain very chronic cases occurring after middle-life.” This is sound doctrine. As to whether the tonsils ever become so large as to

directly obstruct the nostrils has been a question of doubt, although taught by some. Dr. Pritchard says "they can not possibly from their position directly block the Eustachian tube; yet, from their pressing the surrounding tissues upward, there is no doubt that they do infrequently increase the obstruction." Whenever they interfere with the free passage of air, or are liable to acute suppuration, he wisely advises that they be removed. The Eustachian catheter, he says, should be used only when the bag fails to open the tube, or when the tube of one side is alone affected. Cases are often seen thus to improve under the use of the catheter, even when the ear can be readily inflated by the air-bag. The contact of the beak of the catheter seeming in some way, perhaps mechanically, to assist in maintaining a free interchange of air between the throat and middle-ear cavity.

Many interesting points could be noted in this little work. Its size, conciseness, and cheapness, lead me to recommend it to students desiring a manual of ear diseases. The volume closes with an appendix of favorite formula used by aural surgeons in all parts of the country. J. M. R.

**The Diseases of the Prostate, their Pathology and Treatment**, comprising the Jacksonian Prize Essay for the year 1860. By SIR HENRY THOMPSON. Sixth edition. Pages 231. London: J. & A. Churchill, 11 New Burlington Street. 1886.

It is always a pleasure to meet with an original work on a question of interest, and especially so when that work on every page gives evidence of the master. Diseases of the Prostate, by Sir Henry Thompson, would be enough to say for any one feeling the need of a book on that subject; but some comments may be appreciated by such as have not formed opinions as to the scope of such a work.

Besides a thorough *résumé* of all of value that previous writers have contributed, the author presents original views in regard to the so-called "middle lobe," which he assigns to the abnormal history of the organ. The analogy between the enlargements and tumors of the prostate is traced, which the author thinks is due to the homology of the

prostate with the uterus. A good case is made out on this interesting question, though some difficulties are left unexplained; for instance, that the uterus at the period of life in the female at the same age as the prostate hypertrophies in the male. This may possibly be due to the greater persistence of function in the testicle than ovary, but the subject will bear further investigation. The effects of enlarged prostate in relation to micturition are carefully considered, and the lesson, of much original research in relation to malignant tubercular diseases of the prostate, is given together with a consideration of the bar at the neck of the bladder. It need hardly be said that the work is in every respect the best upon the subject of which it treats, and one that in pleasure and profit will well repay perusal by every medical man. D. T. S.

**The Principles and Practice of Medicine.** By the late CHAS. HILTON FAGGE, M.D., F.R.C.P., Physician to and Lecturer on Pathology at Guy's Hospital, etc. Including a section on Cutaneous Diseases, by P. H. PYE-SMITH, M.D., F. R. C. S.; chapters on Cardiac Diseases, by SAMUEL WILKES, M. D., F. R. C. S.; and complete indexes, by ROBERT EDMUND CARRINGTON, M. D. Volume II. 8vo, pp. 883. Philadelphia: P. Blakiston, Son & Co. 1886.

Now and then there appears in the field of medicine a worker gifted with genius for both observation and description, who can see thoroughly in new and original lights, and awaken constant interest by means of terse, apt, and original description. Such are Trousseau, Watson, and Niemeyer. There are others who write beautifully and draw the features of disease as sharply as pictures on a canvas, as sharp as they exist in their imaginations. Again there are observers whose facts are eminently trustworthy, but their wholly unattractive style reaches only the few who are searchers after naked facts.

In none of these classes exactly can Fagge be placed. He may rightly be placed in the front rank of original observers, and though his discoveries are not of marked importance, his work has been most fruitful in clearing up and correcting the observations of others. His descriptions are notable for their truth to na-



ture. One who reads him and studies diseases at the bedside can not justly repeat the so common remark that cases in practice are found to be quite unlike those described in the books. The charm of style, the gift of word painting, he does not possess, but his work is one of the richest and most valuable contributions of the age to medical literature; and, taking its compass, originality, and its conceded authoritativeness together, we know of no work of the class to be placed before it.

D. T. S.

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**Dictionary of Practical Surgery.** By various British Hospital Surgeons. Edited by CHRISTOPHER HEATH, F. R. C. S., Holme Professor of Clinical Surgery, University College, London; Surgeon to University College Hospital, etc. Two volumes in one. 8vo, pp. 970—884.

The Dictionary of Practical Surgery consists of a series of articles on the diagnosis and treatment of the injuries and diseases of the several regions of the body, as well as general articles on deafness, the eye, skin diseases, etc., by various British hospital surgeons. The aim of the editor has been to produce a compendium of the practice of British surgery of the present day. The work accomplishes for surgery what Quain's Dictionary of Medicine does for the practice of medicine. It is executed in the best style possible in the present state of surgical knowledge, and one which the progressive surgeon simply can not afford to be without.

D. T. S.

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**Clinical Aspects of Renal Cancer**, with report of two cases. By JOHN A. OUCHTERLONY, A. M., M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine in the Medical Department of the University of Louisville. Read in the Section on Practical Medicine at the thirty-seventh annual meeting of the American Medical Association. Reprinted from the journal of the American Medical Association, September 11, 1886.

This able paper was the subject of much discussion upon the occasion of its reading before the Section on Practical Medicine of the American Medical Association, and elicited high encomiums from the Fellows and the medical press. It is a substantial contribution to

the literature of a rare and but little studied affection.

A synopsis of the paper appeared in the *AMERICAN PRACTITIONER AND NEWS'* report of the proceedings of the American Medical Association; but since this presented nothing beyond a sketch of the author's views, we promise our readers some liberal extracts in future.

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**Three Lectures**, delivered at the Hospital for Sick Children, Great Ormond Street, 1886. By ROBERT J. LEE, M. D., F. R. C. P. London: Bailliere, Tindall & Cox. 1886.

The first two lectures relate to the transmission of syphilis, with cases arranged to illustrate the relations between the various symptoms of hereditary syphilis. The author contributes three tabulated reports as sustaining the validity of Colles' law of the transmission of syphilis, and makes a very strong point in favor of hereditary transmission of the disease. The third lecture relates to whooping-cough.

D. T. S.

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**The Medical News Visiting-List for 1887.** Philadelphia: Lea Brothers & Co. Price, \$1.25.

The handsome visiting-list of the Medical News is the first out for the coming year, and in the completeness and convenience of its arrangement leaves apparently nothing to be desired. It is gotten up in three styles: for thirty patients (one volume), sixty patients (two volumes), and ninety patients (three volumes). Price, \$1.25 for each volume.

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**The Surgical Diseases of Children.** By EDMUND OWEN, M. B., F. R. C. S., Surgeon to the Hospital for Sick Children, Great Ormond Street; Surgeon to and Lecturer on Anatomy at St. Mary's Hospital, etc. Illustrated; four chromo-lithographs and eighty-five engravings. 12mo, pp. 518. Philadelphia: Lea Brothers & Co.

In his preface the author expresses the hope that in the endeavor to compress within an allotted number of pages an account of the entire surgery of infancy and childhood, theory has not been unduly sacrificed to practice, nor clearness to condensation; a hope that we

think the reader will readily agree is not vain. It would not be easy on any subject to find a more clearly written work, where every word and sentence tells, and from which it seems few could be spared. The work is truly a conspectus of the branch of which it treats, and covers the field in a way that is done by no other, presenting the gist of what is known of every surgical affection to which childhood and infancy are liable.

D. T. S.

*Journal für Zahnheilkunde.* Vereins-organ der Deutschen Vereinigung in Amerika graduierter Doctoren der Zahnheilkunde, redigirt von Dr. Erich Richter. Breslau.

*Venous Blood Tumors of the Cranium in communication with the intra-cranial venous circulation, especially the sinuses of the dura mater.* By Wm. Masten, M. D., of Mobile, Ala. Reprint.

*On Toxic Urine in Relation to certain Surgical Operations on the Urinary Organs.* By Reginald Harrison, F. R. C. S., Surgeon to the Liverpool Royal Infirmary, and Lecturer on Clinical Surgery in the Victoria University.

*A Laboratory Guide in Urinalysis and Toxicology.* By R. A. Witthaus, A. M., M. D., Professor of Chemistry and Physics in the Medical Department University of the City of New York, etc. Pages iv and 75; cloth. New York: William Wood & Co., 57 and 58 Lafayette Place. 1886.

*Hand-book of Practical Medicine.* By Hermann Eichhorst, Professor of Special Pathology and Therapeutics, and Director of the University Medical Clinic in Zurich. Volume III: Diseases of the Nerves, Muscles, and Skin. One hundred and fifty-seven wood engravings. 8vo, pp. viii and 390; cloth. New York: William Wood & Co. 1886.

*The Curability of Insanity: A series of studies.* By Pliny Earle, A. M., M. D., late Superintendent of the State Lunatic Hospital at Northampton, Massachusetts; Ex-President of the Association of Medical Superintendents of American Institutions for the Insane, etc. 12mo, pp. 232; cloth. Price, \$2.00. Philadelphia: J. B. Lippincott & Co.

*Paralyses, Cerebral, Bulbar, and Spinal: A manual of Diagnosis for Students and Practitioners.* By H. Charlton Bastian, M. A., M. D., F. R. S., Fellow of the Royal College of Physicians; Examiner in Medicine at the Royal College of Physicians, etc. With numerous

illustrations. 8vo, pp. xi and 671; cloth. New York: D. Appleton & Co., 1, 3, and 5, Bond Street. 1886.

*A Treatise on the Practice of Medicine, for the use of Students and Practitioners of Medicine.* By Roberts Bartholow, M. A., M. D., LL. D., Professor of Materia Medica, General Therapeutics and Hygiene in the Jefferson Medical College of Philadelphia, and Dean of the Faculty, etc. Sixth edition, revised and enlarged. 8vo, pp. xxvi and 990; cloth. New York: D. Appleton & Co. 1886.

*A Manual of Obstetrics.* By A. F. A. King, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, Washington, D. C., and in the University of Vermont; Fellow of the British Gynecological, and of the American Gynecological Societies, etc. With one hundred and two illustrations; third edition. 12mo, pp. 379; cloth. Philadelphia: Lea Brothers & Co. 1886.

*Outlines of the Pathology and Treatment of Syphilis and Allied Venereal Diseases.* By Hermann von Zeissl, M. D., late Professor at the Imperial-Royal University of Vienna. Second edition, revised by Maximilian von Zeissl, M. D., Privat-Dozent for Diseases of the Skin and Syphilis at the Imperial-Royal University of Vienna. Authorized edition; translated, with notes, by H. Raphael, M. D., Attending Physician for Diseases of Genito-Urinary Organs and Syphilis, Bellevue Hospital Out-patient Department, etc. 8vo, pp. xii and 402; cloth. Price, \$4.00. New York: D. Appleton & Co. 1886.

*A Treatise of the Principles and Practice of Medicine, designed for the use of Practitioners and Students of Medicine.* By Austin Flint, M. D., LL. D., late Professor of the Principles and Practice of Medicine, and of Clinical Medicine in the Bellevue Hospital Medical College, New York, etc. Sixth edition, revised and largely re-written by the author, assisted by William H. Welch, M. D., Professor of Pathology in Johns Hopkins University, Baltimore, and Austin Flint, M. D., LL. D., Professor in the Bellevue Hospital Medical College, New York. 8vo, pp. 1160; sheep. Philadelphia: Lea Brothers & Co. 1886.

HYDROPHOBIA does not exist in Lapland; but two dogs brought from that country, having been inoculated by M. Pasteur, contracted rabies, proving that Lapland dogs are not refractory to the disease.—*London Med. Press.*



## Foreign Correspondence.

### LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The Whitechapel Board of Guardians appear to have at last hit on an effectual means of disposing, without danger to the health of the inhabitants, of what is technically known as "dust," but which is in reality a collection made by the dust-carts of the garbage and refuse that accumulate in the overcrowded dwelling-houses in this part of London. Under the supervision of the architect and surveyor to the board, works on an extensive scale have been erected where the contents of the East End dust-bins are simply cremated, the smoke being by an ingenious process purified of any noxious gases it may possess, and then carried away through an upcast shaft one hundred and eighty feet in height above the level. Taking the foundations into account, the whole structure is two hundred and thirteen feet in length. The refuse is brought up on an inclined plane in the dust-carts of the board and emptied out on a platform, whence it is immediately discharged into the "destructor," which consists of eight cells placed back to back in pairs. These cells are very strong draught furnaces, which in a short space of time reduce the unsavory mass to a heap of clinkers, which is taken out and carted away. The smoke makes its way to the shaft by an underground flue seven feet high and four feet wide. It was stated by the chairman of the board that a considerable saving would be effected by this means of disposing of refuse. Up to the present the board have been obliged to cart it away a distance of two miles at a cost of from 1s. 6d. to 3s. 6d. a load. By means of the destructor the refuse can be destroyed for 2½d. to 3½d. a load, and thus the cost of the freehold site and construction, amounting to about £13,000, will be speedily recouped.

A noteworthy contribution to the much-discussed question as to the effect of the electric light upon eyesight has just been furnished by a lecture delivered by Dr. Chon, an authority on the hygiene of the eye. The learned oculist points out that diffuse daylight is not injurious

to the eye. Hence it becomes our duty to imitate the conditions of natural light in providing artificial illumination. Artificial light, he pointed out, should not be dazzling, it should be supplied bountifully, it should not heat the eyes, and it should burn steadily. The lecturer dealt with the subject on those lines. He stated that it would be unpardonable rashness to look at an arc light without very dark spectacles. As a measure of precaution, therefore, every arc light is surrounded by a globe of white or ground glass, which, however, deprives it of thirty per cent and more of its illuminating power. He advised the making of the glass bell of slightly ground glass, by which arrangement the eye never sees the glowing carbon film, but only a blurred image of the same. Even supposing a gas flame and a glow lamp to be of equal brightness, the penetrative effect of the latter is greater because the same quantity of light is concentrated in a smaller space. The lecturer had found upon investigation that the light from a glow lamp is seven times brighter than that of a circular burner, and twelve times brighter than that of a fan-shaped gas light. The glow light will consequently excite the retina from seven to twelve times more than a gas flame of equal brightness. In continuation he pointed out that light should not heat the eye, so that the moisture of the cornea be not too quickly evaporated, causing a feeling of dryness to set in and the eye and head to become heated, headache being the result, which puts a stop to further work. The lecturer proved, several years ago, that the rise of temperature eight inches from a gas flame is double that at the same distance from a glow lamp of equal brightness, and further investigations have shown unmistakably that with the electric light the temperature in theaters is much below that when gas is used; that further, the air contains less carbonic acid and no smoke, and that less moisture is added to it than with illumination by gas. The electric light must consequently be preferred for reading and writing. The electric light must be steady. If the flame flickers the intensity of the light is undergoing constant change. The lecturer pointed to the disagreeable sensation we feel if we pass an open wooden railing

upon which the sun is shining. The retina is greatly irritated by the sudden fluctuations of the electric light, and continuous work becomes an impossibility. It has not yet been determined what changes are thereby effected in the retina, but this much is certain, that a flickering light becomes insupportable. This is observed with fluttering candles and with open gas flames. Albo-carbon lamps which increase the intensity of gas light from four to six times do not flicker. The advantages of the electric light with regard to illuminating power, coolness, safety against fire and cleanliness, being so great, it behooves engineers to regulate the movements of engines and dynamos to such an extent as to entirely obviate the fluctuations in the electric light so injurious to the eyesight.

The medical officer of health for Chelsea, in his report to the vestry, gives some curious facts to show that contrary to what might be generally supposed, the sewer men of the parish show marvelous health and vitality, notwithstanding they spend seven hours daily in the sewers, often in cramped-up positions, dealing with offensive and dangerous matter. One of the sewer men, who is now pensioned off, is eighty-six years old, and was a sewer man for more than twenty-eight years. Another, who is yet at work, is seventy-four, and has been a sewer man over thirty years. Another is seventy-five, and has been a sewer man thirty-eight years. Another is fifty-five, and has been thirty-six years at the work, and has never had a day's illness nor consulted a doctor during that time. The three other sewer men, though of younger years, enjoy equally good health. Of the seven men, four find that they do not need drink. They are all abstemious men, and find that that habit of life is more suitable to their work than any other.

The corporation of Harrowgate are erecting twelve tanks or chambers for receiving and storing the sulphureted waters for which that town is famed. Each of these tanks will be twenty feet square and about thirteen feet deep, being thus capable of holding eighty tons of water. When the tanks are finished the corporation will be enabled to administer double the quantity of baths which they now give at the well-known Victoria Baths. The preservation

of the waste sulphur water flowing during the winter season, when almost all the invalids are gone, has long been a vexed question with the authorities, and it is believed that the problem is now solved and will prove of great advantage. The greatest care will be taken to prevent the oxidating action of the air upon the sulphureted water, and it is expected that after storage for a length of time its medicinal qualities will be found to be unimpaired.

At the recent sale of the books belonging to General Douglas, R. A., a well-preserved copy of "Hypocrates' Prescriptions," three hundred and fifty years old, was bought for less than £2. A copy of the same edition was sold not long since in London for £1,200. The lucky purchaser obtained his prize in a bundle of books which were put together as being of no value.

LONDON, October, 1886.

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## Translations.

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ANTIPYRINE IN INFANTILE THERAPEUTICS. Dr. Moncorvo, of Rio Janeiro, after fifty observations, reports that he believes antipyrine to be the most powerful and the least dangerous of the antithermic agents hitherto employed in infantile therapeutics. The defervescence determined by the use of this agent operates with a regularity almost mathematical in infants of every age. The antipyrine was administered to the little patients by the stomach, by lavements, or by the hypodermic method; the last method seems preferable to the other two.

To his clinical researches Dr. Moncorvo adds the results of experiments made by physiologists with antipyrine; then he examines comparatively the action of this substance and that of other antipyretic agents, such as sulphate of quinine, digitalis, carbolic acid, salicine, salicylate of soda, pilocarpine, etc., to all of which he for various reasons prefers antipyrine.—*Le Progrès Medical*.

PUSTULE OF CHIMU—(Dr. José Porturas, of Lima). In the valley of Chimu, situated in the province of Truxillo, there is found during the spring and summer a cutaneous affection



not classified in any system of nosology, and which I have as far as possible endeavored to study. From the zone occupied by it I have thought fit to call it the pustule of Chimu.

In the parts of the body generally uncovered, as the face, the neck, the thoracic members, etc., it presents itself as a small stain which does not excite the attention of the patient until on the site it occupies it raises a small vesicle of a violet color, more or less dark, always irregular, two and a half to three centimeters in its greatest diameter. It has a figured border with an incomplete central depression or umbilication about one centimeter in width and with very irregular adhesions at this point. The rest of the vesicle is full of liquid, principally near the periphery, and in the entire extent embraced by it there is complete anesthesia or insensibility.

This pustule is always solitary, and I have never seen it reproduced in any of those attacked by it, even when they continued to reside in the same locality. The skin adjacent to the vesicle is reddened and becomes edematous in proportion to the delicacy of the skin of the region and the size attained by the vesicle in its development.

In one case I was able to examine the globe of the eye with difficulty on account of a pustule at the external palpebral commissure, but when exposed it presented not the least alteration in function or texture. About the neck, when involved, the edema is also extensive but always limited, and does not interrupt the functions of neighboring organs. There is no vesicular ring nor central tubercle, consequently no eschar.

Even when the patient is abandoned entirely to the forces of nature, no febrile reaction is ever observed and no general symptom noted in the organism. It reaches its maximum about the sixth day. When treated it entirely disappears in a few days, leaving a very superficial ulceration, which is easily cured.

*Etiology.* I frankly confess I have not been able to determine the cause of this affection. The popular notion is that it depends upon the sting of an insect, which leaves certain irritating substances deposited in the skin which give rise to all the symptoms referred to.

The differential diagnosis is to be made with reference to malignant pustule, ecthyma and noma of children.

Prognosis is always favorable, even when it is developed in the most delicate situations. The edema never passes a certain limit, and when the scab disappears it never leaves a scar. In the treatment I use the bichloride of mercury in powder, having in some cases previously made a crucial incision.

I believe the disease has not been classified in any nosological system, and I am confident I am calling the attention of physicians to a hitherto undescribed disease.—*La Cron. Med.*

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### Abstracts and Selections.

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**HEART-LESIONS IN RELATION TO MENTAL SYMPTOMS.**—Notwithstanding that the ancients were wont to class insanity as a bodily disease, for Hippocrates taught that mental diseases were due to the circulation of black bile in the blood, our present knowledge of the physical causation of mental disease is sadly deficient and most imperfect.

Within a comparatively short lapse of time, I have been fortunate enough to meet with a series of cases, in many of which the close sympathetic connection between mind and body was impressively and forcibly illustrated, and where from the first the symptoms were of a bodily-mental nature.

I had thus placed at my convenience, for study, a valuable collection of material, both clinical and pathological, and I trust that I have not wholly failed to take advantage of the same.

The subject of heart-lesions, viewed in relation to mental disease, is far too wide to be even summarized in the time at my disposal, and I shall confine my remarks to the part played by mental disease, with or without hypertrophy, in the production of mental symptoms, illustrating what I have to say by a specimen, and short notes of the case that produced it.

This case was an ordinary example of hypochondriacal melancholia, occurring, without any apparent cause, in a middle-aged man who had previously enjoyed good health. The certificate on which he was admitted stated that the patient was restless, had delusions, and was suffering from brain-softening. On admission I noted that the rhythm of the heart was irregular and weak, and the mitral sounds muffled. As regards the mental state, he was

low, depressed, miserable, and unhappy, yet could talk rationally. He fancied, at times, that he was ruined, and had ruined his family and home. He was reticent, and carefully evaded any question intended to elicit information of the past. Without being too brief, I may state that the mental symptoms did not change to any noticeable degree from the day of his admission till his death.

Eight months after admission he had a sudden attack of cardiac dyspnea. The entire body was bathed in a cold clammy perspiration. The lips and extremities were livid; the pulse over 100, small and irregular; and he breathed as if each respiration would be his last. The dyspnea was panting and gasping in its character, and very characteristic of mitral disease with pulmonary congestion. In the treatment of the case, that is, this attack, nitrite of amyl was prescribed, and with the best results; for in less than ten minutes the pulse had become stronger, more regular, and numbered 80, and the patient was breathing quietly. Next day I made a careful examination of the heart and other organs, and with one exception, the heart, they were all in fair working order. It I found to be hypertrophied and dilated, with a loud mitral regurgitant bruit. After this the mental symptoms were more intense. During the next four weeks he had three similar attacks of cardiac dyspnea, and died suddenly on the 29th of December, 1885, eight months and two weeks after admission, and four weeks after the first severe attack of cardiac failure.

At the autopsy, sixteen hours after death, the brain was found to be free from disease, as far as the naked eye could discern; and under the microscope no definite pathological changes were observed. The heart, after being washed and emptied of all clots, weighed thirty ounces. The aortic, tricuspid, and pulmonary valves were found competent. The mitral valve did not close. The left ventricle was hypertrophied and dilated, and all the other chambers more or less dilated. The specimen, which was shown at the meeting, explains itself better than words of mine can; and if we can place any confidence in statistics, I believe there are only a few heavier specimens on record.

Such are the crude, brief, and disjointed facts of an interesting case, and the question now is, Can we connect the heart-lesions with the mental symptoms?

Six months before the patient came under our notice, he was in the full enjoyment of ordinary good health. About this time his wife observed that her husband was unusually quiet, and did not take the same interest in his

home and little garden. As weeks rolled by the symptoms deepened into regular "depression of spirits," and the doctor was called in. After several months of ineffectual treatment, with "consultations," the patient's removal to an asylum was recommended, and in due course we admitted him.

Here then was a man, insidiously and without any apparent cause, undergoing a gradual increasing change of disposition; and, despite all the efforts of medical ingenuity, he got more and more estranged until his best and dearest friends became his greatest enemies, and his mind the home of all that was miserable.

For some time we looked upon the case as a possible recovery; but when the true nature, that is, the cause of the mental symptoms was known, all hope of recovery vanished. At no time of his residence in the asylum did he show symptoms which pointed to coarse brain disease; and had we recognized earlier the grave nature of the heart-lesions, we should not have held out the hope of even a possible recovery.

"We know how acutely sensitive are the nervous centers and their peripheral arrangements of any departure from the normal." Such a condition of things, therefore, as that resulting from mitral regurgitation, with hypertrophy and dilatation, may lead to material interference with and perversion of their functions.

The due fulfillment of the normal functions of each individual organ calls for an adequate supply of nourishment, and especially is this a truism in the case of the brain.

As to the cause of the enormous hypertrophy I am doubtful, but most probably it was due to a combination of nervous and nutritive causes; and from facts already mentioned we know that it was not the result of obstructive valvular disease.

An hypertrophied heart is often a useful one, and as long as the hypertrophy in the present case was compensatory all went well; but, as soon as the compensatory nature of the hypertrophy failed, so soon had we interference with and deviation from the normal functions of distant organs, more especially the brain. With this compensatory failure we had dilatation of the left ventricle, also of the mitral valve, producing the insufficiency.

And here begin our mental troubles. When the heart failed to send to the brain a regular, sufficient, and well-oxygenated supply of blood, that great and mysterious central clock showed signs of weakness in the form of mental depression and distrust. I believe that the mental symptoms were due to incurable disease in a distant organ, viz., the heart. Is it then



to be wondered that, with permanent and irremovable heart-lesions as the sole factors and causes of the mental aberration, recovery was unattainable, and death but too certain?

We may accept it as a general, though not a constant rule, that mitral disease produces symptoms of melancholia, and aortic lesions more frequently those of a maniacal type.

Many cases, illustrative of both types, are annually admitted into asylums, and it behooves every one who is likely to be called upon to give his opinion, either verbally or in writing, as to a patient's mental stability, to bear in mind this distant nature of the actual cause.

When we meet with a patient who is the subject of mental perversion, in whatever form, let us not be deluded or led astray by the prevalent and erroneous idea that the case is necessarily one of coarse brain disease. At the outset our minds ought to walk clear of pathological changes in the brain, and should be directed to the great bodily organs which are so intimately connected with the encephalon.

When we have satisfied ourselves that no disease exists, or that disease in other organs can not be connected with the mental symptoms, then, but not until then, are we justified in attributing those symptoms to actual and grave pathological changes in the brain.

"Brain-softening" is a much-abused expression, and, like heart disease, covers a multitude of sins.

In thus speaking of mental symptoms, I do not wish to be understood to include cases where paralysis or other symptoms indicative of gross brain lesions exist.

Let me urge upon you the importance, nay more, the absolute necessity of detecting, diagnosing, and treating at the earliest possible date the true causes of the premonitory symptoms of mental disease.

Just as a single spark of fire, extinguishable if at once discovered, may cause a conflagration of many hours' duration, so may a small and trivial lesion, removable by early and judicious treatment, cause the loss of a gifted and talented mind.—*P. Wm. MacDonald, M. D., British Medico-Chemical Journal.*

**THE TENDON-JERK AND MUSCLE-JERK IN DISEASE, AND ESPECIALLY IN POSTERIOR SCLEROSIS.**—Drs. S. Weir Mitchell and Morris J. Lewis, believing that their recent researches on the knee-jerk have given to symptomatology an enlargement as to certain nervous maladies, in a brief paper, which appears in the October number of the *American Journal of the Medical Sciences*, they apply what they have learned to a single disease—posterior sclerosis

of the cord. This disease was chosen because they were able to gather readily for examination a representative group of cases, and also because its natural history descriptions, having come from masters of their art, are both definite and reasonably complete.

The mechanical reactions of tendon- and muscle-jerks are found to alter in the following order: The tendon-jerk is lessened or lost, but can still be reinforced in the first stage. In all successive stages both are absent. Meanwhile the muscle-jerk, say of the extensors of the hand, is healthy in stages 1 and 2, and re-inforcible in both. In stage 3 the muscle-jerk is normal, but there is no reinforcement. In stage 4, with station much impaired, the muscle-jerk becomes increased. It is quicker and larger, as Buzzard observed in 1878, and Erb also, but now it is irregularly distributed, and may be less in places, and can not be reinforced. In stage 5 the muscle-jerk is lessened irregularly, and no reinforcement is possible. In stage 6, that of complete paralysis, rarely attained because death is apt to intervene, all the reactions, tendinous and muscular, and all reinforcements vanish. Of the chin-jerk, little can be said. It is sometimes absent in health, or is hard to get, and seems more common in stages 1 and 2 than in 3 and 4.

The various changes here mentioned probably represent, incompletely, the totality of alterations of muscles in posterior sclerosis. The gradual cutting off of spinal tone-waves is shown in the successive loss of tendon-jerk and its reinforcement, and of muscle reinforcement. The increase of direct muscle-jerk which ensues may be due to some irritative changes in the muscle, not as yet to be fully understood. It is followed by lessening of muscle-jerk, and at last by paralytic loss of muscle reactions. Some microscopic studies of muscle tissues are still needed to explain these late phenomena.

While studying the effects of voluntary motion on the tendon- and muscle-jerks it was noticed that associated movements occurred in many of the cases. Thus, on clenching the fist, movements occurred in the other hand, or even in one or other of the legs. This they discovered too late to note it in all their cases. It apparently belongs to an advanced condition of the disease. To observe it, the hand should rest in passive supination on the thigh, while the opposite fist is being clenched; the patient's attention should not be called to the possible result of the experiment.

A new symptom, distinct prominence of the eyes, with a full appearance of the surrounding tissues not due to edema, was found six times, chiefly in late cases.

NEW MODES OF TREATING SKIN DISEASE, introduced by Dr. Unna, of Hamburg:

1. *Eczema*. This is much more frequent among civilized races because the skin as a whole, and the horny layer in particular, become less resistant owing to the excessive amount of protection afforded. The anemia of city life also favors the development of eczema, while the wear and tear of the nervous system affects injuriously its controlling power on nutrition. In treatment these circumstances must be borne in mind, and as a means of prevention all soaps which are alkaline or even neutral are contra-indicated. The true principles in the manufacture of a soap are: (a) The use of pure fats only, and the avoidance of cocoa-nut oil, which, even in small proportion, dries the skin. (b.) The presence of an excess of free fat over the saponified alkali. The British public have been educated into the belief that a soap must lather in order to cleanse well; and to make a soap lather cocoa-nut oil is said to be necessary. But a soap will cleanse perfectly without lathering; and in Unna's overfatty basic soap the conditions laid down are perfectly fulfilled. This soap cleanses the skin most completely, but leaves it soft and cool; and when used for infants it obviates or cures the lichenous eruption so apt to appear within a few days after birth, and which is mainly due to the employment of an alkaline soap. This soap should be exclusively used by eczematously disposed persons.

The treatment of extensive eczemas is impossible with ointments and not satisfactory with lotions, the effect of which latter is ephemeral. For these, gelatine preparations were first introduced by Pick, of Prague. His consisted of gelatine and water, which after being melted were painted on, and then the layer of glue thus formed on the skin was kept from cracking and peeling off by a thin film of glycerine smeared on. This plan was found troublesome, and at Unna's suggestion was replaced by his glycerine jellies, of which a valuable one consists of zinc oxide, 15; gelatine (Cox), 10; glycerine, 30; water, 40. This, when melted and painted on, forms a non-irritating adhesive layer. It can be covered with a film of absorbent cotton. It is specially valuable over joints, as at the end of the elbow.

*Dry eczemas* of the *palms* were formerly very intractable, and the only method of softening the warty masses was by means of solutions of caustic potash. This was apt either to do too little or too much. Unna has suggested that in these the peculiar action of salicylic acid on the horny layer of the epidermis in softening it and causing it to exfoliate might

be serviceable. But for this purpose the acid must be retained in contact with the skin, under an impermeable dressing, such as the salicylic plaster muslins introduced by Unna, and made by Beiersdorf, Altona. By these the rough, thickened horny layer can be caused gradually and completely to exfoliate, and the surface thus exposed is ready to be treated with suitable ointments, or with *salve muslins*. Those consist of fine muslin incorporated with consistent salves, and are made either one or two-sided, the latter containing a more abundant amount of salve. Suitable pieces can be cut off and applied, and secured either with a turn of bandage, or the margins can be painted with glycerine jelly, and this covered with absorbent cotton. The salve muslins are of value on parts where there is comparatively little movement, or to complete the cure of cases carried so far by other means. Zinc ichthyol and lead salve muslins are those now mostly in use.

*Powder bags*. On various parts of the body, but especially in eczema of the scrotum, and of the inguinal regions in both sexes, the value of dusting powder is thoroughly recognized; but the effect of this application is transitory, as generally used. But by partially filling bags made of moderately porous cotton with powdered starch, and then quilting the bags to separate the powder, a continuous application of the powder can be maintained on the parts to which these are adjusted, as each movement displaces some. When they are used, the simultaneous employment of ointment is contra-indicated.

2. *Rosacea*. This is met with in two forms. In one the tendency is toward *acne vulgaris*; the skin is thick, rather inactive, and the coexistence of *acne pustules* is common. In the other the skin is thin, the surface rough and somewhat eczematous. If *acne* be present the pustules are superficial, and with the dilated vessels and unnatural redness of the parts present in both forms, there is in the latter some degree of itchiness. In both Unna uses salts of sulpho-ichthyolic acid, especially the sulpho-ichthyolate of ammonia. This is a dark brown fluid, freely miscible with water, and possessing a peculiar though not disgusting taste and odor. It is administered in doses of 5 to 15 minims, freely diluted, twice a day. By its use internally and externally, Unna claims to have rendered *rosacea* easily curable; and Dr. Jamieson's experience, though limited, was favorable. He had also found it exert more beneficial effects on chronic rheumatoid arthritis than any remedy he had tried. Externally in the *acne* form the use of very hot water, washing with ichthyol soap, and the



application of a paste consisting of sulpho-ichthyolate of ammonia 3.0, dextrin, glycerine, and water, each 10.0 parts, was the treatment recommended. In the eczematous, zinc ichthyol glycerine jelly, painted on, or a lotion containing ten per cent of the sulpho-ichthyolate of ammonia, with adjusted starch powder bags, give the best results. The proportion of ichthyol in the jelly is two per cent.

3. *Lupus*. The treatment of lupus has in the last decade undergone so many and such rapid changes as to lead to positive confusion. Since Volkmann introduced the sharp spoon, and Vidal and others multiple scarifications, the mechanical modes of dealing with lupus held for a considerable time their ground. But the discovery of micro-organisms, though in small number, in the lupoid tissues, and the identification of these with the bacillus tuberculosis, had its influence on treatment. Besnier forcibly opposed the bloody methods of treatment on the ground that constitutional infection might so arise, and though the case was probably overstated, the effect has been to limit the employment of the curette and fine knife, or in accordance with the suggestion of Dontrelepoint to dress subsequently with a weak corrosive-sublimate lotion, as an antiseptic and parasiticide. But even thus the method was not found to be thoroughly effective. Cases undoubtedly were cured by these measures, but relapses occurred in some, and in others no advantage was gained, and the disease progressed. Nor was pyrogallie acid, as recommended by Kaposi and Besnier, better—while it is not in all cases innocuous, being apt to cause charring of the tissues and ulceration. At this stage, when distrust of old methods and the apparent failure of new had arisen, Unna steps in and offers a mode which seems to meet all requirements. In salicylic plaster muslin of various strengths the acid can be brought into the closest contact with the surface. Salicylic acid acts solely on the horny layers of the sound skin, never on the corium; but in lupus it acts on the diseased tissues, and dissects out the nodules, following the new growth into its fine ramifications along the blood-vessels. But it is painful, and on this account patients refused to allow its continued use. After many trials of anesthetics, as cocaine, cannabis indica, opium, etc., Unna discovered that creosote, in the proportion of double that of the acid, perfectly obviated the painfulness, with one reservation, the creosote seems less rapid in action than the acid. Hence there is some pain for ten to fifteen minutes after application of the plaster; but this ceases, and is only aroused by the employment of a fresh bit of plaster muslin. If an

actually painless method is desiderated, the part can be painted on the second and the subsequent application with four-per-cent cocaine solution, and in ten minutes the plaster placed on the patch. Three strengths of the salicylic creosote plaster muslin are made—10 per cent  $\times$  20 per cent; 15 per cent  $\times$  30 per cent; 20 per cent  $\times$  40 per cent. In slighter forms, as in lupus of the cheeks, the milder form can be used; but a more rapid action is obtained by the stronger. The plaster is changed once or twice a day, the part being washed or wiped before the new plaster is applied. The piece of plaster adjusted should extend a little beyond the diseased area. In some cases the disease is destroyed, and cure effected by the plaster alone. In others, when sufficient destruction has been accomplished, the employment of it is discontinued, and a zinc salicylic plaster or salve muslin may be applied to heal the surface. Any subsequent redness can be removed by a zinc ichthyol glycerine jelly. Two patients under treatment were shown, one all but cured, the other with healthy granulations in place of lupus tissue. These suggestions alone serve to place Unna in the foremost rank of living dermatologists. *Dr. W. Allan Jamieson, in Edinburgh Medical Journal.*

THUYA OCCIDENTALIS FOR WARTS.—“*Thuya occidentalis*” (arbor vitæ) is credited with the remarkable property of causing the disappearance, in a very short time, of all kinds of vegetations and warty growths by its internal administration. Many successful cases are reported by French physicians; in fact, it is said to seldom or never fail. It is given in the form of tincture, from one half to one dram, two or three times a day. Its action is regarded as quite phenomenal in this direction. Among others, Dr. Constantin Paul reports the cure, within fourteen days, of non-syphilitic warts which covered the genitalia of a woman. It is said to be equally serviceable in the case of condylomata and other similar growths.—*Medical World.*

PULMONARY TUBERCULOSIS TREATED BY INHALATIONS OF HYDROFLUORIC ACID.—Seiler (*Le Prog. Méd.*) submits his patients to daily inhalations of an hour's duration, and twenty or thirty in number. He saturates the air by a spray apparatus, which contains a mixture of the acid and water in the proportion of one to three. This air is forced into the inhaling room in the proportion of about ten meters to a cubic meter. The inhalations are absolutely innocuous, and, he affirms, of notable benefit. *Medical Age.*

# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. II. SATURDAY, NOVEMBER 13, 1886. No. 10.

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

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## CLIMATIC CHANGES WHICH MAN IS WORKING IN SOUTHERN CALIFORNIA.

In a very interesting article in the Southern California Practitioner, Dr. J. P. Widney, one of its editors, maintains that a great number of radical changes have been effected in the climate of California by cultivation of the soil, boring artesian wells, and planting trees.

The changes claimed to have been made are:

1. A lowering of the day temperature.
2. An increase of night temperature.
3. An increase of atmospheric moisture during the dry season.
4. Increased precipitation from dew and fog.
5. An increased tendency to summer rain.
6. A diminution of the force of the daily sea-breeze.

When one considers how far-reaching must be the operation of influences that could effect changes of the character here named, he must credit the people of the narrow strip of land, thirty-five or forty miles in extent, that lies between the Coast range and the sea in Southern California with having equaled any task yet performed by man.

Dr. Widney prefaces his conclusions with

the remark that he is "well aware that mere personal observation, apart from accurately kept meteorological observations by means of instruments, is at best an unreliable method of compiling scientific facts, and subject to much questioning and doubt. But we incline to think that if Dr. Widney had even gone a little farther back into the traditions of his section he might have indicated more clearly its future history. He should have visited the southern coast in 1864 to have seen it at its worst. That year half of all the cattle of Los Angeles died from the effects of the drouth, while sheep and horses fared little better. In the counties just to the north the horses nearly all perished. The dried mustard stalks were licked up from the ground till it was bare as the highway, while horses often gnawed the hair from each other's tails.

The old inhabitants then told of such drouths years before, when wild horses were driven into the sea and destroyed to save the grass for the tame ones. However that may be, the next year, 1865, the season was as delightful as could be wished, and the summer no doubt as seasonable as any since. Then, too, the trees dripped at night from precipitation of dew until one "would think a steady rain was falling." This, however, came from the cooled sea-breeze of the day before. We had our coldest weather after the leaves were out in the spring, and it came in the form of a norther, lasting forty-eight hours, a "Chinook" wind which in that time must have traveled two thousand miles. What deep furrows must be plowed to reach and turn back such a wind! But it is not specially to controvert opinions in regard to changes in the climate of Southern California in particular that this questioning was suggested, but to deny the power of man in any land to greatly alter the climate.

Certainly the Paradise that looks out on the Pacific, whose capital is rightly called El Pueblo de la Reina de Los Angeles, has shown a capacity for development beyond the brightest anticipations of the most sanguine. Her steady mountain streams will never fail, but the time will come again as before, that winter will bring no rain and summer no harvest except on those charming spots irrigated with waters



from the streams and wells or from those that in places flow through the sands.

The climate of Los Angeles, like that of other countries, is affected by conditions thousands of miles away and beyond the power of man materially to control. Only a few years ago we were told that Western Texas had become an altered country, that henceforth it was to be humid and seasonable. The plow, the planted tree, the railroad, the telegraph wire had got the clouds under control, and the treasure of the rain and the treasure of the snow were never again to be withheld. But to-day half a million of impoverished or hungry people are ready to declare that "history repeats itself." Seasons move in cycles. It is the rhythm of nature. But what Southern California has done in the way of agricultural development, the surprises that have been wrought regardless of any change of climate, are an earnest of what may yet be done in myriads of watered valleys in the mountain regions of the far Southwest and in Northwestern Mexico. These, in our opinion, are to be the "cities of refuge" for the consumptive, where he may most hope for cure; and if not then entranced by the grandeur of the scenery, to be least apt while leaving the "warm precincts of a cheerful day" to "cast a longing, lingering look behind." s.

#### INTEREST IN MEDICAL SOCIETIES.

Several of our contemporaries have been discussing the best methods of arousing interest in medical societies. We confess the question is a most puzzling one. Here in Louisville, with something near sixty physicians connected with the different medical schools, it is exceedingly difficult to get together a score at a time for the purpose of discussing purely medical questions. The Louisville Medical Society, the only public organization of the kind in the city, usually has an attendance ridiculously small. The Medico-Chirurgical, which combines the social feature with the scientific, and has a limited membership, has a better attendance, but still leaves much room for improvement.

The Kansas City Index suggests that matters of collateral science might be embraced in the discussions with the effect of exciting a livelier interest, and while we are somewhat skeptical in the matter, there could be nothing amiss in giving the plan a trial. The discussion of such questions, if attainable, would be of great value in other respects than increasing attendance at meetings.

It has been suggested again that discussions should be limited to original investigations. This too would be a very good thing, with only the drawback that about half a dozen average societies would have to be thrown into one and meetings held not oftener than annually.

Very little original investigation is being pursued in this country, at all events the number engaged in such work in most cities is not large enough to make up a good working society. Altogether the convivial feature seems to be the one whose development gives promise of the greatest success. s.

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### Notes and Queries.

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*Editors American Practitioner and News:*

In your excellent journal of September 18th, I noticed a short editorial upon voluntary inhibition of cardiac action. I desire to say that I happen to be one of those peculiarly constituted individuals to whom you allude. I discovered the fact accidentally while seeking relief from distressing attacks of palpitation due to nervous prostration from overwork. To test the matter, I asked several professional friends to examine me, and demonstrated the phenomenon both to their satisfaction and, I may say, consternation, as they refused to repeat the experiment. I have not tried the feat for some time, as I believe that it is, in my case at least, rather hazardous. It is perhaps worthy of remark, that I have had more power of control over the heart when I have been irritable and emotional from overwork than at other times. The palpitations from which I formerly suffered were incidental to what was supposed to be typical progressive muscular atrophy, from which I have perfectly recovered. The control which I possess over the action of the

heart, or rather the control I did possess, appears in no way to depend upon the respiration *per se*. The conditions which appear necessary are a trifle paradoxical, and appear to be a powerful will, plus a highly sensitive and emotional temperament.

CHICAGO.

G. FRANK LYDSTON, M. D.

*Editors American Practitioner and News :*

COCAINE ADDICTION.—If any reader of your journal has met with a case of cocaine addiction, and will send me the fullest details at his command, I will thank him for the courtesy, reimburse him for any expense incurred, and give him full credit in a coming paper.

J. B. MATTISON, M.D.

BROOKLYN, 314 STATE ST.

THE LONG-BEARD HABIT.—It is a well-known fact that American physicians, in many parts of the country, have a tendency to raise long beards. In fact, we may call it an almost exclusively American practice, if not actually a national institution.

It is, of course, a delicate thing to venture comments upon the personal characteristics of the sensitive savants who make up American medicine; but we feel it a duty to say that all the long beards now ornamenting our profession ought to go, and this upon sanitary and esthetic grounds, as well as for certain important practical reasons which we shall presently set forth.

It has been fully demonstrated that the hair is a frequent carrier of contagion, and that nothing is better adapted to catch up all kinds of germs, and to form a culture-ground for infective poisons, than a well-developed, long-flowing beard. This appendage may be, indeed, a veritable sickle of death, and we have no doubt that in the medical history of the past the beard has been no mean agent in the distribution of epidemic and infective diseases. Upon sanitary grounds, therefore, long beards should not be tolerated among physicians, unless the proud possessors are willing to give them antiseptic dressings every day.

It will be admitted, we think, by the student of historical ethnology, that indulgence in long beards is a characteristic of an undeveloped civilization. They were greatly esteemed

among the patriarchs and the Druids, and in the early days of the world when clothing was more scanty and the amenities of the table less thought of. But the pride which is taken nowadays in the length of the hair or of a finger-nail is, in reality, an atavistic feeling that is dying out in civilized races, and ought to die more rapidly. Hercules was bearded, but Apollo was smooth-faced, and the god of medicine has been instinctively imitated by his most successful followers. Hardly a doctor of the first eminence in the world's history ever wore a long beard, and he who possesses one may as well concede at once that he will never rise above mediocrity. In the long list of distinguished English and American physicians, from Linacre and William Harvey to John Hunter and Benjamin Rush, there are only beardless or short-bearded faces. Among distinguished Frenchmen, Paré wore a short beard; but in later times we find that Dupuytren, Nélaton, Andral, Laennec, Cuvier, Bichat, and Ricord patronized the barber, and turned the physiological energies that might have been lost in making hair into the making of brain.

Reviewing the history of medicine, it almost seems that the greatness of medical men is inversely proportional to the amount of hair grown upon the chin. At any rate, we trust that we have successfully shown that long beards are not the things for doctors, but are unhygienic, barbaric, and inconsistent with great historic precedents and the attainment of the highest professional eminence.

We can not construct at present a long-beard map, with darkened areas showing the prevalence of the "beard-habit" in this country; but if it could be done we are quite sure that it would prove this habit to be a morbid one, and, like malaria, highly antagonistic to scientific progress.—*N. Y. Medical Record.*

CHROMIC ACID AND TRICHLORO-ACETIC ACID IN THE TREATMENT OF HYPERTROPHIES IN THE PHARYNGO-NASAL CAVITIES.—The following conclusions on the use of the above agents were given in a paper on this subject by Drs. J. A. Stucky and O. F. Brown, of Lexington, Ky., read at the meeting of the American



Rhinological Society, held in St. Louis, October 6th, 7th, and 8th:

Acetic acid is used in soft hypertrophies, or thickened *mucous* membrane.

Its advantages are, it quickly reduces the redundancy of tissue, and restores patency to the nasal cavities; is safe, easy, and exact in application, and is comparatively painless.

The mode of application is by Sajous' applicator, when the disease is localized, or by Bosworth's probe and cotton, when a larger surface is to be treated.

Chromic acid is used in hard hypertrophies, that is, in those composed of thickened *sub-mucus* tissue; in hay-fever, adenoid growths, and post-nasal hypertrophies.

The advantages to be gained by its use are, (1) Its easy application, its rapid and thorough effect, and (2) the immediate relief obtained.

The mode of application is by Bosworth's probe and cotton in the nasal cavities, and by Stucky's concealed applicator in the vault of the pharynx and to the posterior turbinated processes.

**HEROIC TREATMENT.**—In the British Medical Journal of October 23, 1886, Dr G. M. Scott (West Ham Vicarage, E.) writes: In reading over some old family letters, I came across the following, which may interest some of your readers as illustrating the severity of the remedies (?) in use so late as sixty years ago. The patient was a great-aunt of mine, then aged twenty years, and, as far as I can make out from the letter, seems to have been suffering from an attack of congestion of the lungs:

"In the night (of Thursday) some pain came on in the right side, and we sent immediately for Dr. R., who had her bled, on his arrival, till she fainted. This was again repeated in the evening. On Sunday thirty leeches were applied, and a blister on Monday; antimony, calomel, and digitalis being taken all the time. Some relief was obtained." . . . As the shortness of breath, etc., continued, "we sent yesterday (29th May, 1830) for Dr. R. On his arrival he appeared to think very badly of the case, stating that the only hope was in

reducing the system to the greatest extent possible. He accordingly bled her till convulsions were produced, and she appeared to me dying. Another blister was laid on the chest and the doses of medicine increased in strength, while every kind of nourishment, except occasionally a few spoonfuls of barley-water or gruel, was forbidden. . . . Dr. R. gives us strong hopes of recovery . . . but says he has no doubt that if she were to drink freely of barley-water through one day the disease would return as violently as ever." I may add that the lady recovered and lived to attain the age of seventy-four.

**THE ALLEGED DANGER OF NARCOTICS DURING LACTATION.**—In a recent number of this journal a case was published of a child dying of opium-poisoning, as a result of the administration of the drug to the nursing mother. The infant received skilled medical care, was shaken up and moved about to prevent sleep, was dosed with coffee, and yet died comatose, with pin-point pupils and other distinctive symptoms. Many similar cases are recorded in medical literature, and medical students are warned against any but the most careful use of this and similar drugs to a suckling woman, on the infant's account. In addition, I have frequently heard practitioners at medical meetings recount cases where infants were markedly affected by narcotics through the mother's milk short of a fatal issue, and have known opium given to the mother for the purpose of influencing the crying and sleepless babe.

Nevertheless, Fehling, in the *Bullet. de Thérap.* for August 30, 1885, wrote: "The narcotics are without effect upon the nursling. The strongest doses of opium or of chloral, administered to the nurses, have not produced any special physiological effect upon the nursing."

Several medical journals have quoted this statement without comment, notably the Edinburgh Medical Journal for March of this year. Surely the discrepancy is serious and the point to be settled vital. The point is one which must be capable of easy and definite settlement, and this should be generally known to the profession. Ringer, in his Hand-book of

Therapeutics, under Opium, writes: "It is important to bear in mind that the active principles of opium pass out with the milk, so that a child at the breast may be dangerously affected by opium given to its mother."—*John Davey Hayward, M. D., British Medical Journal.*

**PERCHLORIDE OF IRON IN ANTHRAX.**—At a meeting of the Lucerne Medical Society, Dr. Alfred Steiger made a communication on the local use of perchloride of iron in anthrax (as recommended by an English practitioner of Buenos Ayres, whose name could not be ascertained). Seven patients treated by the author all recovered within a few days after a single painting with liquor ferri sesquichloridi. "Perchloride of iron is," he said, "a true specific for anthrax; even advanced cases are cut short by it." He obtained also excellent results from the same drug in many cases of ingrowing nails. After cleansing the ulcerated surface he painted it twice daily with a fine brush, and ordered rest. Within a few days the soft parts became hard and insensitive and contracted, while the edge of the nail was raised from its groove. The internal administration of the drug gave very good results in Werlhof's disease, albuminuria after scarlatina, diabetes mellitus, and renal and vesical hematuria.—*Ibid.*

**THE LEPERS OF MOLOKAI.**—A letter from Agnes Lambert recounts facts which are full of melancholy interest, showing, as it does, not only the extent of the direful malady, but the intense devotion of a Belgian priest, who volunteered his services and proceeded to the settlement in 1873, where he has labored until he has himself become a victim. This disease, with which it is calculated that there are 135,000 human beings afflicted in our Indian Empire alone, has, it is stated, increased so much in recent years in the Sandwich Islands that the government of that little kingdom has been obliged to enforce the segregation of the affected, and has set apart the island of Molokai for the purpose. She adds: "One heroic priest after another has cut himself off from his kindred and all that makes life glad, in order to devote himself to their service. In

1873, Father Damien, a young Belgian priest, just ordained, volunteered his services for the settlement, then numbering 800 lepers, of whom between 400 and 500 were Catholics, and who, dying at the rate of from 8 to 12 per week, had long been without the aids and comforts of religion. For thirteen years, besides ministering to their spiritual wants, Father Damien has been 'doctor, nurse, magistrate, school-teacher, carpenter, painter, gardener, cook, and even in some cases undertaker and grave-digger,' in fact all things for his stricken flock. But at last he has himself fallen a victim to the terrible disease." After quoting a letter from Father Damien, in which he announces that he has himself contracted the disease, she adds "that small things, as well as substantial aid, can comfort and brighten the dreary existence of these unhappy people. Blankets and even chromo-lithographs, illustrations from Harper's Weekly, the Graphic, and such like, have already been welcomed by them, and would be welcomed again. So that the least among us can help to give some little solace to the sad lives of the doomed exiles of Molokai."—*Ibid.*

**ON THE USES OF HYOSCYAMINE.**—At the recent meeting of the New York Neurological Society, Dr. C. L. Dana stated that there are two preparations of the drug, the crystalline and the amorphous. The former seems to be similar in property to the opiates, while the latter seems to have neurotic properties. He had heard that hyoscyamine was employed in the asylums for the insane in New York, but not very successfully, whereas in the asylums of Pennsylvania its success had been marked. He had employed hyoscyamine in paralysis agitans, in chorea, and in a few cases as a hypnotic, and it had been employed as a hypnotic to a considerable extent in his service at the Bellevue Hospital. The number of cases of chorea in which he had used it was six; in three it was noted to have been of benefit, or caused very rapid or very marked improvement. One of the cases was marked, and had not yielded to other treatment. In three cases the results were doubtful. He had employed it in four cases of paralysis agitans; in two,



he thought, with unquestionable benefit. In two it seemed to produce no benefit. On the whole, he thought that unless given at rather an early stage of paralysis agitans it did no good. The form employed in chorea and paralysis agitans was the crystalline, but he was not sure that the amorphous form would not be the better preparation in such cases. He thought we could get along perhaps as well without as with hyoscyamine.

**BAD PATHOLOGY.**—A curious mixture of bad pathology and good surgery is presented by a case reported in the Virginia Medical Monthly for October, by Dr. Wilkerson, under the following startling heading: "Incision into the pelvis of the kidney and treatment topically through the drainage-tube for the cure of Bright's disease." The patient, a man aged thirty, had received an injury of the back, and six months after began to fail in health, became emaciated, had hectic, and passed blood and pus in the urine. Deep palpation on the right side gave an indistinct sense of fluctuation. Lumbar nephrotomy was performed, over a pint of matter was discharged, the sac was swabbed out, and a drainage-tube inserted. The man made a good recovery. The case was evidently one of pyelo-nephrosis, and the treatment pursued most judicious and successful. It is remarkable how deep-rooted is the idea that all affections of the kidney belong to Bright's disease. Fortunately for the patient, the doctor's surgery was at least half a century in advance of his pathology.—*Philadelphia Medical News*.

**PRIORITY AS TO THE REMOVAL OF THE UTERINE APPENDAGES FOR BLEEDING MYOMA.**—In a controversial letter to the Philadelphia Medical News, Mr. Lawson Tait stated, some months since, that the operation for the removal of the uterine appendages for bleeding myoma was first performed by him on August 1, 1872. In reply, Dr. E. H. Threnholme, of Montreal, Canada, claims that he was the first to propose and perform the operation for the purpose of arresting exhausting hemorrhages occurring at the menstrual period. He states that he proposed the measure in 1876, and

soon after reported two cases to the point; that the claim of priority is conceded to him by Emmet, Goodell, Englemann, and other writers; that Mr. Tait was at the meeting of the Canada Medical Association in 1884, and "present when the ablation of the uterine appendages was discussed, and *my claim to priority was asserted without question upon his part*. Now, however, after fourteen years' silence, this gentleman makes known an unsupported and unauthenticated case, claims priority for the operation, and that his name shall be connected with it."

If the inference to be drawn from Dr. Threnholme's statement be the truth of the matter, it will not be the first instance of an attempt on the part of a big fish to swallow a little one.

**HIGH FIGURES IN ABDOMINAL SURGERY.**—The Lancet of October 16th contains a remarkable piece of correspondence between Sir Spencer Wells and the Hon. Secretary of the Hospital for Women, Liverpool, in which is brought to light the fact that of the 347 in-patients which the hospital fostered in 1885, 111 (or nearly one third) were subjected to abdominal section. In commenting, the venerable ovariologist says that "the statement is so shocking as to be almost incredible. If it is correct, in my opinion a most complete and searching inquiry should be made into the details of the case of every woman operated upon; the reasons why the operation was performed; whether it was done after full explanation of the danger and of the necessary results to the patient and her husband; and what has been gained or lost by each woman who has survived the operation."

**DANDELION ROOT** is recommended by Dr. Steiger, of Switzerland, as a true hepatic in chronic gastric catarrh, enlargement of the liver from chronic congestion, or fatty infiltration in jaundice and obesity. He prepared a decoction from a handful of fresh spring roots in 700 or 800 grams of water, and obtained 500 grams of fluid, to which a teaspoonful of bicarbonate of soda was added. The decoction was taken in three doses during the forenoon.

The course lasted three or four weeks. Dr. Steiger recommends Plummer's pills as an energetic alterative and absorbent in cases of syphilis in weak persons and children; in scrofula with swollen glands, and in obscure cerebral disease with paralysis of the abduccens, headache, and giddiness.—*British Medical Journal*.

**INFLUENCE OF COLD AND TOBACCO-SMOKING ON THE RATE OF DIGESTION.**—Dr. Chudnovski publishes in the *Russkaya Meditsina* an account of a series of observations made on twelve soldiers in a military hospital, who were perfectly healthy with the exception of slight injuries, with the object of determining the effect of cold applications to the epigastrium upon the rapidity of digestion. The stomach-tube was of course freely used, and the completion of digestion was taken to be marked by the disappearance of solid particles in the gastric contents, as revealed by drawing them up through the tube. The author found that when ice-bladders were applied next the skin over the region of the stomach digestion was retarded in nine out of the twelve cases. Six of the men were smokers and six non-smokers. In the former the time required for digestion averaged seven hours, while in the case of the non-smokers the mean period of digestion was only six hours.—*London Lancet*.

**IODOL IN EAR DISEASES.**—Dr. Stretter, who has used iodol, the new inodorous substitute for iodoform, in a large number of cases of ear disease, finds that in acute purulent inflammatory affections iodol applications rapidly produce marked benefit, but that in chronic inflammations of the middle ear it is generally quite useless, or at best no better than other more common methods of treatment.—*Ibid*.

**MAMMARY NEURALGIA.**—At a recent meeting of the Paris Surgical Society, M. Routier read notes of a case of intense mammary neuralgia. The patient was twenty-two years of age. A small tumor the size of a nut was removed, and the pains completely disappeared. On microscopic examination the tumor presented characteristics of polyadenoma.—*Ibid*.

**SOLIDIFIED LINIMENTS.**—Any one who has had to apply a liquid liniment to the chest, or any other part of the body in the upright position, will have experienced the difficulty in keeping the liniment in the palm of the hand until it is fairly brought in contact with the affected part. It is a matter of surprise that in the last edition of the 'Pharmacopeia' liniments are retained in their liquid form. There is no difficulty in solidifying most liniments by the addition of some gelatinizing material, so as to enable it to be smeared over the affected part with some approach to definitiveness of quantity and to the great convenience of the patient. Solidified liniments are not only more convenient of application, but are far more easy of transport.—*Ibid*.

**NAPHTHALINE IN URINARY DISEASES.**—Naphthaline, which has been used to disinfect the stools, has also the property of retarding the putrefaction of the urine, and may therefore be administered for cases of urinary disorder in which the urine has a fetid odor. Daily doses of one gram and a half of naphthaline in cases of pyelo-nephritis, cystitis, chronic prostatitis, and stricture with fistula, have rendered the urine sweet in from two to five days. The urine, from being turbid, purulent, and alkaline, becomes neutral or acid, and the quantity of pus is diminished. No disorder has been noted in the digestive processes. The drug does not augment the frequency of micturition.—*Ibid*.

**A CURIOUS WAGER.**—The following is extracted from the Indian Medical Journal for July: "Two Mahomedans in Hyderabad City made a curious wager the other day, which resulted in the death of one of them. The deceased accepted a challenge that he would stand facing the sun from 8 A. M. to 6 P. M. A certain day was appointed, when a large gathering assembled to witness the *tamasha*, as they styled it. The deceased took his stand, gazing at the sun from the agreed time up to 3 P. M., when suddenly he dropped, foaming from the mouth. Medical aid was hastily summoned, but before assistance arrived the man was dead.—*Ibid*.



**PYRIDINE IN ASTHMA.**—Pyridine is, according to the *Union Médicale*, valuable as an anti-asthmatic, whether the affection is of cardiac origin or otherwise. About a dram of the drug is placed on a plate in a small room, to which the patient pays periodical visits of from twenty to thirty minutes duration three times a day. After two or three *séances* the *râles* in the chest disappear, the expectoration is more free, and sleep is obtained at night, or at all events relief from the asthmatic attacks. In some cases the improvement is permanent, in others it only lasts unimpaired for five or six days. Iodine treatment is then required, which is usually efficacious, but which can not be borne by all patients.—*Ibid*.

**LOCAL OPTION.**—At the recent meeting of the American Public Health Association a valuable paper upon "Alcohol" was furnished by Prof. S. E. Chaillé. In view of the absence of its author and the pressure for time, it was read only by title. Our examination of it, however, satisfies us that it will be a very valuable addition to the literature of the subject. It disputes some ordinary conclusions as to the abuse of alcohol being upon the increase, and shows that intelligence is confining it more to classes. It takes very strong sanitary grounds, however, against the present system of licensing, and declares that local option is both a social and sanitary necessity.—*Correspondence Medical News*.

**THE ADMINISTRATION OF COD-LIVER OIL.**—Dr. W. Washburn, of New York City, writes that he has long been in the habit of administering cod-liver oil in milk to both infants and adults. Milk is taken in the mouth and held there, and the spoon is first dipped in milk and then the oil is poured into it. Just as the oil is taken into the mouth the milk should be swallowed, and then another sip of milk taken. Children, if interrupted in nursing, readily swallow a teaspoonful of oil, and then proceed with nursing as if nothing had happened. The oily nature of the milk seems completely to shield the mucous membrane of the mouth and throat from contact with the cod-liver oil.—*Medical Record*.

**THE JOHNS HOPKINS ENDOWMENT.**—The Baltimore Sun of October 7th publishes a statement of the financial resources of the Johns Hopkins University. For the year ending August 31, 1886, the income was \$225,922.38. The total expenses for the year were \$185,020.96, leaving a balance of \$40,901.42. Among the receipts \$17,804.12 were credited to tuition. Among the expenses \$126,828.26 are charged to salaries. The total endowment is \$4,359,350.43. In addition the University owns the Clifton estate of two hundred and eighty acres, which is valued at \$2,000 per acre, making the property of the University worth to-day about \$5,000,000.

**BACTERIA IN SEA AIR.**—Moureau and Miquel have made microscopic analyses of sea air at various places, and state, as the result of their observations, that when the breezes come from the sea the air is almost free from bacteria. When one hundred kilometres out at sea the breezes coming from shore are also almost free from them, thus proving that the sea is an insurmountable barrier to contagion. On vessels making long passages it was noticed that although the compartments were not entirely free from bacteria, they contained about one hundred times less than in a Parisian home.—*Medical and Surgical Reporter*.

**A MONSTER CHILD.**—Dr. N. E. Davies writes, in the *Lancet*, that a thin little woman gave birth to a male child sixteen months ago, at the village of West Camel, Somerset. When born the infant was of ordinary size in every way; it now weighs and measures as follows: Length, 36 inches; circumference round abdomen, 33 inches; chest, 30 inches; thigh, 17 inches; calf, 11½ inches; neck, 15½ inches; arm, 10 inches, and face, 17 inches. Its weight is 64 pounds. The father is a man of ordinary size. The infant seems very intelligent and happy, but on account of its enormous weight it can not be lifted without expressing pain.—*Medical Record*.

A LONDON physician says that more than five hundred infants are yearly killed by their mothers lying on them.

THE LOUISIANA STATE BOARD OF HEALTH on Sunday, the first instant, revoked the quarantine against all of Harrison County, Mississippi, except Biloxi, which still remains under ban.

THE first issue of the British Pharmacopeia for 1885 (20,000 copies) is exhausted, and the work is about to be reprinted, with corrections, from electrotype plates.

BRITISH MEDICAL ASSOCIATION.—The fifty-fifth annual meeting of this Association will be held in Dublin, August 2, 3, 4, and 5, 1887.

THE London Lancet will continue to be edited by a Wakely, a nephew of the late editor.

THE cholera has reached Austro-Hungary, and seems to be surely spreading.

### SPECIAL NOTICES.

CONGENITAL HEREDITARY ATONIC DYSEPSIA. Mrs. H. L. S., Langside, Miss., was delivered of a male child in whom there was manifested well-marked symptoms of atonic dyspepsia. The mother had been a victim of dyspepsia from girlhood, and had inherited the malady from her mother.

The infant was put to the breast a few hours after birth, and nursed readily; but almost immediately rejected the milk. Repeated trials all resulted in vomiting, followed by exhaustion. Various articles of food were tried, including cow's milk, etc., without improvement. The child was in great danger of starvation. On the third day I began the administration of Lactopeptine. The effect was immediate and almost miraculous. I ordered one sixteenth of the adult dose to be dissolved in about two ounces of breast-milk (drawn from a robust, healthy wet-nurse) and administered every two and a half hours. There was no more rejection of milk—except the usual vomiting of curdled milk to relieve the crowded state of the stomach, which occurred occasionally, after the first ten days. Condensed milk, cow's milk (properly diluted and sweetened), Mellin's food, boiled bread (pap), were, after a while, substituted for breast-milk, but always with Lactopeptine. A steady improvement was manifest from the beginning, and kept up during the first dentition, which process was gone through with in a most satisfactory manner. No diarrhea or intestinal disturbance characterized this period, and, at ten months, the child was virtually cured of its dyspepsia, and could eat and digest ordinary food such as children of that age may do in good health. The parents of the child believe firmly (as I do) that Lactopeptine saved their infant.

In cholera infantum, in diarrhea, and in all of the disturbances of the alimentary canal, during dentition and early infant life, I find Lactopep-

tine an ever-effective and reliable remedy. In adult dyspepsia, all are now familiar with its beneficial effects; but I should be glad if the profession would be induced to try it in the vomitings, diarrheas, and dyspepsias of infancy.—R. Walker Beers, M. D., in *Medical Brief*.

### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes of Stations and Duties of Officers serving in the Medical Department, United States Army, from October 31, 1886, to November 6, 1886:

*Major J. S. Billings*, Surgeon, granted leave of absence for eight days. (S. O. 246, A. G. O., October 22, 1886.) *Captain John V. Lauderdale*, Assistant Surgeon, leave of absence extended one month. (S. O. 249, A. G. O., October 26, 1886.) *Captain Jas. K. Corson*, Assistant Surgeon, granted leave of absence for one month, to take effect when his services can be spared. (S. O. 246, A. G. O., October 22, 1886.) *Captain E. B. Moseley*, Assistant Surgeon, relieved from duty in the Department of the Columbia and ordered to report in person at Headquarters Division of the Pacific, for assignment to duty. (S. O. 87, Division Pacific, October 16, 1886.) *Major B. A. Clements*, Surgeon, died November 1, 1886, at Fort Leavenworth, Kansas. *Major J. V. D. Middleton*, Surgeon, ordered from Department Missouri to David's Island, New York Harbor. *Major A. A. Woodhull*, Surgeon, ordered from David's Island, New York Harbor, to Department Missouri. *Major J. W. Williams*, Surgeon, ordered from Department Colorado to Department East. *Captain J. K. Corson*, Assistant Surgeon, ordered from Jefferson Barracks, Missouri, to Department Colorado, upon expiration of present leave of absence. *Captain H. S. Turrill*, Assistant Surgeon, ordered from Department Platte to Department Colorado. *First Lieutenant Benj. Munday*, Assistant Surgeon, ordered from Department Colorado to Jefferson Barracks, Missouri. (S. O. 252, A. G. O., October 29, 1886.) *First Lieutenant Wm. O. Owen, jr.*, Assistant Surgeon, relieved from duty at Fort Schuyler, New York Harbor, and ordered for duty as Post Surgeon, Plattsburg Barracks, New York. (S. O. 170, Division, Atlantic October 29, 1886. *First Lieutenant Guy L. Edie*, Assistant Surgeon, ordered from Fort McIntosh, Texas, to Post of San Antonio, Texas. (S. O. 152, Department Texas, October 27, 1886.) *First Lieutenant H. S. T. Harris*, Assistant Surgeon, ordered from Post of San Antonio, Texas, to Fort Clark Texas. (S. O. 152, Department Texas, October 27, 1886.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the two weeks ended October 23, 1886:

*Urquhart, F. M.*, Passed Assistant Surgeon, relieved from duty at Cape Charles quarantine, to proceed to Washington, D. C., with steamer Woodworth. October 20, 1886. *Wasdin, Eugene*, Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon, from October 1, 1886. October 20, 1886. *Williams, L. L.*, Assistant Surgeon, granted leave of absence for three days. October 16, 1886.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. II.  
[NEW SERIES.]

LOUISVILLE, KY., NOVEMBER 27, 1886.

No. 11.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### CREMATION VERSUS BURIAL.

BY HUGO ERICHSEN, M. D.

*Recently Professor of Neurology in the Quincy School of Medicine,  
Medical Department of Chaddock College, Quincy, Ill.;  
Licentiate of the Royal College of Physicians  
and Surgeons, Kingston, Canada, etc.*

The battle between torch and spade is not new, it has been going on since early times. Tertullian, a writer of the second century, declares that many of the Gentiles were opposed to cremation on the score of the cruelty which it did to the body, which did not deserve such penal treatment. This is exactly what some are asserting now. The work of an ancient Greek poet even contains a passage requesting Prometheus to take back the fire which he had procured them. There was a time when the Pagans were disputing the propriety of burning the dead upon any consideration whatever. Heraclitus advocated cremation; Thales and Hippon, earth burial. In the war which a few Christians are now waging against incineration, we therefore only have another illustration of how history repeats itself. Peoples are still contesting the point in lands which are painted in Pagan black upon the maps of the missionaries, and where Christians as yet have no footing. Some sects in Japan bury and some burn their dead; some of the Hindoos practice interment, others incineration.

The injudicious promotors of cremation are among the greatest enemies of the reform. The utterance that incineration should be obligatory was extremely unfortunate, as was the idea of

producing illuminating gas for general use from the combustion of corpses, something after the fashion of the twelfth century's *lanternes des morts*. The fancy of Sir Henry Thompson to use the ashes resulting from cremation as a fertilizer was also a mischievous idea, and did much to delay the progress of incineration in Great Britain.

The abhorrence entertained by many of cremation depends, to a very great extent, on the universal tendency of individuals and peoples to resent any interference with established customs; to reject any innovation, simply because it is an innovation. For instance, if cremation should be the customary practice at the present time, a proposition to re-establish inhumation would meet, I am certain, with the most violent opposition.

The cremationists are now charged with enthusiasm and fanaticism by individuals who would be content that science should "stand at gaze like Joshua's moon in Ajalon." Most of the progress in all departments of learning has been made by enthusiasts, and a man must be an enthusiast indeed to withstand the prejudice "dry as dust" which yields the ground slowly and grudgingly, but which is certain to be defeated in the end.

The first question that comes before us for consideration is, "Would not cremation destroy the evidence of crime?" This refers not only to cases of poisoning, but also to those instances where persons meet with a violent death by being shot, stabbed, or otherwise severely injured. This is the only tangible objection that has ever been made by the anti-cremationists. It is of great importance, and unless we are able to show that it can be obviated, we must admit that it constitutes a serious drawback to cremation. This, as Dr. J. O. Marble appropriately remarks, is, in fact, the one and

only real lion in the way of the progress of incineration as a substitute for inhumation, and unless we can muzzle this lion, he may frighten away the pilgrims.

If the charges made by the anti-cremation party were true, incineration, if established, would offer facilities for the commission and concealment of hideous crimes. A victim could be destroyed by poison, the dead body carried to a furnace and reduced to a small heap of ashes in a short space of time, and the crime thus forever placed beyond the reach of detection. The cremator, then, would become the instrument and accomplice of the murderer. It is urged that the agents employed in the commonest form of secret murder—poisoning—are often of a novel, subtle, and various character. We are apprised that it is extremely improbable that the physician called in, if he be called in, has ever seen their effects, either on man or animals; that care will be taken that he shall not see them; that the poisoner has the advantage of preparation on his side; and finally, that discovery, when made, is generally made at some variable period after death, and then rather in consequence of an aggregation of suspicious collateral circumstances pointing to the commission of other crimes of a like nature than of any possible observations at the bedside of the murdered person. Indeed, a formidable array of arguments, which can be, nevertheless, overcome in several ways. The question now before us for solution is not of recent date, but has already agitated the minds of the ancients, who, most probably, investigated the cause of death before they consigned their dead to the funeral pyre. Tacitus, the Roman historian, relates that the corpse of Germanicus lay in state in the forum of Antioch, the place fixed for sepulchral rites, but that “whether it bore the marks of poisoning yet remains undecided,” for the people were divided in their opinions, some pitying Germanicus and suspecting Piso’s guilt, others prejudiced in favor of the latter.

Pliny also relates in chapter 71 of his *Natural History*, lib. xi: “It is claimed that the heart of those who die of *morbus cardiacus* (organic heart disease) can not be destroyed by fire, and the same is said to be true of the heart of

poisoned persons.” An oration of Vitellus is extant in which he accuses Piso, the physician, of having poisoned Germanicus, since the heart of the latter would not burn. Piso defended himself by describing the disease of which the emperor had died.

Dr. J. O. Marble, who has written of this subject, affirms: “It must be admitted that cases of criminal poisoning, such as would be detected by an exhumation and examination of a buried body, are very rare, for in our day Lucrezia Borgia and Brinvilliers are few and easily detected. In a community like ours cases of this kind are extremely rare. In a vast majority of cases the cause of death is perfectly evident to any intelligent physician. No doubt obscures the case. The list of causes of death, perfectly evident even to the friends and non-medical persons, embraces, probably at least, nine tenths of the whole mortality. Doubtful cases have generally been visited by more than one skillful physician. The fraction in which crime of any sort might have been perpetrated becomes thus very small. Moreover, in the present state of chemical analysis and expert medical testimony, the advantages of the posthumous examination of a body with a view to the detection of crime accrue less to justice than to the lawyer for the defense.”

The medico-legal objection, as it is called, does not apply in every case, since every day individuals die of easily-determined causes, such as small-pox, consumption, hemorrhage from the lungs or stomach, drowning, or other accidents, and suicide; in short, in such a way as to place the cause of death beyond cavil and dispute.

It is true that a regular proportion of bodies are dug up every year on suspicion of foul play; but, aside from the fact that that proportion is very small, how many of these cases justify the exhumation? So uncertain and inaccurate is the *post-mortem* evidence of criminal poisoning, that no bodies have been exhumed for forensic purposes in Vienna, Austria’s capital, since 1805.

Tarchini-Bonfanti, for twenty-six years *perito-medico* (medical expert) at the tribunal of Milan, Italy, declares that during this time,



although many thousands of litigations came before the court which was requested to pronounce judgment upon them, only in ten cases was it necessary to resort to exhumation. Only ten cases in twenty-six years, out of several thousands of lawsuits, and four only out of the ten exhumations led to the detection of the crime and the criminal. These four cases, however, occurred in a single lawsuit—that of Boggia. In this instance the disinterment would have taken place, even if cremation had been at the time an established and universal custom, for Boggia had buried his victims in his own cellar. Tarchini-Bonfanti asserts that exhumations for forensic purposes are extremely rare, and that those which are made yield either negative, or at best doubtful results.

Disinterment, instead of furnishing an explanation, instead of shedding light upon some mystery, more often is followed by confusion, and may give rise to erroneous conclusions. The assertion I have just made, brings to my mind the celebrated poisoning case of Madame Laffarge, which happened many years ago in France, and is now well-nigh forgotten. This instructive case, I am sure, will strengthen my declaration, for in this instance the exhumation led to the conviction of, I firmly believe, an innocent person.

Monsieur Laffarge, having buried his first wife, hunted for a second with a little money to relieve him from his financial embarrassments. As no one that knew him or his circumstances would have procured or intrusted to him the happiness of a female, he was obliged to have recourse to a marriage agent, a Mons. Foy, who kept a female slave-shop in the center of civilization, and sold ladies in marriage to the highest bidder. Poor Marie Capelle was an orphan with a fortune far beneath the usual property of young ladies in her sphere of life. She was a beautiful young girl, with regular features and jet black hair. She played excellently on the piano and had a delightful voice. Her singing is said to have been of a very superior kind. She was well versed in more than one science, read and translated Goethe with great facility, spoke several languages, and improvised in Italian

verse with the same grace and pureness of style as in French verse. Marie Capelle, in short, was a rare exotic plant in the bosom of the simple domestic virtues of a Limousin education. Full of religious sentiment and refinement, this unfortunate woman was destined to meet with a fate worse than death. She had no offers of marriage in her own circle, so that her aunt was glad to close with the first offer proposed by M. Foy, the marriage agent. What was the poor orphan to do? Refuse the man? But she had no objection to allege against him. He was old and ugly; that did not alarm her. But his temper, his avarice, his rudeness, his lone and deserted country-house, which even the poor curate shrunk from as worse than a cloister, how could the victim know all this till she experienced it? She submitted, therefore, to the fate of every French woman of that period, that is, to take the husband which her guardians provided. On the road, however, she discovered the terrors of her situation, and, arrived at Glandier, tried to break loose from it. She acquainted her spouse frankly with all she suffered and all she felt. The husband, however, cared little whether his wife loved him or not. To keep his live purchase and her fortune was his only aim.

Some time after the marriage Laffarge died suddenly and under suspicious circumstances. His wife, suspected of having poisoned him, was imprisoned. So great, however, was public sympathy in favor of her, that even such a callous individual as the Concierge of the Palais de Justice gave up his own room to her. Here she was incarcerated, during the trial, with the faithful servant who attended her in her prosperity and would not abandon her in adversity. The example of this good girl seems to have had a powerful effect, for Marie Capelle lost few friends during her misfortune.

At the trial, which came off at Tulle, it was shown that the deceased had on one occasion actually attempted to take away his own life, but, being discovered in the act, was prevented. Laffarge was exhumed, and his body subjected to a chemical examination by M. Orfila, the noted Parisian toxicologist, who was assisted by two other chemists. These gentlemen,

by certain experiments, obtained arsenical spots on porcelain saucers. The jury thought that the imponderable quantity of arsenic which appeared upon the plates necessarily proved that arsenic had been used to poison the deceased. This quantity was estimated by M. Orfila at half a milligram, but Dr. Raspail estimated it at less than the hundredth part of a milligram. Dr. Raspail alleged that the quantity was far too small to denote that Laffarge had been poisoned, and that it might have proceeded from the test which M. Orfila brought with him from Paris.

Dr. Raspail, who was summoned from Paris by the defense, says:

"I saw in the office of the registrar three plates, which had been deposited by M. Orfila, and took a minute description of them, and then consulted other chemists as to his mode of operation. The two first plates were the result of the action of nitric acid, but the stains which they exhibited were so very small and undefined, and the indications produced by the tests were so equivocal, that I should hesitate to declare them to be arsenical stains. As to the third plate, the stains may be declared to be arsenical, but I have many serious observations to make on this point. The stains of the two first plates are small, of a yellowish gray; each of them appears like a mere breath. Those of the third plate are large, blue, and shining in the center, and of a violet yellow at the edges; but—and pray attend carefully to this—they were only made so by the use of nitrate of potassium, which M. Orfila had the precaution to bring from Paris. Upon the observation made to him by some of the chemists, and particularly those of Limoges, that perhaps the nitrate of potassium was not pure, M. Orfila replied that he had tested its purity. But as the chemists persisted in demanding an analysis, M. Orfila, driven to his last entrenchments, said that if this experiment appeared doubtful to them, he was disposed to abandon it. 'Then,' said M. Bussy, 'we must also abandon the two first plates, for they alone could not constitute the basis of an accusation of poisoning.'

"These admissions appeared to the hearers to be so grave and extraordinary, that I have

been authorized to publish them. I told the chemists from whom I have had these disclosures that it would be necessary to push our investigation further, and I asked them if I might examine the tests left by M. Orfila at Tulle in presence of an officer of justice. They replied that M. Orfila had left all his tests in the hands of M. Dories, the chemist, except his potassium, his zinc, and the nitrate of potassium, by means of which he had obtained the stains on the third plate."

M. Raspail declared that he would undertake to produce from the hangings of the court, two old *fauteuils*, and some wornout chairs, more arsenic than was found in the body of M. Laffarge.

Granted even that Laffarge died in consequence of the presence of arsenic in his stomach, the connection of his wife with the crime was in no way established. It transpired at the trial that the deceased had been a most disreputable ruffian, who had made a most fraudulent representation of his position in life in order to carry his designs upon Marie Capelle into execution. His family seems to have been hardly more respectable.

In view of the testimony *pro* and *con*, one would naturally expect that such an ill-digested case as the Advocate-General brought against the accused would have been dismissed by the court, or that the helpless, sorrowful, and forlorn widow would have been acquitted; for even those who believed her guilty were convinced that the evidence was insufficient to convict her. Contrary to general expectations she was held guilty of murder and condemned to hard labor for life and exposure in the pillory. This unlooked for termination of the trial was attributed by many to the fact that all the acumen in examination, the depth of observation and eloquent appeals to truth and justice as well as feeling used by M. Paillet, the defendant's counsel, were entirely lost upon the Limousin jury, who understood no language but their own patois.

It is a subject for congratulation that the European press of the period was unanimous in condemnation of the manner in which this trial was conducted, and that, whether the wretched woman was guilty or innocent, the



mode of proceeding adopted was wholly unworthy a great and civilized nation; and in justice to the memory of poor Marie Capelle, it must be said that most of them believed her innocent.

Whether her rectitude was yet discovered and the really guilty brought to condign punishment, I am unable to determine. The life of Madame Laffarge, written by herself, was published in three volumes at Paris. For aught I know this talented yet hapless woman languished in dire imprisonment for the rest of her days, a victim of blind *Justitia*.

The so-called Webster case has been adduced by the anti-cremationists to prove that incineration offers the criminal a means to get rid of his victim. Dr. Parkman was incinerated! they cry, triumphantly. But if they will only carefully look into the details of the case, they will see for themselves that their allegation is untrue and founded upon an ignorance of the circumstances attending Dr. Parkman's murder. Dr. Webster, it is true, attempted to burn his victim, but he soon found that method impracticable and endeavored to dispose of the remains in some other way. He threw the pelvis, right thigh, and left leg into the privy vault of his chemical laboratory and hid the trunk of the body in a tea-chest, covering it over with tan and minerals; in these places the remains were subsequently found.

This case proves conclusively that it would be next to impossible to cremate a murdered person in a furnace of the ordinary kind. As to the poor and ignorant murderer the regulation of cremation would make him shrink from submitting his victim to the authorities of a crematorium, and he would find it far more convenient and safe to inter the corpse secretly, as these criminals generally do at the present time.

There are many poisons which, by a rapid change of their substance, are extremely difficult to detect in the human body after death, even after a short time, sometimes but a few days, for instance, cyanide of potassium, prussic acid, and at certain times phosphorus. But when a careful inquest, such as the cremationists propose, is held, poisoning by these agents can not so easily escape detection. In

poisoning by phosphorus, the yellow hue of the face of the victim would excite suspicion, and lead to a *post-mortem* examination, when the characteristic sign of phosphorus poisoning in the fatty degeneration of the liver would be discovered. An autopsy would speedily make evident poisoning by pure prussic acid, for the open cavities of the body would exhale the odor of bitter almonds. Poisoning by cyanide of potassium can, of course, only be detected by a chemical analysis of the contents of the stomach, intestines, etc.

I think I may safely affirm that it is impossible for the best of anatomists to determine the lesions, if there be any, of a decomposed body.

All vegetable poisons, except the alkaloid of strychnia, decompose with the body; it is extremely rare that any alkaloid can be discovered in the body posthumously. Mineral poisons, such as antimony, lead, copper, combinations of baryta, and many others, are indestructible, and can be detected in the ashes. It may even happen that, by some extra care, the process of incineration may be the most efficient means of detecting poisoning by arsenic and mercury. Of course we should not forget that, without some precaution, the salts of arsenic and mercury would be volatilized; but while they are volatilized they must also, at a reduced temperature, be again deposited, and it remains for the chemist to determine the most efficient contrivance for recognizing its deposition.

Direct experiments instituted by M. Cadet, and verified by MM. Doursant and Wurst, even prove that the salts of arsenic can be detected in the ashes after incineration.

As matters stand to-day, it is puerile to think that we can prevent the rich and skillful poisoner from committing crime as long as we permit him to employ undertakers, who, without restraint of law, inject arseniate of soda and corrosive sublimate into the body of his victim, and thus remove all traces of the crime.

Dr. Cameron, in a speech before the House of Commons of England, in 1884, declared:

“Numerous modern researches have shown that putrefactive fermentation in decaying animal matter gives rise to the formation of sep-

sine and other alkaloids, some of them intensely poisonous. Little or nothing is known in this country concerning the products of putrefaction. Ptomaines is the general name which has been given to them abroad, and I don't know that I ever saw it printed in the English language. Little is known of these ptomaines even by those who have studied them most closely, but enough has been discovered to show that we must be very careful as to how far we rely upon what are called physiological tests for poisons in the case of bodies which have been exhumed; and that the fact that frogs, rabbits, or dogs are killed by the action of matters extracted from the viscera of a putrefying body can no longer by itself be held as proving that those viscera contained any poison before putrefaction commenced."

Is it surprising, when the above is taken into consideration, that the testimony of chemists at trials for poisoning should vary so much and be so contradictory in nature?

Sir Henry Thompson, in his admirable exposition of cremation, which was translated into almost every civilized language of the world, thus disposes of the medico-legal objection:

"It has been said, and most naturally, what guarantee is there against poisoning if the remains are burned, and it is no longer possible, as after burial, to reproduce the body for the purpose of examination? It is to my mind a sufficient reply that, regarding only 'the greatest good to the greatest number,' the amount of evil in the shape of disease and death which results from the present system of burial in earth is infinitely larger than the evil caused by secret poisoning is or could be, even if the practice of the crime were very considerably to increase. Further, the appointment of officers to examine and certify in all cases of death would be an additional and very efficient safeguard. But—and here I touch on a very important subject—is there reason to believe that our present precautions in the matter of death certificate against the danger of poisoning are what they ought to be? I think that it must be confessed that they are defective, for not only is our system inadequate to the end proposed, but it is less efficient by comparison than that adopted by foreign governments. Our ex-

isting arrangements for ascertaining and registering the cause of death are very lax, and give rise, as we shall see, to serious errors. In order to attain an approach to certitude in this important matter, I contend that it would be most desirable to nominate in every district a properly qualified inspector to certify in all cases to the fact that death has taken place, to satisfy himself as far as possible that no foul play has existed, and to give the certificate accordingly. This would relieve the medical attendant of the deceased from any disagreeable duty relative to inquiry concerning suspicious circumstances, if any have been observed. Such officers exist throughout the large cities of France and Germany, and the system is more or less pursued throughout the provinces. In Paris no burial can take place without the written permission of the '*médecin vérificateur*;' and whether we adopt cremation or not, such an officer might with advantage be appointed here."

Sir Henry suggests that in suspected cases the "dead officer" should retain in sealed vessels the stomach and other portions of the viscera for future examination. But I think it next to impossible that such an officer could execute duties so burdensome and so averse to the genius of the people.

Let us for a moment turn to our near American commonwealths. Do our burial laws aid in the detection of crime? In the majority of States a death certificate, signed by a physician, must be filed with the health officer, who issues a burial permit. That is all which is required. Generally it makes no difference whether the physician or surgeon who affixes his name to the document is reputable or not. The burial permit is looked upon as a mere formality, an unnecessary institution, that owes its origin to some whimsical law-maker. How often do even the most zealous of health officers investigate the causes of the deaths that are reported to them? The doctor's certificate is put upon record; that is satisfactory, and no more is asked for. The rest is silence—like that which reigns under the turf, where the undetected victims of the poisoner lie.

Now, if our faulty burial laws, if the indifference of our officers of health, are not a di-



rect incentive to the foulest and most insidious forms of crime, I do not know what is. Were I a secret assassin, I certainly would wish for no more encouragement. As matters now stand, any evil-doer, with the help of some unscrupulous medical man, may commit murder daily without fear of detection.

I propose to show that, if incineration were established, the careful scrutiny of corpses and official examinations in suspected cases, which would precede the reduction of the body to ashes, would rather assist in the detection of murder than hinder it.

Mr. W. Eassie, in a lecture delivered at the International Health Exhibition last year, expressed himself anent this question as follows: "With regard to doubtful deaths it would be necessary to make sure that the body exhibited no traces of poison, or that certain small portions of the body should be removed therefrom and kept for a few years. For instance, a small portion of the stomach and intestines and their contents in case of vegetable poisoning, and a small portion of the liver should mineral poisoning be suspected. There is no difficulty in dealing with this matter in other countries where cremation has become permissive; and it is upon record that the examination of the body of a child in Italy, which had been made in the ordinary way demanded by the authorities previous to the cremation, proved that the child had been poisoned apparently by sweet-meats, and this would not have been revealed had an ordinary burial in the earth taken place."

I must here repeat what I have already said regarding Sir H. Thompson's intimation that parts of the bodies about to be cremated might be conserved for future examination: The strong dislike of the public would never allow of such a measure.

Lord Bramwell, the eminent English lawyer, in a letter to Sir Spencer Wells concerning incineration, states: "I wish you success in the promotion of cremation; I think it is right, and, what is very rare, with no drawback. It is the cheapest, the most wholesome, and to my mind, the least repulsive way of disposing of the dead and those we have loved. That it is legal there is not a doubt. The only objec-

tion that murders might go undetected I believe to be more than unfounded. You have surrounded the thing with precautions. I have heard it suggested that there are many murders which escape detection for want of suspicion and consequent inquiry. How that may be I know not, but it will not be the case with those bodies cremated under the regulations of the Cremation Society of England. The English society requires such undoubted proofs of natural death that a criminal would not dare trust his victim to the flames."

To cut a long story short, let me say that cremationists meet the medico-legal objection by a demand for a careful inquest over *every* dead body, and a *post-mortem* examination, including a chemical analysis of all the viscera, in every instance where death by toxic agents is suspected.

In many cities of Europe the dead are examined by physicians appointed by the government. The result has been that, as for instance in Dresden, Leipsic, and Frankfort, Germany, no exhumation took place after the inquest became obligatory and was practiced in every instance of decease.

In Bavaria, Saxony, Nassau, and Baden, there are regular coroners whose duty it is to inspect every corpse, while in England the coroner's jury only convenes in cases where the cause of death is not apparent.

With us the office of coroner is not an important one. Generally laymen are appointed to it, men who have done some work at that awful power, the political machine. This is wrong. The office of coroner should only be vested in medical men, and only in such who have shown that they are qualified to fill such a position of consequence. Every candidate for coroner should be examined in forensic medicine and pathology, and should give an ocular demonstration of his capability to make a thorough autopsy. Only those who have graduated from a medical school of repute, recognized by law and all the boards of health of the country, should be eligible.

The coroner should have power to demand an explanation of the cause of death from the physician who attended the deceased in his *last* illness, and whenever such explanation is un-

satisfactory, or there are other reasons which lead him to suspect that the defunct has been foully dealt with, to order a complete *post-mortem* examination. He should, furthermore, have the right to summon before him any witnesses whose testimony might clear up the case in hand.

The coroner should issue the burial permits, the health officer being notified only when persons have died of an infectious or contagious disease.

To make this scheme successful, it is essential that the practitioner of medicine who assumes the coronership should receive adequate payment for his services, such remuneration in fact as would enable him to give up his whole time and talent to his office.

Beside the advantages which I have already indicated, a system such as this would doubtlessly enrich the mortality statistics as well as forensic medicine and pathological anatomy. That it would be an efficient safeguard against crime, I think every unprejudiced person will admit.

If this were not so, I could but indorse the Rev. H. R. Haweis, who declares honestly: "For so grand a benefit to mankind, a few more cases of poisoning would be a small price to pay. In the great progress of social and sanitary reform I can not conceive what it signifies whether or not an additional Smith or Jones gets poisoned here and there."

Dr. Purdy says: "Indeed, we have not in man's history any great benefit resulting from a system or practice but it is attended by its consequent minor evils; no great public good but has its attendant drawbacks."

For these reasons the following saying of the celebrated Professor Coletti, of the University of Padua, Italy, will always be recognized as a truth of unusual stability: "The health of whole communities is of far greater importance than the possible escape of a few criminals."

The enemies of cremation inquire: "Would not incineration deprive the schools of medicine of anatomical material, the phrenologists, craniologists, and last, but not least, the anthropologists, of the basis of their investigations, namely, the human skeleton?"

Objections of this nature can only provoke a

smile. In a country like ours, where many of the cadavers which are dissected in our medical schools are stolen from the grave-yards, the proposed introduction of cremation must, no doubt, raise a storm among teachers of anatomy, who are fearful that the supply of corpses will be cut short by the reform. It is not to be wondered at, that the anatomists raise a cry of alarm, for, indeed, I know of no other method of disposal of the dead that is as damaging to their relations with the defunct as cremation. Even a professor of the Jefferson Medical College, a man who ought to have known better, joined the anti-cremationists for these reasons. Every educated person knows that a thorough knowledge of anatomy is essential to the successful practice of medicine and surgery, and that a familiarity with the internal workings of the human system can be gained in no other way under the sun. But, although I belong to the medical fraternity, I can but wish that such a terrible and desecrating practice as grave-robbing be put a stop to. It is for the government of each State to provide fully for the dissecting-rooms of the medical colleges, to deliver to them all who die in prisons and poor-houses. Prisoners should not be given up, even when claimed by relatives or friends; the idea that the commission of crime may land one on the dissecting-table may deter many from trespassing the laws of their country.

What difference it makes whether future generations know, or do not know, how our skulls compared with that of a gorilla, I can not conceive? Let the craniologists and allied scientists make their investigations now and record them in books. Printed matter of value is immortal.

How the archeologists and anthropologists, ignoring the printing press, can imagine (for such fears only dwell in their imagination and have no real foundation) that without the records of the tombs the present age, its acts and deeds, might pass away from the ken of posterity as completely as the ancient civilizations of Central America and Malacca, I am unable to explain. But, even if dire oblivion should be the ultimate doom of the nineteenth century, the opinion of the world two thousand years hence is of little consequence when



compared with the health of those now inhabiting it. In the words of the learned Rector of the University of Padua, Professor Coletti: "Man should disappear and not rot; he should no more be transformed into a mass of corruption—the source of filthy and injurious exhalations—than into a grotesque mummy, a shapeless mixture of pitch, resin, and perfumes; man should become a handful of ashes and nothing more."

"Would not cremation rob nature of its supply of ammonia?"

This, one of the most discreetly urged weapons against cremation, was that promulgated by Professor Mohr, who asserted that if incineration were practiced to its full extent, an interruption to the order of nature would ensue, since the supply of ammonia would be arrested or greatly curtailed.

Dr. Mohr's objections to the cremation of the dead principally rest upon the following bases:

1. That ammonia is the most important form in which nitrogen is taken up by the plants.
2. That free nitrogen does not, or at any rate in sufficient abundance, return to the organized world.
3. That in cremation the ammonia is entirely destroyed, and the nitrogen entirely liberated.
4. That the nitrogen of buried corpses is entirely converted into ammonia.

Mohr soon had many followers who imagined that if the bulk of all animal remains should be burnt to ashes, the mischief produced by the loss of ammonia would be incalculable. They claimed that it is as necessary to vegetable life as is the air we breathe to us; that there is no counter-balance in nature whereby this ingredient can be supplied from other sources; and that by cutting off a large portion of the supply of ammonia the loss would be quickly felt throughout all the animal kingdom, and would soon be followed by an appreciable diminution of animal life on the globe.

Dr. Mohr's objections were met by the eminent Professor Franchimont, of the University of Leyden, Holland, who proved that the views held by his *confrère* were both erroneous and absurd, and concluded his *exposé* as follows:

1. That it is not proved that ammonia is the chief nitrogenous constituent of plants.

2. That it is proved that free nitrogen returns by many and various routes to the organic world.

3. That it is not certain that by interment all the nitrogen becomes ammonia, and that probably a portion of this ammonia is temporarily taken out of circulation; and, finally,

4. That it is not proved that the nitrogen is completely set free during cremation. And even if this were so, its quantity, in comparison with that of the ammonia now yearly produced by the dry distillation and combustion of coal, is so small that the loss of it can not be advanced as any really serious objection to the practice of cremation.

I must here add that the explanations given by Professor Franchimont are held to be perfectly satisfactory by seventeen professors and teachers of botany and chemistry in the Dutch universities, whose names are well-known in the scientific world.

Students of agricultural chemistry, and others interested in the subject, should not fail to read Mr. Eassie's excellent article on the asserted loss of ammonia caused by the cremation of bodies, in the London Sanitary Record of January 18, 1878.

It must be remembered that all animals—from the smallest insect to the largest beast—excrete a great amount of ammonia during lifetime, which passes off with the fecal matter, urine, and transpiration.

Besides, it can not be denied that ammonia is formed spontaneously, during the great electrical processes which take place in nature, from the nitrogen and water of the atmosphere. The smoke that emanates from the chimneys of factories all over the world supplies more ammonia to the vegetable kingdom than the decomposing animal bodies ever could. And, finally, it must be kept in mind that we can generate ammonia artificially, therefore, should a dearth of ammonia ever occur, which is not very likely, this expedient would still be left to us.

There is no recorded evidence to show that any damage was done to the Egyptian vegetable world by the mummification which was carried on for thousands of years in the land of the Pharaohs. On the contrary, the country

was in a more flourishing condition then than now.

The sentimental objection to cremation I have already treated of in a previous work; but since I have something to add to what I then remarked, I will revert to the topic.

The subject at first glance is revolting. To some persons there may be something in the idea of reducing one's friends to ashes that is repulsive. Yet, when one makes a careful study of the question, that prejudice or repulsiveness wears away entirely, and makes way to a feeling that cremation is correct both in theory and practice. One should not listen to the emotions in a matter like this, but study incineration to be able to judge of it; objections founded on sentiment only are sure to be wrong.

If the general public knew, as a physician does, the many changes a body undergoes in the process of decomposition—putrefaction and most disgusting changes—I think a great deal of their objection to cremation would be removed. I fancy if people in general could see the ordinary process of decomposition, they would be in favor of the quicker and more scientific method of cremation.

The Bishop of Lincoln intimated that incineration would keep all future great ones out of the silent company of those who have in former times added luster to England's name. It will do no such a thing. I can not comprehend what obstacles could stand in the way of the entombment of an urn, containing the ashes of some illustrious personage who chose to be cremated instead of buried, in Westminster Abbey.

Mr. William Eassie says:

"In the play of 'Virginius' the body of Virginia is represented as having been placed in an urn, and when the distraught father inquires for his missing daughter, the vase is placed in his hands by the sorrowing lover. When this scene is presented, the thrill which seizes the audience is succeeded by a sensation of admiration at the eminently superior system of the ancients. I have seen the actor Brooke, in this tragedy, and the effect which he here produced was inexpressible. Many whom I have consulted as to the feelings engendered

at this point have invariably declared that they were at the time complete converts to cremation, and that the sense of approval only left them when they began to realize how impossible were funeral pyres in this country. Happily the Siemens' apparatus is now at hand, and its suitability proved beyond cavil."

An eye-witness to the process of incineration says: "I have stood before the crematory with a faltering heart. I have trembled at the thought of using fire beside the form of one whom I had loved. But when, in obedience to his own dying wish, I saw the door of the crematory taken down, its rosy light shine forth, and his peaceful form, clad in white, laid there at rest amid a loveliness that was simply fascinating to the eye, and without a glimpse of flames, or fire, or coals, or smoke, I said, and say so still, this method, beyond all methods I have seen, is the most pleasing to the senses, the most charming to the imagination, and the most grateful to the memory."

"Is cremation illegal?"

This interrogation I am obliged to answer with a most decided "No!" In our country, it is true, the legal status of the question is somewhat unsettled, but I do not believe that any action taken in our American courts could prevent any persons from cremating a dead body who wished to do so, provided it was not contrary to the expressed wishes of the deceased. In England it is only illegal to burn a corpse in cases where an inquest ought to be held or has been ordered. In other cases, if the burning is conducted in such a manner as not to cause a nuisance or offense against public decency, there is no rule of law to prevent this mode of disposing of a corpse being adopted. Some time ago a Rajah, who consulted Mr. Eassie as to burning the body of his *raanee*, had to be told that what he claimed as a right in India could not be accorded him in the Capital of the Empire except at a risk of scandal. Thanks to the decision of Sir James Stephen, the honorary secretary of the Cremation Society of England would not now be forced to make such a humiliating admission.

There are, I am sorry to say, individuals who think that those who are cremated let themselves be burned only because they are anxious



to create for themselves a little notoriety after death. I can but pity the people who believe that Dr. Gross and Garibaldi, for instance, adopted such a means to attract public attention after decease. Those who now order their bodies cinerated after that mysterious power called life is fled, have the courage of their opinions, recognize the many advantages of incineration, and allow their convictions to triumph over local and even family prejudice; they are the true martyrs of cremation.

One of our prominent physicians, Dr. Wm. R. D. Blackwood, of Philadelphia, an enthusiastic advocate of incineration, avers: "If it were in my power, I would make cremation compulsory, not only in large cities, but universally. I am most decidedly in favor of that method of disposing of our dead. After all, it is only a quicker way of resolving our bodies to their original condition. It is the only way of obviating infection from cemeteries, and from water which has filtrated through them. I have already spoken on the subject before quite a number of societies, and my opinion is pretty well known now. There is but one objection, and that is a small one. It is that, for legal necessities, occasionally an examination is required of a body after burial, in cases of poisoning, for instance; but there is no possibility of exhumation after cremation. Yet this objection can be met by making autopsy more general and compulsory."

Dr. Benjamin Lee, another physician of the Quaker City, decidedly in favor of cremation, says: "One of two things must come sooner or later. Either the cemeteries of large cities must be many miles away and funeral trips must be made in steam cars, or crematories must be introduced. I certainly lean toward the latter. I would just as soon be decomposed by fire as by worms. Cremation would effectually do away with the pollution of rivers and would prevent diseases being disseminated by funerals. The objection raised that Christian burial would be done away with is ridiculous, because the ceremony could be performed over the body, and over the ashes too, if necessary."

Among the eminent believers in cremation is our celebrated American laryngologist, Dr.

J. Solis Cohen, who expressed himself greatly pleased with the reform.

Dr. Henry Leffman, likewise of Philadelphia, propounds the following array of reasons for reform in disposing of the dead: "I am decidedly in favor of cremation," he said, "and the only tenable argument against it is the fact that it takes away the possibility of exhumation in cases of suspected foul play. Its adoption as a common practice would lead to *post-mortem* examinations as a necessity, and medical men would be made so careful that coroner's juries would find fewer verdicts of death from unknown causes. It is unnecessary to reiterate the sanitary advantages resulting from cremation, except to say that they would be especially evident in times of epidemics. In fact, they should be made the subject of legislative enactment in such crises. If the question of economy is allowed to enter this question, there is no doubt that with proper facilities such disposal of the remains of the dead would be less expensive. It would also effectually dispose of grave-robbing, and put an end to the disgraceful disputes that occur over the right of burial in cemeteries. The practice of cremation has the benefit of historical example, it being the practice of Rome and Athens in their palmiest days. Many Christian people seem to have a superstitious reverence for the body, which their religion should teach them is simply the shell inclosing the soul."

The late Prof. Bock, of Leipsic, Germany, was also an ardent advocate of the reform, as the following declaration of his will shows: "The present disposal of the human body demonstrates how far behind our so-called civilized nations are in true civilization. Instead of destroying the human form—restoring its elements to nature, benefiting plants, animals, and the human race alike—we endeavor to retard the process of decomposition by inclosing the body in an air-tight casket and other like receptacles. Cremation is the most inoffensive and the best mode of disposing of the dead."

The New Era, of Lancaster, Penn., thus upholds the hygienic reform:

"Much of the opposition to cremation is the result of prejudice and blind submissiveness to

custom and fashion. Heartless as the expression may seem, yet there are those who favor burial because of the opportunity it offers for display. Vanity comes and stands beside the bier, arrayed not only in the costly trappings of mourning, but also in the bright and gaudy adornment of the florist. These they would have to forego under the requirements of cremation, and to this they will not consent. But we believe the time is approaching, and rapidly too, when other and more weighty considerations will prevail. Those who are shocked that bodies are committed to the fire must also be shocked at the desecration to which the graves of the dead are continually subjected. Cemeteries are needed every day for new streets and for building sites. The age of improvement has little reverence for the bones of the men and women long since dead, and whose very names may be forgotten. Tender hands may care for them a few score years, but then even these rejoin their slumbering kindred, to be, like them, scattered to the winds by sacrilegious hands at some future day. This has happened in almost every community. Fourteen hundred bodies were removed from their resting-places in a Philadelphia cemetery within a month. Their sleep there was not for all time, as friends and kindred no doubt fondly believed, but for a few years only; nor is it certain they have found rest even now. There is something so repulsive and abhorrent in exposing the bones long moldering in the grave to the laugh and jest of the idle bystanders, that no sensitive mind can contemplate it but with a shudder. Even from a sentimental point of view, earth burial has little to recommend it.

"It is, however, a far different class of considerations that we believe will eventually turn prejudice into approval, and make cremation as common as it is now rare. It is the hygienic aspect of the problem that will eventually carry the day. No other is so important, and from the very nature of things it must be considered.

"Cremation is by no means a new thing. The Greeks and the Romans, people whose wisdom and works in certain directions we have never yet equaled, during the early pe-

riod of their history burned their dead. So did most early peoples. They felt and saw, no doubt, the evils of burial. The decay of the body, its return to the simple gases and elements that constitute it; the sickly emanations engendered during the process, and their evil influences upon life and health; these and all the other accompanying evils were no doubt known to them. They wisely sought to escape them by burning the dead, which at once got rid of all those evils.

"Scientific men in modern times have more than once sounded the alarm, and set forth in the most indisputable way the bad results of disposing of the dead in the manner now almost universally in vogue. They have pointed out the inevitable results. Eminent medical men in Europe have done their utmost to direct the attention of man from burials to cremation. There they have been in a measure successful. Italy has a considerable number of crematories, and there are some in Germany and France, each more largely patronized every succeeding year."

On the 25th of February, 1876, the "Conseil de Salubrité," of the Seine department of Paris voted unanimously that, from a sanitary point of view, cremation is far preferable to interment.

I will conclude this article by relating the decision of the city council of Udine, Italy. The municipal council of Udine has lately published a decree in which it declares that, after having duly weighed and considered the advantages and drawbacks of cremation *versus* interment, it has come to the conclusion that the former is in every respect preferable, for the following reasons: "(1) In a hygienic point of view, it is undoubtedly the best way of disposing of dead bodies; (2) it is a mark of progress, because, by making cremation optional, the individual is at liberty to choose between the two modes of burial; (3) considered from a scientific, social, religious, and sentimental point of view, no valid reasons can be brought forward against it, while many very good reasons might be quoted for it; (4) the expenses would not be heavier than those of an ordinary burial."

DETROIT, MICH.



## Societies.

### ACADEMY OF MEDICINE OF PARIS.

October 9, 1886.

Dr. Apostoli read an essay on Chemical Galvano-Puncture in Gynecology,\* which may be summarized as follows:

The uterus and its annexes may be subjected to galvano-puncture for various conditions, which I shall discuss under the following heads:

1. Uterine fibromas.
2. Certain forms of chronic metritis.
3. Certain intra-uterine polypi.
4. Unilocular cysts of the ovary in the initial stage.
5. Chronic phlegmons of the broad ligament.
6. Subacute and chronic posterior metritis.
7. Peri-uterine hematic cysts (hematocele).
8. Extra-uterine fetation.

*Vaginal galvano puncture.* The principal precautions required in vaginal galvano-puncture are the following:

1. The peritoneum should be involved as little as possible in the puncture, whether one is dealing with the parenchyma of the uterus or the peri-uterine cellular tissue.

2. The operator should be careful not to form a focus of suppuration which would place the patient in danger of infection.

3. Shallow punctures, from one to two centimeters in depth, are always preferable to deeper punctures.

4. It will be necessary in all cases to make a preliminary sounding and exploration of the bladder in every direction, in order to avoid involving it immediately in the puncture, or ultimately in the falling off of a deep eschar.

5. In all cases of lateral or posterior puncture, the region should be carefully explored with the finger, in order that any arterial pulsation may be felt and the perforation of large vessels avoided.

6. Rest in bed from one to two or more days must be enjoined for all patients who have been subjected to galvano-puncture.

7. Before each puncture an antiseptic vagi-

nal injection should be made, and a tampon of iodoform gauze should be placed in the vagina and left there until the complete cicatrization of the orifice of the puncture.

8. All sexual connection should be interdicted until after complete cure.

In view of the almost absolute impotence of purely medical therapeutics, and of the mortality always considerable (from forty to fifty per cent) in abdominal hysterectomy, and also the dangers and difficulties inseparable from all other surgical interference, Dr. Apostoli proposes a simple, safe, and not infrequently sovereign method:

1. Interference is, in fact, easy, and consists in a good therapeutic; hysteroscopy, which is placed in reach of every physician; the requirements are, an apparatus for measuring the current (a good galvanometer for intensity), an electrode of platinum, and one of fuller's earth sufficiently softened.

2. This operation, made with all possible antisepsis and all convenient repose, is *safe*; for in more than three thousand uterine galvano-cauteries, distributed among two hundred patients who have been subjected to the treatment more or less complete, only two or three rare accidents have been observed, attributable solely to the inexperience of first efforts and to faults of operation which practice has corrected.

3. Well applied, and continued for a sufficient length of time (from three to four months on an average), this method is very often sovereign, and ninety-five times in a hundred leads to the following results: Anatomical regression of the fibroma, varying from one fifth to a third, and sometimes even one half, but never to total disappearance, lasting arrest of hemorrhages, disappearance of the phenomena of compression, and symptomatic restoration of the patient.

The very rare instances of non-success (from three to five per cent) observed, relate to cystic fibroma, and cases in which complications of peripheral inflammation or grave hysterical diathesis interfered and hindered the employment of high intensities.

Intra-uterine galvano chemical cauterization is compatible with subsequent pregnancy.

\*Translated from the author's MS. by D. T. Smith, M. D.

## FRENCH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

Congress of Nancy, August, 1886.

In regard to the use of the intra-uterine chemical galvano-cautery in the cure of chronic metritis and endometritis M. Apostoli said:

Gynecological intra-uterine therapy is constantly gaining strength, and with good reason tends to replace the old external treatment by way of the uterine cervix. The new process, which I instituted four years ago in the electric treatment of fibromas, I have applied for the same period with the same advantage and equal success to the cure of chronic metritis, and I find it especially serviceable in the relief of endometritis.

To a lesion which begins in the mucous membrane and fixes itself there, involving eventually to a greater or less degree the parenchyma, I apply a treatment altogether intra-uterine, namely cauterization of the uterine mucous membrane.

For the modern process of scraping, liquid injections, and purely chemical cauterization, I substitute a galvano-chemical treatment, which is less violent, more easy of application, agreeable to the patient, and not followed by any inflammatory reaction when properly applied.

The immediate chemical action, which consists in the progressive destruction of the mucous membrane, is shortly followed by a process of regression and disintegration, which favors resorption of the exudate and newly-formed hyperplasias.

In order best to carry out this operation the following electrical apparatus must be provided and its action and necessary qualities carefully studied:

(a) First, a galvanometer for intensity, divided into milliamperes, which I have devised. It is graduated up to two hundred, and gives the only exact measure of electrical yield, which has hitherto been obtained only in a vague and empirical way, by judging the intensity of the current by the number of cells (a cell that has been used never gives the same yield as a new cell) in use at a given time.

(b) A battery of sufficiently large volume to sustain long usage and to become moderately

weakened only after many successive operations, and which may furnish, with a small number of cells (thirty on an average), a high intensity of one hundred to two hundred milliamperes. The best cabinet cell is certainly the Le Clanché; a good transportable cell of small volume remains yet to be found, but at present a cell whose elements are arranged for immersion in bisulphate of mercury may suffice for practical wants.

(c) An intra-uterine electrode of sufficient length to enable the operator to command the entire uterine cavity. It should be of platinum or of some other material free from the action of acids, and guarded with an isolating sheath to protect the vagina; a tube of celluloid best answers the purpose.

(d) A neutral or indifferent electrode which, applied over the abdomen, permits a very intense current to pass without pain, heat, or danger of cauterization; the best material for this purpose is fuller's earth, as proposed by me in 1882.

(e) Flexible rheophores, strong enough not to break easily nor to make interruptions in the current, which are painful to the patient.

The physician with such an outfit must conform strictly to the technique of the operation, which should be conducted as follows:

1. Make a lukewarm antiseptic vaginal injection, and place the woman exactly in the position required for examination with the speculum.

2. Arrange the battery for working, place the galvanometer in position, apply the abdominal pole of fuller's earth, apprising the woman always that it is cold.

3. Introduce the platinum electrode gently and gradually into the uterine cavity, having it well washed and disinfected; isolate completely the vagina and vulva.

4. Use the positive pole in all hemorrhagic cases, and the negative in all others.

5. The principle which ought to dominate all interference is never to surprise the uterus, and never to make an application too painful. But it should be known that there are some very irritable uteri (a small number, it is true, three to five per cent), such as those of hysterical patients, which bear the current



badly, even though it be of very little intensity ; in such cases only mild doses should be given.

6. The current should be delivered gently, very gently, and stopped before any excessive sensibility is aroused, in order to habituate the patient to its action and overcome all mental or physical resistance.

7. For two or three sittings the intensity should be progressively increased till we reach in the majority of cases one hundred, one hundred and fifty, and with care two hundred milliamperes ; the intensity ought at first to be proportional to and regulated by the tolerance of the subject, and the gravity and chronicity of the lesion.

8. The duration of the application, like the intensity, should be regulated according to the response of the patient and the effect desired.

9. The sittings should take place every week or every two days, according to requirements, and the physician should regulate their number and proximity by the urgency and necessity of the intervention.

10. An enforced rest of at least several hours, ought to be required of all patients who have been operated upon ; this rest is necessary to the safety of the method and its efficiency.

11. Antiseptic vaginal injections of corrosive sublimate or carbolic acid should be prescribed, to be used morning and evening. This simple and inoffensive treatment, a truly hysterometric therapy, is nothing more than a galvanico-chemical molecular curetting, acid or basic, according to the case, which leads to the formation of a new mucous membrane ; it is an intra-uterine stimulant, whose action may be prolonged and varied at will.

This good effect, which I have seen in a great number of cases, is not slow to manifest itself in the first essay, and the improvement is rapidly progressive until a cure is effected. It does not compel the patient to enforced rest for any long period of time, and requires no collateral treatment. Over surgical scraping it has the advantage of being localized accurately to the diseased part, of being applied without shock to the patient, and of being administered in broken doses at the will of the operator, and without discomfort or danger.

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PROFESSIONAL SECRECY AND GOVERNMENT OFFICERS.—A certificate of disability, issued by Dr. A. Y. P. Garnett to a government employe, was returned by a United States pension officer with the demand that the doctor should strengthen it with explicit information. Dr. Garnett declined to furnish this information, on the ground that it would involve a violation of professional obligations. In this decision he is sustained by Secretary Lamar. The justice of the secretary's ruling will be conceded by every fair-minded man. What passes between the patient and his physician must be held by the latter as a secret inviolable ; and it is gratifying to learn that the eminent Secretary of the Interior has given it the protection of high executive authority, since by so doing he has established a precedent which petty courts and government officers will not presume in future to set aside.

## Foreign Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

It is generally supposed that typhoid fever, like the other eruptive fevers, never attacks a person more than once; but Dr. Deshayes, of Rouen, lately drew attention to two perfectly authenticated cases, observed by himself, of typhoid fever having occurred twice in two patients, an interval of three years having elapsed. In his communication to the Congress of Nancy, the author insisted on the fact that in neither of the two patients was it a case of relapse, but a *bona fide* recurrence of the typhoid attack. Hence, Dr. Deshayes concludes that one attack of typhoid fever does not confer immunity against subsequent attacks, as is generally the case with the infectious maladies, and observed that for some years past typhoid fever appears to have altered in character, adding, that at the present time there are a certain number of cases of this fever complicated with aphthæ.

Dr. Bérillon, of Paris, read a paper at the same meeting on symmetrical gangrene of the extremities of paludal origin. A case occurred for the first time in the ward of Prof. Verneuil, at La Pitié Hospital. The subject (a female patient), although living in a paludal district, and where different members of her family had had intermittent fever, she herself had never had any appreciable manifestation of paludism, when she was suddenly seized with symmetrical gangrene of the extremities, a malady first described by the late Maurice Raynaud. If the etiology of this affection is still obscure, it is not so in the present case, as, according to Dr. Bérillon, there was no doubt as to the paludal origin of the malady of the patient in question, not only from the distinctive character of the symptoms, but from the good effects obtained from the treatment by the sulphate of quinine and by arsenic. Moreover, Mr. Verneuil, whose great experience can not be doubted, did not hesitate, in spite of the absence of paroxysms of intermittent fever, to attribute this symmetrical gangrene of the extremities to impaludism.

Dr. Fauvelle, in a paper on the proximate causes of death of individuals in disease, makes the following statement:

"Life can no longer be considered the result of the reciprocal action of the lungs, of the heart, and of the brain. The human body is a compound of anatomical elements, of which the result is life. Among them, as regards importance, must be noted the nervous elements, which are the origin of influx. It is to them that should be ascribed all the functions of life, from the most humble function of vegetative life to the most elevated of the intellectual scale. Life is the consequence of the simultaneous action of oxygen, the destroyer, and of albuminoids, the elements of repair; when this action ceases death follows. Death is less certain when the circulation introduces toxic substances which directly alter the nervous elements or hinder the functions of decomposition and of reconstitution. All pathology can be put down to these three morbidogenic causes acting on the nervous elements; the practitioner should never lose sight of the asphyxia, the inanition, and the intoxication of the nervous elements as the proximate cause of death of individuals in disease."

Dr. Ollivier read an important paper on hysterical hematemeses, or rather hematemeses in hysterical subjects. This form of hemorrhage may, according to the author, be met with in both sexes, and appears to be due to a special condition of the nervous system. It often led to an error in diagnosis, as it was regarded as symptomatic of simple ulcer in the stomach. The absence of any disturbance of nutrition, the suddenness of the onset, the presence of nervous disturbance, and the prompt re-establishment of health, would generally serve as indications of the true nature of the complaint. In women, these hematemeses occur at other times than at the menstrual periods, and are not to be looked upon as supplementary.

Dr. Bernheim, of Nancy, read a paper on hysterical amaurosis, which the author described as being, like the sensitive-sensorial hemianæsthesia of hysterical subjects, purely psychical; the subject sees with her retina, she sees with her brain; the retina receives the impression, the visual cortical center perceives



it. But the hysterical subject unconsciously neutralizes the image with her imagination, she does not see with her mind's eye, she produces a negative illusion of the perceived impressions. Dr. Bernheim cites, in support of his assertions, two cases that came under his own observation in his hospital ward, of hysteria with sensitivo-sensorial hemianesthesia, with complete amaurosis of the left eye. The author considers that hysterical achromatopsia is as much psychical as amaurosis, and is the result of an unconscious auto-suggestion. Hysterical amaurosis has no anatomical localization whatever; it does not reside in the retina, nor in the optic nerve, nor in the visual cortical center; it is localized only in the imagination of the subject. The author concludes that he could easily show that hysterical hemianesthesia is a phenomenon of the same order, purely psychical.

Your readers are doubtless aware of the extraordinary theory set forth by M. Verneuil, the well-known surgeon of La Pitié Hospital, respecting the nature and pathogeny of tetanus, which he believes to be of equine origin. At the last meeting of the French Congress of Surgery, Dr. Blanc, of Bombay, stated that he not only believed in the equine origin of tetanus, but that its pathology partook of the nature of cholera, which rather startled the audience. He gave as reason for his assertion that tetanus was endemic at Bombay, that at certain periods it became really epidemic, principally during the hot season. This corresponds to the recrudescences of cholera, and Dr. Blanc thinks that these two affections are propagated together by the drinking-water, that surgical tetanus is inoculated by the digestive tube, and not by the wound, just the same as medical tetanus, which is also frequent at Bombay, and during the same seasons. Dr. Blanc also observed that, in the surgical wards at Bombay, Lister's dressing has entirely eradicated pyemia, whereas tetanus has not diminished. I can not give here the various theories set forth at this meeting on the nature and origin of tetanus, some of the speakers considering the disease a modality of septicemia, arising from contused suppurating wounds complicated with foreign bodies. This asser-

tion was made by M. Doyen, of Rheims, who does not believe in the vacillary origin of the disease. Dr. Vaslin considers the disease to be of neurotic origin, in confirmation of which opinion he stated that all medications based on the supposed infectious nature of the malady have always remained unfruitful, and that the medicines which succeed in tetanus are precisely those which are employed in the treatment of nervous affections. M. Thiriard regards tetanus as of parasitic origin, and that it is contagious. M. Sarger believes tetanus to be a malady essentially infectious.

PARIS, November 3, 1886.

## Translations.

THE SIGNIFICANCE OF SYPHILIS OF THE LUNGS IN LEGAL MEDICINE.—Dr. Hiller, of Kiel, says it is well known that most children suffering from congenital syphilis die before birth. The changes found in such cases are known. Among them is the change observed in the lungs by Weber, Virchow, Hecker, and Balse, described as white pneumonia.

Essentially it is a filling up of the alveoli with degenerating cells, whereby the lungs are made large, white, and impervious to air. From this white syphilitic pneumonia of the still-born, which is essentially an alveolar disease, must be distinguished interstitial pneumonia. I have for a number of years found, in the abundant material passing under my observation, that exactly this change plays an important rôle as a cause of death in new-born and sucklings. My communication on this subject to the International Congress at Copenhagen has remained almost unnoticed. Microscopically such lungs appear more or less filled with air, distributed very irregularly and thick to the feel; the thick spots being dark grayish red, and presenting an outline even with the white tissue. Microscopically it is found more or less spread out, with sometimes inconsiderable, and sometimes extensive thickening of the inter-alveolar tissues.

The alveolæ persist, though more or less narrowed, and especially when life continues for some time, there is marked increase of capilla-

ries, so that that form of lung disease due to affection of the heart is produced. In many cases are found gummata also, as likewise infiltration of the alveolæ as in white pneumonia.

The life of the new-born may be limited to minutes, hours, or even days and weeks, or longer, according to the extent of the process and its influence on respiration. The children, in whom these anatomical changes are found, die almost invariably asphyxiated.

They die as soon as the interchange of gas and air in the lungs sinks below a certain limit. In children who survive some length of time, a slight bronchitis supervenes, which adds to the intensity of the trouble. Such children may give no other, or, at most, small signs of disease; they only become quiet (the beginning of carbonic acid poisoning) and gradually die with brief attacks of spasms.

Since, for the most part, in these cases we have to deal with illegitimate children, the question often arises whether death is not due to neglect or starvation. Only a sufficient knowledge of these obscure cases can enable us to guard against erroneous conclusions and the consequent censure of innocent parties.—*Deutsche Medical Zeitung*.

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## Abstracts and Selections.

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**THE DIET OF CONSUMPTIVES.**—The diet of consumptive patients should be ample, and should contain a larger proportion of the respiratory constituents of food than is required in health. The appetite of consumptive patients is very capricious, and daily grows more so if it be not sharpened up by exercise. When the food taken is not applied to the purposes of nutrition, it is better left untasted; for otherwise it lies undigested in the alimentary canal, and sets up a serious train of dyspeptic symptoms, nausea, and diarrhea. Kind friends often, with the most provoking and mistaken good-nature, thrust upon the consumptive relays of the most improper food, because the necessity for nourishment is so obvious. But the fact is, that when the lungs are acting indifferently digestion can not go on actively, since, as Arbuthnot well observed, respiration is "the second digestion." Hence the quantity of food taken by the consumptive person should be small at each meal; but the meals may, if the sensations of the patient re-

quire it, be more frequent than in health. Of animal foods, mutton is the best. Fatty and oily foods, which constitute the respiratory class, should predominate, and fresh butter with bread may be taken almost *ad libitum*, so long as it agrees with the stomach. Cream, too, is excellent, and the luxury of curds and cream is very suitable. Milk, whenever it suits, is advisable as a constant drink-food, and good cows' milk, new, answers every purpose. There are, as far as I can gather from numerous cases in which I have seen them tried, no such specific virtues in asses' milk, and goats' milk as some have supposed. Tea may be taken in moderation with perfect safety. Fresh vegetable diets should not be omitted; and fruits, especially roasted apples, are always admissible, except in instances where they excite irregular action of the bowels. The Iceland moss has had a great reputation, as have jellies of different kinds, but these often are slow in digestion, and they have no specific value.—*Mr. B. W. Richardson, Popular Science Monthly for November*.

**ERGOT AFTER LABOR.**—At the recent meeting of the American Gynecological Association in Baltimore, Dr. John Goodman, of Louisville, Ky., presented a paper under the above title.

In the absence of the author the paper was read by the secretary.

The administration of a full dose of ergot immediately after the completion of labor has become a general practice. It is claimed that it promotes involution, prevents after-pains, and tends to prevent *post-partum* hemorrhage. Some years ago the author administered a full dose of ergot after a perfectly normal labor. In fifteen minutes, severe pain appeared and increased. The tenderness of the uterus continued for a week. There was no milk; and the patient, previously prolific, never again conceived. The trouble was attributed to inflammation of the muscular coat of the uterus produced by the action of the ergot.

In a second case ergot was given after a forceps delivery. On the seventh day the patient had a chill, followed by a temperature of 104°. The next day a clot was washed out of the uterus and the temperature fell to 99°. Well-marked septicemia developed, and the patient died one week later. In this case the retention of the clot was attributed to the spasmodic contraction of the uterus preventing its escape. The author had seen other cases in which injurious effects were produced by the administration of ergot.

He claimed that ergot did not assist involution, which was a natural process and required



a certain length of time for its completion. That we have in ergot a remedy capable of arresting after-pains can not be doubted, but it does so by exciting a mode of muscular action at variance with all physiological laws. After-pains are conservative, and it is better to wait until they become of abnormal severity before resorting to treatment. Ergot is capable of preventing hemorrhage, but its use is attended with such dangers that it should not be employed except under exceptional circumstances. It should be an inviolable rule not to give ergot at the close of the third stage of labor, unless hemorrhage is imminent. It should then be used by hypodermic injection.

*Discussion.* The President, Dr. Thaddeus A. Reamy, of Cincinnati: I have in process of preparation a paper in which I enter my protest against the routine practice of the administration of ergot after the third stage of labor. This conclusion is based upon my experience and upon a study of the action which is claimed for the drug. The contractions produced by ergot are unlike those of nature. The contraction of ergot is persistent, while the normal contraction is intermittent. If the contraction is persistent, the circulation of the uterine wall can not reach a healthy state, and thus in the process of contraction it not only retains what is in the uterine cavity, but it interferes with the process of involution and lays the foundation for sepsis and inflammation. I think that in the course of the next five or ten years the practice of obstetricians in this matter will be revolutionized.

Dr. William Goodell, of Philadelphia: The author of the paper states that it is only since last May that he has given up the use of ergot. I think that he has not had sufficient time to form such positive opinions. In the first case, I think that there must have been fibroid tumor. The second case was a clear instance of septicemia. I do not think that after-pains are conservative. As a rule we do not see them in primipara. I do not believe that every woman who has given birth to a child needs ergot, but we do not know the cases which do require it. In twenty-five hundred cases of labor, I have always given ergot after the completion of labor, and I have never seen any harm from its use. I do not believe that one dose of ergot has much effect in favoring involution. Involution is the result of fatty degeneration, and the greater the contraction the greater the interference with the circulation and the more rapidly should this change take place. I have used ergot for two purposes, one was to prevent hemorrhage and the other to prevent the absorption of septic matter. Since the introduction of antiseptics, which I think should be

used in every case of labor, whether public or private, the use of ergot to prevent septic infection is not so important. I think that it does not do the harm which has been mentioned.

Dr. George J. Englemann, of St. Louis: I hold in the main the views which the President has expressed. I use ergot much less than I did a few years ago. I believe that we have equally effective measures in the hot antiseptic douche and in the faradic current. After the contents of the uterus have been expelled ergot will in certain cases always be a useful and effective remedy. I would not venture to say that before the contents of the uterus are expelled it should not be used at all.

Dr. Theophilus Parvin, of Philadelphia: The effects of ergot vary with the dose. A small dose acts simply to increase the normal uterine contractions. I must object to the assertion that ergot should never be given before the completion of labor. Statistics show that those who are most successful in the treatment of placenta previa are the men who use ergot. Again, in a multipara, with the os dilated, where a sudden rupture of the membranes has taken place with a cessation of labor, fifteen or twenty grains of ergot causes a rapid completion of the labor. After a protracted labor there is a weariness of the uterus and a failure to enter upon the normal retraction which is a preventive of hemorrhage and tends to promote involution. As long as in the third stage of labor we assist nature in the expulsion of the placenta, why should we not assist nature in securing normal retraction of the uterus after completion of the third stage? In some experiments which I made at the Philadelphia hospital to determine the rapidity of involution of the uterus in women who had received ergot and in those who had not, it was found that in those who received ergot after delivery uterine involution seemed to take place more rapidly.

Dr. Skene, of Brooklyn: I have never seen such effects from ergot as have been described in the paper. I do not think that in the cases reported the ergot had any thing to do with the production of the effects. All rational men use ergot as any other remedy. When it is necessary, or may possibly become necessary, if there is any doubt whether or not it is needed, it is better to give the patient the benefit of the doubt.

Dr. P. C. Williams, of Baltimore: I believe that ergot has its place in obstetrical medicine. I have never yet regretted its use in any case, but I have regretted not using it. The great danger under the use of anesthetics is hemorrhage. To avoid this the use of ergot seems

to be the proper thing. I admit that ergot is abused, but the abuse of ergot is no argument against its proper use.

Dr. Thaddeus A. Reamy, of Cincinnati: The profession is not taught that ergot should be given in diseased conditions, but that it shall be given in all cases after labor as a routine practice, and it is only against this use of it that I raise my voice.—*Maryland Med. Journal.*

**DIFFERENTIAL DIAGNOSIS OF SARCOMA AND CARCINOMA OF THE BREAST.**—Dr. B. A. Watson (Journal American Medical Association) contributes the following:

#### SARCOMA.

1. Commonly develops very slowly, especially at first; may remain stationary for years.
2. Rough, lobulated, or lumpy; lump may be as large as a hen's egg; tumor finally attaining great size and becoming pediculated.
3. Skin involved after a long interval; morbid growth approaches the integument, which is gradually thinned as by an abscess, and also frequently marked with large veins.
4. Nipple does not retract, and is not often changed in appearance.
5. Ulceration occurs after the lapse of a long period; skin gives way, owing to pressure on its internal surface by the lumps which belong to the morbid growth, but the ulcerated border of the integument is thin, loose, and not adherent to the tumor.
6. Consistence of the tumor varies in the different stages of the disease; first hard, later soft spots may be found, and even liquid parts from the cysts within it.
7. The mammary gland remains distinct from the tumor; consequently it is not destroyed, but simply flattened and atrophied.
8. Sarcoma does not become adherent to the deep-seated parts.
9. Does not involve the lymphatic system in the early stage of the disease, and rarely even in the late.
10. The morbid growth returns in the majority of cases, commonly in the same organ, and these relapses indicate a finally fatal termination of the disease.
11. The general health of the patient often remains quite satisfactory, even after the tumor has been removed several times.
12. The progress of the disease is rarely attended with much pain.

#### CARCINOMA.

1. Commonly develops very rapidly, and may terminate fatally within a year.
2. Slightly roughened; no large lobules; tumor usually small and flattened on the chest.
3. Skin becomes quickly attached to the morbid growth, is retracted, drawn in, thus giving rise to the appearance of a quilted cover; large veins not seen, but in their stead there may be observed white lines, sometimes called lymphatic varices.
4. Nipple retracts, and its end seems to be absorbed.
5. Ulceration occurs at an early date; skin is invaded by the morbid growth, and destroyed; border is thickened, hardened, and adherent to the tumor.
6. Consistence of the tumor never varies in the different stages. Generally firm.
7. This morbid growth, from the first, fuses with the mammary gland, and soon destroys it.
8. Carcinoma adheres quickly to the deep-seated parts, especially the pectoralis muscle.
9. Involves the lymphatic system in the early stage of the disease, which is always steadily progressive.
10. The morbid growth will surely and speedily return, usually in some other part of the body, and a fatal termination rapidly supervenes.
11. The general health is quickly impaired, the cachexia becoming very marked in the early stage of the disease.
12. The progress of the disease is attended with severe pain.

**THE PHYSIOLOGICAL AND THERAPEUTIC PROPERTIES OF ETHOXY-CAFFEINE AND OTHER DERIVATIVES OF CAFFEINE.**—Dujardin-Beaumont, convincing himself of the correctness of Filehne's observations of the derivatives of

caffeine, tried ethoxy-caffeine in a number of affections marked by cephalalgia (*vide Bull. de Thérap.*, vol. cx, March 30, 1886). In order to render this drug soluble in water, and at the same time to obviate the dyspeptic symptoms easily caused by it, Dujardin-Beaumont recommends the following mixture:

Ethoxy-caffeine,	}	āā..... gr. iij;
Sodii salicyl.....		
Cocain. mur.....		gr. iss;
Aquæ tillæ.....		fl. ʒ ij;
Syr. simpl.....		fl. ʒ j.

M. S: Take at once.

The results obtained with this drug in megrim were highly satisfactory. In one case the drug was given in a dose of about one grain at the height of a paroxysmal pain in the head, with the effect of wholly removing the pain in two hours. In four other cases the pain was abated in less than one hour. Dujardin-Beaumont advises to give no larger doses than three grains, since seven grains can produce gastric cramps, nausea, and even cerebral disturbances. In cases of prosopalgia the drug proved likewise to bring relief and cause sleep.

These and similar observations have led Dujardin-Beaumont to assume that ethoxy-caffeine prevents the therapeutic and physiological effects of caffeine in a modified manner, and that it owns a pronounced sedative or narcotic action, allowing of its advantageous substitution for caffeine in cases of megrim.—*Therapeutic Gazette.*

**ELECTROLYSIS IN GYNCOLOGICAL SURGERY.**  
At the September meeting of the American Gynecological Society, Dr. W. H. Barker, of Boston, read an essay upon this subject. The speaker referred more particularly to the use of electrolysis in cases of fibroid tumor. He laid down the following rules for the performance of the operation: It should not be employed within a week before or after menstruation; an anesthetic should be administered; it is better to use electrolytic needles for both the positive and negative poles; the operator should be absolutely sure of the cleanliness of his needles; the needle should be deeply buried in the tumor in order that the current shall be insulated from the parts outside of the growth; the insertion of the needle should be made at the most prominent part of the growth, whether that is in the vagina or in the abdominal wall; the needles should not be too nearly approximated; if both needles are properly placed, the position of the two poles makes no difference; the circuit being completed, the number of cells should be gradually increased from four to twenty or thirty (a more exact means of deter-



mining the strength of the current would be the galvanometer, but this had not given him accurate results); the length of time during which the application is continued should be from ten to twenty minutes, and should be determined by the character of the pulse; when the pulse becomes slower and weaker than normal, the number of cells should be diminished or the current discontinued; the current should be diminished gradually, and the wires should be disconnected at the battery before the needles are removed; the application should not be made at the surgeon's office; after the application the patient is to be put to bed, where she is to remain for one week.

With such precautions, the speaker had never seen shock after the operation. A single treatment is often all that is necessary. He had never found it necessary to make more than three applications, and the latter number in only one case. There should be an interval of at least from one to three months between each application.

The use of electrolysis is also of service in the treatment of inflammatory effusions. Before resorting to electrolytic puncture the application of the galvanic current should be tried, as it does not require an anesthetic, and avoids the slight risk which accompanies even small wounds.

The author presented the following conclusions:

1. Electrolysis is a useful agent in the treatment of certain cases of fibroid tumors of the uterine walls, and of chronic circumscribed peri-uterine effusion.

2. When applied to fibroid tumors of the uterus, electropuncture is a most reasonable and efficient method.

3. In the treatment of fibroid tumors by this agency it is unnecessary to apply it often.

4. Cases of perimetritic effusion to be treated by this method should be selected with care in reference to the absence of all acute symptoms.

**HYSTERICAL AMAUROSIS.**—M. Bernheim read a paper at the recent Medical Congress at Nancy, on Hysterical Amaurosis. In two cases in his wards it was observed that there was complete amaurosis on the left side. M. Bernheim used an apparatus invented by M. Stoeber, which was a modified form of Snellen's, and which served to detect simulated amaurosis. He placed a pair of glasses, which had one glass red and one green, in front of the eyes, and told the patient to read from a frame on which letters were printed on red and green glass alternately. M. Bernheim's patients were made to read with the right eye, to which the

red eye-glass was adjusted, the left being shut; they could only distinguish the red letters, but with both eyes open they were able to read the letters on red and green glass. These patients saw equally well with the affected eye as with the unaffected. Hysterical achromatopsia was quite as psychical as hysterical amaurosis. M. Grenier has recorded a case of achromatopsia in a hysterical patient. To her left eye all objects appeared gray; a colored card printed green appeared green to the right eye, but gray to the left. If a prism were placed before the right eye the patient, instead of seeing a green object and a gray one, saw two green ones. On repeating the experiment with the left eye, two gray objects were seen. M. Bernheim gave another case where the left eye was affected with achromatopsia, a red object seen with that eye appearing gray, but red with the right eye. On making the patient look through a prism she saw double. If, with the affected eye closed, a prism was put before the right eye, only one red object was seen; but if the prism was placed before the left eye, the object appeared double and in its right color. The prism gave the true color and removed the illusion by diverting the patient's morbid imagination. These cases were clearly instances of unconscious suggestion. The patient being unconscious of what he saw, M. Bernheim considered that it would be more rational to give the name of "visual amnesia" to this complaint; and he added that amaurosis and achromatopsia suggested by a hypnotic state were of the same nature. In conclusion he stated that hysterical amaurosis had no anatomical localization, that it was neither localized in the retina nor in the optic nerve, nor in the visual cortical center, and had origin only in the patient's imagination.—*British Medical Journal*.

**THE DIAGNOSIS OF ANCHYLOSTOMUM DUODENALE.**—Dr. J. Rutgers, of Rotterdam, gives, in the *Weekblad of the Nederlandsch Tijdschrift voor Geneeskunde*, a somewhat minute account of the entozoon known as *Anchylostomum Duodenale* or *dochmius anchylostomum*, with drawings. This worm was first described in 1838 by Dubini, of Milan, since which time outbreaks of disease due to its presence have been observed by various practitioners both in the old and new world, the most notable instance perhaps being the case of the workmen of the St. Gothard tunnel. Dr. Rutgers confesses that it is very difficult to diagnose an isolated case of *anchylostomum*, as the symptoms to which it gives rise are exceedingly like those of pernicious anemia. In the parasitic disease emaciation is preceded by pallor of the skin, whereas in pernicious anemia this is not

the case. Again, the anchylostomum causes edema of the face to appear at an early stage of the disease. The parasites themselves are not to be found in the stools, as they remain firmly attached to the duodenum. Ova may, however, be found in the feces, but they are not easy to see, and are very liable to be mistaken for ova of other species, especially for those of the oxyuris vermicularis. There is, however, sufficient difference to enable a practiced observer to distinguish the one kind of ova from the other. Those of the anchylostomum are ovoid, with a long axis of 0.05 millimeter and a short axis of 0.025 millimeter; whereas those of the oxyuris, while presenting a long axis of the same length, have a smaller short axis, which is only 0.02 millimeter. They have therefore a more slender appearance. Those of tenia solium and T. mediocanellata have thicker and less transparent envelopes. Those of bothriocephalus latus are much larger, being 0.07 millimeter in length. The ova of tricocephalus dispar present clear spots at each extremity, and those of ascaris lumbricoides are rounder, have a double envelope, and are usually of a yellowish color.—*British Medical Journal*.

**COMBINATIONS OF LANOLINE.**—O. Philipp has stated the results of his experiments as to the best mode of prescribing lanoline. With soft fats, fatty oils, and oily substances, such as pix liquida, ol. cadiui, oil of turpentine, and ichthyol, lanoline mixes easily. Hard substances, as cetaceum, must first be melted, and then the lanoline stirred into the melted mass. Overheating of the lanoline must be avoided, otherwise the water separates from the cholesterolin fat.

*Lanoline Cream.* Cetacei, 60, ol. olivæ, 30, lanolini, 40, aq. rosarum, 50.

*Unguentum Diachylon cum Lanolino.* Emplast. plumbi, 50, ol. olivæ, 20, lanolini, 30. This makes a firm salve, which, however, melts rapidly on the skin. Salves of red or yellow precipitate compounded with lanoline are permanent, but are too consistent to be used as eye salves without the addition of fat.

A useful eye salve can be compounded thus: Hyd. oxid. rubri vel flavi, 2, adipis, 30, lanolini ad., 100.—*Dr. W. Allan Jamison, Edinburgh Medical Journal*.

**MICRO-ORGANISMS OF PUS.**—In one hundred acute abscesses of different kinds Hoffa has found the staphylococcus aureus, the staphylococcus albus, as well as the streptococcus. They were alone or associated with each other; the staphylococcus predominated when the

process was rapid, and the streptococcus when the evolution is slower, and when the inflammation is propagated by way of the lymphatics. Ogston, Rosenbach, and Socin have not found these organisms in cold abscesses. This fact aids in the differentiation of tubercular abscess. As an exception, however, to this rule, Hoffa cites two cases of purulent pleurisy with tuberculosis in which he found the microbes of suppuration. In abscesses caused by blenorragia, suppuration is attributed to the gonococcus; the author has twice ascertained the presence of the gonococcus in the urethral secretion at the same time as the staphylococcus aureus and albus was in the buboes, where they appeared to be the cause of the suppuration.—*Edinburgh Medical Journal*.

**THE HYPODERMIC USE OF FORMAMIDE OF MERCURY.**—Kopp (*Viljrssch.f. Dermat.u. Syph.; Union Méd.*) has treated a hundred and twenty-six syphilitics with subcutaneous injections of this preparation of mercury, giving each of them twenty-five injections, one injection usually containing fifteen one-hundredths of a grain of the formamide. Ninety-two of the patients were cured, and in only thirteen cases was the treatment unsuccessful. The writer states that the injections are not applicable to the graver forms of syphilis, but rather to the mucous syphilides. It is probably worthless in the treatment of tertiary affections and as a means of preventing a return of the manifestations.—*New York Medical Journal*.

**HYPNONE.**—Magnieu (*Thèse de Lyon; Lyon Méd.*) discusses the properties of acetophenone, more commonly known as hypnone. He has sought to test the statements of Dujardin-Beaumetz, Labordie, and others, who attribute marked hypnotic properties to the drug, and concludes that, unless given in poisonous doses, it has no such properties. In toxic doses it produces coma, but not physiological sleep. In small doses it accelerates the pulse, but diminishes its volume; afterward it paralyzes the heart, acting upon its muscular substance. [It is to be noted that the author's experiments were not checked with clinical observations, as was the case with Dujardin-Beaumetz's.]—*Ibid.*

**ICTERUS-TYPHON** is the name given by the Greek physicians to a disease which has been for some months epidemic in the sea-side town of Naupala. It attacks all classes and generally proves fatal in three or four days. The bodies are of a yellow color and quickly turn black. The Athens Sanitary Council describes the disease as pernicious yellow fever, and considers it of a non-infectious character.



# The American Practitioner and News

"NEC TENUI PENNÆ."

Vol. II. SATURDAY, NOVEMBER 27, 1886. No. 11.

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

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## THE PAINLESS PRODUCTION OF LOCAL ANESTHESIA.

The New York Medical Journal of the 6th instant, publishes, under this heading, an article by Dr. J. Leonard Corning, of New York City, which sets forth the results of some brilliant original work in the department of practical therapeutics. As the inventor of the method by which local anesthesia may be produced by cocaine through sequestration, Dr. Corning had recently made for himself an enviable reputation. He now proposes a new and original procedure which bids fair to render local anesthesia by cocaine not only painless in the measures necessary to its introduction into the implicated tissue, but to extend its range of applicability to almost any surgical operation in any part of the body, with suggestions as to therapeutic uses for the drug impracticable under the methods of exhibition hitherto in vogue. Dr. Corning's new departure turns upon an experiment performed by Wagner (*Wien. Med. Blätter*, No. 6, 1886), who essayed to overcome the resistance of the epidermis to cocaine by forcing the drug into it and the subjacent structures by means of the electric current. Wagner moist-

ened the anode with a five-per-cent solution of cocaine and, placing the cathode over some indifferent point, claimed that, after applying the galvanic current for four or five minutes, he was able to produce local anesthesia on the flexor side of the upper arm.

Dr. Corning, by numerous careful repetitions of this experiment, found the epidermis to be still so firm a barrier to the passage of the solution, that nothing beyond a superficial anesthesia could be obtained. He then bethought him of a clever device by which he was able to successfully overcome tegumentary resistance.

He caused to be made an instrument after the manner of the Baunscheidt, but provided with many more fine needles than the conventional apparatus of the shops contains. This instrument, like the Baunscheidt, is so arranged that by releasing a spring the needles (one hundred and fifty in number) may be simultaneously thrust into the skin, and, what is of paramount importance, such perforation is accomplished without the infliction of pain.

The author's method of procedure is, in his own words, as follows:

"1. I first exsanguinate the part to be anesthetized with an Esmarch bandage. I now apply a tourniquet above the bandage, and the latter is then removed. It is clear, therefore, that the whole district situated below the tourniquet, and which includes the territory which it is desired shall be rendered anesthetic, is bloodless. Now, by means of the implement above described, I perforate the skin thoroughly throughout the entire zone which I desire to render anesthetic. *This is accomplished without the slightest pain*, as already intimated. Owing to the exsanguinated condition of the part, these minute openings remain open somewhat as in a dead person. This sieve-like appearance of the skin may be seen through a powerful lens. An oblong sponge electrode, saturated with a two-and-a-half-per-cent solution, is now secured over the perforated portion of the integument by means of an elastic strap. This electrode is connected with the positive pole of a galvanic battery, while the cathode is placed opposite the same (on the other side of the limb) or over some indifferent point. If, now, the plates

of the battery are immersed and the current is gradually increased until there is a slight but well-marked sensation of warmth, the anesthetic begins to exert its influence at once, so that in the course of from two to four minutes there is produced a condition of anesthesia which enables one to thrust needles into the part to considerable depths without provoking pain. It is evident that where such a condition of things prevails in the integument the structures lying beneath may be readily anesthetized, if one so desires, to any extent and *without pain*, by the use of the hypodermic syringe, or by thrusting the needles a second time still deeper.

"I have employed this method recently to allay the hyperthesia which is such a troublesome feature of spinal irritation. I fancy, too, that it might render good service in certain obstinate conditions of *tic douloureux*, and I shall certainly try it in this and similar painful affections at the earliest convenient occasion.

"Any one at all conversant with recent developments in neuro-therapeutics will perceive that this method offers possibilities of practical advancement.

"2. I would add that I have induced painless perforation and anesthetization by means of the galvanism without previous exsanguination, and have found the results in all respects gratifying.

"3. A third mode of inducing cutaneous anesthesia by means of the electric current combined with painless multiple puncture of the skin and the use of cocaine, which I have found very successful, is as follows: (a) Perforate the skin, or at least the epidermis, with the instrument already described. (b) Place a bandage around the part above the point of puncture, and draw the same sufficiently tight to interrupt the venous circulation, but not to such an extent as to interfere with the arterial circulation. This procedure will cause the blood to well up through the minute openings previously made in the skin. Now apply the positive electrode, saturated with a two- or three-per-cent solution of cocaine over the perforated portion of the skin. The position of the cathode is immaterial. As before mentioned, the current should be strong enough to

produce a feeling of warmth. After from two to five minutes the electrodes may be removed, and the skin beneath the positive electrode will be found to be completely anesthetic. Where it is desirable to prolong the duration of the anesthesia considerably, the part may now be exsanguinated and the tourniquet applied above the anesthetic zone so as to completely interrupt the circulation in veins and arteries alike.

"The superiority of this method consists, of course in its absolute painlessness.

"I have had constructed for me a reservoir electrode which restrains the anesthetic, thus avoiding the necessity of removing the electrode from the part in order to moisten the sponge."

## Notes and Queries.

*Editors American Practitioner and News:*

COCAINE IN MINOR OPERATIONS.—I have read in your journal recently several brief articles on circumcision under cocaine. I have never used it in that particular operation, but know of a number of cases. I have a friend in Kansas who did this operation under cocaine in the last of 1884 with entire success. I have used it in a number of minor operations, such as removing small tumors, opening abscesses and bone-felon, and the very painful operation for ingrowing toe-nail, and have no cause to doubt its efficacy.

I have never used it in such large doses as has been recently advocated; in fact I have found 10–15 minims of a four-per-cent solution sufficient. If the operation is prolonged, repeat the injection rather than use such large amounts as Dr. Griffiths used in his cases. I am rather of the opinion the solution used by Dr. Griffiths was not of good quality. I have used it in less than one tenth the amount in quite a number of cases, and with but one exception it has produced complete anesthesia. While it produces complete analgesia (the absence of all pain), the patient is conscious of the manipulation, and in nervous patients I can readily understand why it would fail. I shall not consider at length circumcision, but



give in brief what I have found valuable in obtaining gratifying results. I know of no minor operation where a strict observance of details tells more.

Many of the surgeons, up to a few years ago, did not attempt to get primary union, but left the wound to heal by granulation.

While in New York, in 1883, my chum was circumcised by one of the best surgeons of that city, I assisting him. He used horse-hair as a suture. He took but very few stitches, and made no attempt to bring the edges of the skin and mucous membrane together, and as a result, in the course of a few days, it was an ugly granulating wound, and remained so for at least two weeks. Not pleased with the result, I determined to try catgut in my first case, and bring the edges together in the hope of obtaining union by first intention, or primary union. I have used it in all my cases, and in every one with the most happy result. I used catgut as the suture in circumcision early in 1884. If it had been used prior to that time, I am unaware of it. I don't think it is generally used in this operation, and therefore I wish to call special attention to its value in this connection.

The only advantage I see in the bandage, as used by Dr. Palmer, is to prolong anesthesia. It certainly has one very serious disadvantage, and that is the liability to hemorrhage into the cellular tissue after the wound is closed and the bandage removed. If such an accident should occur, it would necessitate the reopening of the wound to secure the bleeding vessel, or free incision to relieve the tension.

For that reason I prefer using a clamp to control hemorrhage. When the clamp is applied and the redundant prepuce removed, I leave it on for five minutes, then relieve it. If a vessel spurts, tie it; then slit up the mucous membrane, and with a pair of scissors cut it off, leaving enough to turn back and stitch to the skin without tension. All bleeding must be staunched before the wound is closed; this I consider very important. Then with a small needle and a fine thread of catgut, I close the wound. I prefer the continuous suture. The stitches should be very close together, so as to get perfect coaptation of the edges—no tissue

should be between them. Close it half way around, tie and cut off the suture. Then close the other half in the same way, and secure the suture. It is well to take this precaution against tension, should there be much edema following the operation. After the operation I direct the patient or nurse to keep the penis enveloped in absorbent cotton, saturated with a solution of boracic acid or listerine. These wounds heal very readily, often in from forty-eight to seventy-two hours. If the patient on going to sleep is troubled by erection, keep him awake—if he be an adult—for forty-eight hours to watch and prevent this accident, or else keep the nurse with the patient to arouse him the moment an erection is noticed. Large doses of the bromides are of value in preventing this complication. I believe in strictest antiseptic precautions in this operation.

By following this line of treatment my success has been such that I feel a pardonable pride in giving somewhat in detail the operations. The advantage of the catgut here is the same as in all other wounds. I know it is used by many, but I don't think it is generally used.

W. C. DUGAN, M. D.

*Assistant Physician to C. K. L. A.*

ANCHORAGE, KY., November 9, 1886.

*Editors American Practitioner and News:*

In the last issue of your journal (November 13th) there is an article by Dr. Cheatham, of your city, entitled "Intubation of Larynx for True and Diphtheritic Croup," in which he speaks of the results of this operation in New York and Chicago, but makes no reference to its having been done in Philadelphia.

I wish to call attention to the fact that the operation has been done here *five* times by Dr. Edward E. Montgomery. The first three operations were in cases of laryngeal diphtheria, and the surroundings were most unfavorable to recovery. Two of the cases recovered; the first after wearing the tube two days; the second after wearing it four days. In the third case death occurred from septicemia three days after the introduction of the tube, though there was no farther difficulty in respiration. Within the past four days Dr. Montgomery has operated in two cases of membranous croup; both patients are doing well, though still wearing

the tube; one case was only operated upon last night (November 19th), consequently it is too early to have any positive result.

MARY WILLITS, A. M., M. D.

PHILADELPHIA, November 20, 1886.

**THE EARLY DIAGNOSIS OF VERTEBRAL CARIES.**—George W. Ryan, M. D., of Cincinnati, read a paper on this subject before the Cincinnati Academy of Medicine, November 8, 1886, of which the following is an abstract: So excellent an observer as Mr. Alexander Shaw, in the last edition of Holmes' Surgery, speaks of the "knuckle" as the first symptom which usually attracts the attention of the physician in a patient with caries of the spine. The importance of a diagnosis before the kyphosis is apparent can not be overestimated. The object of the writer was to draw attention to the subject. If we believe that we have a constitutional disease, an essentially tuberculous one, beginning generally as a central osteitis of the body of the vertebra, the rationale of its symptoms will be accordingly clear to us. That this disease can be diagnosticated in its incipient stage, and that it ought to be when the opportunity is given, is now generally understood. There are cases, however, which can not be made until the knuckle is present. The region in which the disease begins will have the greatest bearing on the symptoms, which are almost altogether nervous. The first step is an accurate family history directed particularly to tubercular disease. The next is as to whether the child has passed through the infantile diseases, and as to convalescence, for in many instances this disease is found to have its beginning in a tardy convalescence. You will have heard before you ask it of a real or suspected trauma. Further questioning will give you the history of restless nights, moaning, and disturbed sleep, a tired feeling which shows itself in the indisposition of the child to play or a continued desire for support from any convenient object. It is very likely that it has complained of epigastric pain, varying from an occasional grunt to a tetanic spasm; that, if it happens to fall, it screams with pain, generally referred to the epigastric region, that it is noticeable that the child walks with more care,

or that in very young children it does not walk at all. That its back is very peculiar, it holds the back rigidly, or the shoulders are thrown back to an abnormal degree, or at times one shoulder appears higher than the other; that it does not stoop, or if it does, that great care is taken and support is sought by placing the hand on the thigh. Occasionally only is the pain in the back complained of, and this generally when a jar is sustained. On examination the gait is found characteristic—I had almost said pathognomonic. There is a carefulness, a rigidity about the carriage which is never found unless there is a disease of or about the spine. Often the physiognomy will give you a pinched and anxious expression. The little one is asked to stoop and pick up a coin or something, attempts it with the most marked carefulness, and succeeds by simply lowering the body with the spine held rigidly, or the pain comes on from the attempt and it is given up. On physical examination, with all the clothing removed, there may not seem to be a trace of angular curvatures. Pressure is often made to see if there is any spinal tenderness or a soft spot, a practice which is utterly valueless.

The examination as to mobility can be readily and painlessly made by having the child lie on its face and, grasping the heels, slowly extending the limbs with the opposite hand on the supposed site of the disease. It can then be determined whether the column yields throughout or whether there is any point where rigidity is present; if, with all this, a spinal rigidity is found, the diagnosis is unmistakable.

In the cervical region the symptoms are entirely different; torticollis is often present, with an occasional occipital or post-auricular neuralgia or hyperesthesia. Brushing of the hair causes pain; there is considerable interference with the act of motion, and the deformity is often slight.

The acuteness of perinephritis and perityphlitis would, as a rule, enable us to rule out spinal disease, and the flexible spine would also assist.

The pressure test he thought to be of some pathological and clinical value, but cruel, and it were better if wholly discarded. Tenderness on pressure over a diseased spine in the



incipient stage is rarely or never found. He had never seen it in but two cases, and in one of these it was probably neuralgic. It is indicative of a periosteal rather than a central lesion, hence is of no value. To diagnose the kyphosis of ricketts from caries, take into consideration the general rickety appearance of the child.

In conclusion the doctor wished to urge the necessity of a thorough physical examination with the child entirely devoid of all clothing, the necessity of a clear history of the case, and keeping in mind the pathology of the disease, a diagnosis will readily be made in the majority of cases before the kyphosis appears.

**TREATMENT OF ASPHYXIA OF THE NEW-BORN.**—Several physicians in the United States have recently recommended the treatment of asphyxia in the new-born child by holding it up by the heels. The theory is that the blood gravitates toward the brain, and thus produces a stimulation of the medulla intense enough to induce a spontaneous respiratory effect, even when the child has been born for a considerable time. There has been some discussion as to priority of publication, but Dr. E. Reynolds, of Boston, writing to the *New York Medical Record*, suggests a modification which seems to combine the advantages of this so-called gravitation method with those of artificial respiration. The child lies on its back, head downward, upon the forearm of the operator, who grasps it with his fingers hooked over the shoulder; the child's arms fall down when the hand is lowered, and in this way the weight of the arms and thorax expand the chest. If the thorax is now compressed against the operator's forearm and suddenly released, a satisfactory respiration occurs. The method has the further advantage of favoring the escape of mucus from the air-passages.

**DREAMS AND THERAPEUTICS.**—Which of us—the most philosophical of us—is proof against a good, mysterious dream? Where Abercrombie and Brougham found so much to enchant and interest we may occasionally explore, even in these matter-of-fact days on

which we have fallen. Those who wish to have their waning faith in dreams stimulated, and to enjoy a very curious story besides, will do well to read a paper in the October part of the *Leisure Hour*, entitled "A Mysterious Interposition," by J. L. Cotter, M. D., rector of Burmarsh, Hythe, Kent. This gentleman, at once a physician and a divine, vouches for the truth of his narrative, in which he records how, when in medical practice in Ireland, he dreamt three times that he was summoned to see an old gentleman extremely ill, and seemingly dying with dyspnea; how he was so impressed with this vision as to take it for a sign and alter the round of his duties so as to be in the way of any thing that might turn up; and finally, how he was actually summoned to a patient exactly corresponding in all his features, symptoms, and environment, to the old man he had seen in his dream. This old gentleman suffered with acute pneumonia, from which he was recovered by a happy use of two apparently, but not necessarily, diverse remedies—port wine and phlebotomy.—*London Lancet*.

**LOW WATER IN WELLS AND TYPHOID FEVER.** Dr. Henry B. Baker, of Lansing, Michigan, supposes a close relation to exist between typhoid fever and low water in wells. The diagrams which he presents in his paper of the prevalence of sickness from typhoid fever in Michigan and the depth of the earth above the ground-water in the wells during six successive years, seem to show that, beginning with June in each year, the sickness-curve follows more or less closely the well water-curve. The author believes that one of the causes, probably the principal cause, of sickness, is the contamination of the water by the drainage from stable-yards, privy-vaults, and cesspools, which reaches the wells more directly when the water in them is low, and forms in them stronger solutions than when it is high. On the other hand, the curves in several years, from January to June, show no such correspondence. The difference in results is explained by the frozen condition of the ground in the winters when typhoid did not prevail; a condition which, while it tended to reduce the quantity of water in the wells, at the same

time prevented percolation from the surface sources of contamination. The fever was more prevalent in the open winters when percolation was not thus impeded. Corroboration is given to these views by a remark made by Dr. Foster Pratt, of Kalamazoo, at the meeting of the American Medical Association in June, 1874, that typhoid fever was unusually prevalent in Kalamazoo in a certain year in the autumn, at about the time the water in the wells was very low, and some wells became dry.—*Medical News*.

**PRESCRIBING DRUGGISTS.**—In a lengthy leader upon the question, "Who is to Stop Unqualified Practice?" the British Medical Journal urges the colleges of physicians and surgeons of London to join hands with the Apothecaries Society in securing appropriate legislation against this growing evil. It says: The Apothecaries Society is the only corporation in this country which possesses any power of limiting the evil practices of prescribing chemists, and of setting a limit to the constantly increasing encroachments which that class of persons make upon legitimate medical practice, or of protecting the public from the manifold evils and dangers arising from the practice of medicine by a class of unqualified persons. As it is, in spite of the pains and penalties which the Apothecaries Act enables that Society and the various private societies which have been constituted to aid in enforcing, in the police-courts, the penal provisions against unqualified practitioners and prescribing chemists who undertake medical duties, this class of persons is steadily on the increase, and their dangerous malpractices are checked with great difficulty.

**FRAUDULENT OPIUM CURES.**—Among the many calls for sympathy occurring in a doctor's practice, few have a more valid claim than those of the unfortunate victims of the opium vice. The dose taken at first to alleviate pain gives relief so perfect that, if the suffering be due to chronic disease, the dosing, too, is almost sure to become chronic. The narcotic habit, with its attendant perversion of physical function and moral control, is accepted

as the lesser evil. With the sense of moral obligation blunted, and the power of self-control impaired, the slave to opium drifts at the mercy of circumstances. But at some conjuncture the will is prompted to a decided effort to regain control, and he who can reinforce this resolution and tide the drifting man to solid ground is a benefactor indeed. Such recoveries have been made, but only through abstinence maintained by personal restraint, and supplemented by a supporting regimen of food, sleep, tonics, and, when necessary, stimulants. The man who would take advantage of the struggling opium victim at such a time, and under the pretence of helping, only hold him longer in the stream, is deserving of most severe punishment.

This is the very offense of which nineteen persons are guilty, according to the recent report of the analyst to the Massachusetts State Board of Health, and some of the names given are not unfrequently found in the advertising columns of medical journals. Twenty samples of widely advertised opium "cures," including Baker's, Beck's, Collin's, H. H. Kane's, and others less known, were examined, and all but one were found to contain morphine. The exception was "Keeley's Double Chloride of Gold Cure," which is exorbitantly expensive on account of the alleged presence of the precious metal, but which contained neither morphine nor gold.

The dupe of these so-called antidotes simply pays a higher price for his opium than he has hitherto done, the difference being the profit of the fraud. To crown the infamy of this business, the advertising circulars give indorsements which are in many cases published without the least shadow of authority.—*Medical News*.

**SOLANINE AS A SUBSTITUTE FOR MORPHINE.** The active principle of the night-shade (*Solanum nigrum*), found also in the bitter sweet (*S. dulcamara*), and now prepared from the young shoots of potatoes and the parings of the potatoes themselves, is regarded by Dr. Geneuil (*Bulletin Général de Thérapeutique*) as a substitute for morphia of already considerable achievement and great promise.



In the form of a hydrochlorate the alkaloid is very soluble in water, and may be given *per os*, or hypodermically, in single doses of one half grain, repeated three or four times a day. The author has tried solanine in a number of cases of neuralgia, rheumatism, obstinate vomiting, spasmodic nervous affections, asthma, and bronchitis, and from the results obtained is led to believe that the remedy will prove to be of the greatest value in the treatment of these and similar affections. The following are the conclusions of his paper (Medical Record): (1) Solanine is a poison to the terminal motor plates. It narcotizes the medulla and spinal cord, causing a paralysis of the terminal, sensory, and motor nerves. By reason of this action solanine is to be classed among the best of the analgesics. (2) The drug may be prescribed in large doses without danger, and presents none of the inconveniences of morphine or atropine. There is no danger of a cumulative action. (3) Solanine does not cause congestion of the brain, even in the aged, and, probably, a like freedom from this danger exists in the case of children. (4) In all cases where it is necessary to calm excitement, relieve pain, or overcome spasm, solanine promises excellent results. It may be given with advantage in the place of morphine for the relief of any of these conditions.

**PROPAGATION OF MEASLES BY HEALTHY PERSONS.**—*Le Concours Médical*, June 12, 1886, makes editorially the following observations: The possibility of carrying the contagious principle of measles from place to place by the medium of the bodies of healthy persons, was recently discussed by the Medical Society of Berlin, and one gentleman, Joel, of Lausanne, presented certain facts which lead to the belief that such a possibility does exist, and that the medium is often furnished by the physicians themselves. One case which was cited was that of a boy who was brought from Geneva to Lausanne while he was passing through the incubation stages of measles. The butcher and the postman who served the institution to which the boy was brought conveyed the disease to their children, who were attacked with it in a short space of time, and what is quite remarkable,

the children in almost every house to which the postman delivered letters were attacked. A little girl was brought to a hospital, and in a few days had undoubted symptoms of measles. Her father had paid her several visits before the measles appeared, and it was ascertained that two of his children were suffering at his home from the disease. Eight other children in the hospital were quickly seized with it.

It is thought that physicians can not always avoid carrying the contagion with them, even when extraordinary care is taken. Prophylactic means on the part of the physician should be as thorough as possible, however, by disinfection, change of garments, and all other available procedures.—*Therapeutic Gazette*.

**THE ANTIRHEUMATIC VIRTUES OF ANTIPYRIN.**—The inaugural essay of Dr. Eich (Basel, 1886) on the antirheumatic virtues of antipyrin, contains some points of general interest.

Of thirty-six cases treated by Dr. Eich (acute and chronic articular rheumatism, acute muscular rheumatism, rheumatismus vagus) all patients but two could be discharged as cured. In one of the two cases the failure was predicted on account of the great anatomical alterations produced by the chronic process in the joints, and in the other salicylic acid given alternately with antipyrin proved likewise useless. Eich concludes, from the results obtained, that antipyrin owns an exceedingly prompt and reliable antirheumatic power, and is in this respect in no way inferior to the preparations of salicylic acid. Still, Eich continued, the curative action of antipyrin is as little infallible as that of salicylic acid, and appears to possess no greater power to prevent cardiac complications than the latter remedy. In the treatment of affections of the endocardium and the serous membranes Eich saw likewise good effects from the drug. The absence of all secondary effects, however, renders antipyrin more eligible than the preparations of salicylic acid; at least the two remedies can conveniently supplement each other in case one should fail.

As to the dose, Eich gives at the beginning from 60 to 90 grains, and later only 30 grains *pro die*.—*Ibid*.

**DEATH BY A DRUGGIST'S ERROR.**—The Boston Medical and Surgical Journal very truly says that the fatal mistake of a Haverhill druggist, whereby eighty-eight grains of podophyllin were put up for one dose for a young woman, the sign ss, representing half a grain, being mistaken for eighty-eight, the mistake resulting in the death of the young woman, illustrates the folly of allowing young clerks with no preliminary study or preparation to undertake the responsibility of dispensing drugs.

Were the law whereby apothecaries are authorized to dispense medicines as stringent as it ought to be, or were there in fact any State statute whereby a man with no fitness for the place is forbidden to sell powerful drugs (and in all foreign countries such protection is given the public, ignorant and incompetent men being excluded from the druggist's office), such mistakes would seldom or never occur. A very superficial knowledge of *materia medica* would have indicated to the dispensing apothecary that eighty-eight grains of podophyllin was a dose that it would be impossible for a physician to prescribe.—*Medical and Surgical Reporter*.

**THE VALUE OF THERAPEUTICAL RECOMMENDATIONS.**—A correspondent writes that, as a matter of curiosity, during the past twelve months he has tried twelve different therapeutical recommendations which he had culled from current medical literature, other than the *Medical Record*. (We fear that this was added out of compliment.) Of the twelve, in only one case did he get any satisfactory results (paraldehyde for insomnia). Our correspondent is of the opinion that ninety-two per cent of therapeutical contributions are quite valueless.—*Medical Record*.

On the 22d of October, Dr. Alexander Dyce-Davidson, Professor of *Materia Medica* in Aberdeen University, died suddenly in his class-room. The bursting of a blood-vessel in the head was the cause of death. The deceased was a native of Aberdeen, and was forty-one years of age. He was appointed Professor of *Materia Medica* in 1878.

**CHANGES IN TOOTH-FORM.**—Professor Windle has announced to the British Association, as conclusions from his researches on the subject, that man's original dentition included six incisors in either jaw; that two from each jaw have gradually disappeared; that this loss is due to the contraction of the anterior part of the palate; that this process of contraction will probably go on and result in the loss of two further incisors; and that the conical shape of many of the supernumerary teeth indicates a reversion to the primitive type of tooth.—*Medical News*.

**THE SPHENOMETER** is a new instrument of precision, invented by Dr. Milton Josiah Roberts, of New York. Dr. Roberts contributes to the *New York Medical*, November 20, 1886, an article descriptive of his invention and the method of its action: "Given a bone of known diameter and degree of aberration, this instrument will accurately measure the base of the wedge necessary to be removed in order to correct the deformity. Sphenometer ( $\sigma\phi\eta\nu$ , a wedge;  $\mu\acute{\epsilon}\tau\rho\omicron\nu$ , a measure), meaning wedge-measurer, is therefore the name which the instrument will bear."

**TEST FOR BILE IN URINE.**—A writer in the *National Druggist* directs attention to chloroform as a test for bile in the urine. It is ready, delicate, and certain. All that is necessary is to agitate a few drops of it in a test-tube along with the suspected urine. If bile be present, the chloroform becomes turbid and acquires a yellowish hue, the depth of which is in proportion to the amount of bile present in the urine. If no bile be present, the test-fluid remains limpid.

**PROTRACTED PREGNANCY.**—Dr. William Fraser writes to the *British Medical Journal* the notes of a case of protracted pregnancy, in which the woman was not delivered until more than six months after her expected time. There was considerable inequality between the fetal head and the capacity of the pelvis, necessitating the use of the forceps; but the child, a female, was delivered alive and in fine condition.



**NEW INVESTIGATIONS ABOUT POISONING WITH JEQUIRITY.**—Dr. Bufalini's researches on jequirity: Jequirity, the seeds of *Abrus precatorius*, Lin., owes its powerfully toxic action to a principle soluble in water, which, introduced through the jugular vein directly into the heart, kills rabbits instantly through cardiac failure. Ingested by some other mode, death is not so rapid. In frogs the drug causes at first cardiac arrest in disatole—excitation of the cardiac inhibitory apparatus—lasting seventeen minutes; later the beats of the heart appear again, the inhibitory apparatus becoming paralyzed. The drug produced in no animal any alterations of the pupils, and led Bufalini to believe that the distinct myosis observed in the course of the jequirity ophthalmia is merely a reflex effect of the keratitic process.

Finally, the observer states that the toxic principle of jequirity is probably identical with abrin, the glucoside found by Hardy, Marden, and Waddel. Abrin foams strongly in water, and changes into glucose under the influence of a diluted acid.—*Therapeutic Gazette*.

**DR. D. G. BRINTON**, the well-known editor of the Medical and Surgical Reporter, of Philadelphia, has been elected Professor of American Archeology and Linguistics in the University of Pennsylvania. Dr. Brinton has written a number of valuable works upon aboriginal American languages, and is also the author of several medical works which have had large circulation.—*Maryland Medical Journal*.

**FORTY THOUSAND NEW DOCTORS IN TEN YEARS.**—In the last nine years 103,598 persons have matriculated as medical students, and one third of these, or 33,684, have become doctors of medicine. At this rate the total number of doctors for the decade will be nearly forty thousand. For making these the medical colleges must have received over twelve millions of dollars.—*Medical Record*.

**AMONG** the honorary degrees dispensed by the Harvard University, at the recent anniversary, was the LL. D. conferred upon the distinguished anatomist, Prof. Joseph Leidy, of the University of Pennsylvania.

**RESORCIN IN ECZEMA.**—Dr. H. P. Chace, of Highland Falls, New York (*Therapeutic Gazette*, November, 15, 1886), claims to have treated nine cases of eczema with this remedy (as suggested by Dr. Wyss in the *Fortschritt*), with but one failure, which he attributes to the failure of the patient to carry out his directions. One of the patients had had recurrent attacks for several years; he had run the gauntlet of the New York specialists, and passed under the hand of Erasmus Wilson, but without obtaining relief.

The following prescription cured this case and the seven others who used it as the doctor directed:

Resorcin.....3ij;

Glycerine, q. s. ad.....3ij. M.

Sig: Apply with camel's hair pencil morning and evening.

**PROFESSOR PAUL BERT**, the distinguished physiologist and politician, died on Thursday the 11th instant. He was Minister of Public Instruction during the presidency of the late M. Gambetta. The most important of his recent scientific writings is that which relates to precise methods of anesthetization. At the time of his death he was in his fifty-fourth year.

**DR. W. H. P. POST**, a son of the late Dr. Alfred C. Post, died a few days ago, after a lingering illness.

## SPECIAL NOTICES.

**SUBSTITUTION.**—Does the profession realize how much injury is done to physicians and their patients by the substitution of spurious, or the so-called "just as good" preparations in place of goods of standard reputation?

The following letter from Dr. Springer is a case in point.

Respectfully,  
BATTLE & Co., Chemists Corporation.

VAN BUREN, OHIO, September 10, 1886.  
Messrs. Battle & Co., St. Louis, Mo:

**GENTLEMEN**—In the case of "Insomnia," which I reported to you in May last, and wherein it required seven dram doses (hourly, one dram) to produce sleep by Bromidia bought at a pharmacy in Findlay, it required but one dram, repeated in one hour, to produce a good night's rest, of the sample bottle you sent me. I also use the Bromidia (Battle & Co.) with the best results in "cholera infantum," and in "hysteria."

I am satisfied that the article bought at Findlay was "spurious."

GEORGE SPRINGER, M. D.

### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes of Stations and Duties of Officers serving in the Medical Department, United States Army, from November 7, 1886, to November 20, 1886:

*Major J. P. Wright*, Surgeon, from Department Texas to Department Missouri, for duty as attending surgeon at Leavenworth Military Prison, Fort Leavenworth, Kansas. *Major W. H. Forward*, Surgeon, from duty as attending surgeon headquarters division of the Missouri, and examiner of recruits at Chicago, Illinois, to Department of Dakota. *Major V. B. Hubbard*, Surgeon, from Department Arizona to duty as attending surgeon at headquarters Division of the Missouri and as examiner of recruits at Chicago, Illinois. (S. O. 257, A. G. O., November 4, 1886.) *Captain L. Y. Loring*, Assistant Surgeon, sick leave of absence further extended three months on surgeon's certificate of disability. To be relieved from duty in Department California, and, on the expiration of his present sick leave of absence, will report by letter to the Surgeon General of the Army. (S. O. 262, A. G. O., November 10, 1886.) *Captain E. B. Moseley*, Assistant Surgeon, assigned to duty as attending surgeon in San Francisco, California. (S. O. 94, Division Pacific, November 1, 1886.) *Captain Harry O. Perley*, Assistant Surgeon, granted leave of absence for four months on surgeon's certificate of disability. (S. O. 257, A. G. O., November 4, 1886.) *First Lieutenant Chas. C. Barrows*, Assistant Surgeon, ordered to report to commanding officer St. Francis Barracks, St. Augustine, Florida, for duty at Fort Marion. (S. O. 180, Division Atlantic, November 10, 1886.) *First Lieutenant John L. Phillips*, Assistant Surgeon, granted leave of absence for one month, with permission to apply at headquarters Division of the Missouri for an extension of one month. (S. O. 112, Department Dakota, November 2, 1886.) *First Lieutenant Chas. B. Ewing*, Assistant Surgeon, ordered from Fort Supply, Indian Territory, to Fort Leavenworth, Kansas, for duty. (S. O. 126, Department Missouri, November 6, 1886.) *First Lieutenant Francis J. Ives*, Assistant Surgeon, ordered to proceed to and take station at Fort D. A. Russell, Wyoming. (S. O. 145, Department Platte, November 4, 1886.) *Major C. R. Greenleaf*, Surgeon, relieved from duty at Columbus Barracks, Ohio, and ordered for duty as attending surgeon at headquarters Division of the Missouri and examiner of recruits at Chicago, Illinois. (S. O. 268, A. G. O., November 17, 1886.) *Major Henry R. Tilton*, Surgeon, relieved from the duties of attending surgeon at the headquarters Division Pacific and Department of California. (S. O. 96, Division Pacific, November 9, 1886.) *Major W. E. Waters*, Surgeon, ordered from Fort Spokane to Vancouver Barracks, W. T., for duty at that post. (S. O. 197, Department Colorado, November 8, 1886.) Paragraph 8, S. O. 257, A. G. O., November 4, 1886, is so amended as to direct *Major V. B. Hubbard*, Surgeon, to report in person to the commanding officer Columbus Barracks, Ohio, for duty. (Paragraph 3, S. O. 268, A. G. O., November 17, 1886.) *Major D. G. Caldwell*, Surgeon, granted leave of absence for one month, with permission to apply for twenty days

extension. (S. O. 150, Department Platte, November 12, 1886.) *Major Chas. Smart*, Surgeon, granted leave of absence for one month. (S. O. 265, A. G. O., November 13, 1886.) *First Lieutenant C. N. B. Macauley*, Assistant Surgeon, granted leave of absence for twenty days. (S. O. 118, Department Dakota, November 8, 1886.) *First Lieutenant W. L. Crosby*, Assistant Surgeon, ordered from Fort McDowell, Arizona Territory to Fort Bowie, Arizona Territory. (S. O. 110, Department Arizona, October 29, 1886.) *First Lieutenant E. R. Morris*, Assistant Surgeon, ordered from Fort Bayard, New Mexico to Fort Thomas, Arizona Territory. (S. O. 110, Department Arizona, October 29, 1886.)

PROMOTION.—*Captain Robert M. O'Reilly*, Assistant Surgeon, to be major and surgeon, November 1, 1886, *vice* Clements, deceased. *Major Joseph C. Baily*, Surgeon, to be Assistant Medical Purveyor, with the rank of Lieutenant Colonel. November 18, 1886. *Captain Chas. L. Heizmann*, Assistant Surgeon, to be surgeon, with the rank of major. November 18, 1886.

APPOINTMENTS.—*Paul Clendenin*, First Lieutenant and Assistant Surgeon. November 5, 1886. *Chas. L. G. Anderson*, First Lieutenant and Assistant Surgeon. November 5, 1886. *Lieutenant-Colonel John Moore*, Assistant Medical Purveyor, to be Surgeon General of the Army. November 18, 1886. *Robert R. Ball*, to be Assistant Surgeon, with the rank of First Lieutenant. November 19, 1886.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the three weeks ended November 13, 1886:

*Ames, R. P. M.*, Passed Assistant Surgeon, relieved from duty at Marine Hospital, New York, N. Y., to assume charge of Marine Hospital, Vineyard Haven, Mass. November 1, 1886. *Urquhart, F. M.*, Passed Assistant Surgeon, to proceed to Norfolk, Va., for duty. November 4, 1886. *Yemans, H. W.*, Passed Assistant Surgeon, relieved from duty at Marine Hospital, San Francisco, Cal., to assume charge of the service at Galveston, Tex. November 1, 1886. *Wasdin, Eugene*, Passed Assistant Surgeon, when relieved to proceed to New York, N. Y., for duty at Marine Hospital. November 1, 1886. *Williams, L. L.*, Assistant Surgeon, relieved from duty at Marine Hospital, Wilmington, N. C., to proceed to Pittsburgh, Pa., for temporary duty. November 5, 1886. *Perry, T. B.*, Assistant Surgeon, relieved from duty at Marine Hospital, St. Louis, Mo., to proceed to San Francisco, Cal., for duty at Marine Hospital. November 1, 1886. *Ames, R. P. M.*, Passed Assistant Surgeon, to proceed to Vineyard Haven, Massachusetts, as inspector. November 10, 1886. *Urquhart, F. M.*, Passed Assistant Surgeon, granted leave of absence for seven days. November 8, 1886. *Wasdin, Eugene*, Passed Assistant Surgeon, granted leave of absence for seven days. November 11, 1886. *Magruder, G. M.*, Assistant Surgeon, relieved from duty at Norfolk, Virginia, assigned to duty at Marine Hospital, Chicago, Illinois. November 10, 1886.



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. II.  
[NEW SERIES.]

LOUISVILLE, KY., DECEMBER 11, 1886.

No. 12.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.*

## Original Articles.

### THE ETIOLOGY OF CARDIAC HYPERTROPHY.\*

BY D. T. SMITH, M. D.

The immediate forces operating to produce hypertrophy of the heart have, in most cases, been satisfactorily explained. The knowledge of a certain class of cases, however, is in an unsatisfactory state, and I think we may approach a step further in the direction of the ultimate cause than has hitherto been done.

It has long been a familiar fact that the exercise of muscle within certain limits promotes its growth and development; and when the heart was found to be in certain instances hypertrophied, it was easy to associate the condition with the fact of unusual labor being thrown on it, which in most cases was observed.

It is perhaps universally agreed that hypertrophy of the heart depends upon and is produced by some form of overwork; but the incitement to such overwork is a question which remains open to further investigation.

The muscle of the blacksmith's arm becomes large and strong because he wields incessantly a heavy hammer. It is not, however, a voluntary act on the part of the deltoid or biceps. These and the other muscles employed are under the control of and labor at the behest of the will. From the control of the will the heart is almost absolutely free. It has, true enough, in large measure an independent life of its own.

It is supplied with its own ganglia, and, more than any other, its muscle has the inherent power of contractility. Intelligence and will it has not, however, and the brain exercises over it only an inhibitory power. What is the incentive then that drives it to excessive labor? There is excellent reason to believe, as I shall maintain in this essay, that the chief regulator of the heart's action is the demand of the various tissues of the organism for a proper supply of good arterial blood, which demand is communicated to the heart in a reflex way through the brain. To furnish this supply is the end for which the heart exists, and experience bears out the conclusions of reason in showing that its action is most largely controlled by the requirements of this task.

Applying this test to the various instances in which cardiac hypertrophy is met with, we scarcely find one in which it does not respond.

If, for convenience of investigation, we collect into groups the various conditions under which hypertrophy is met with, we shall find that while each may present characters seemingly diverse, on close scrutiny it will appear that in every instance the state will be found due to the requirements of the system for a proper supply of healthy, or, at all events, nourishing blood, the necessity of furnishing which produces overwork on the part of the heart.

1. In the first group we have those cases of hypertrophy due simply to excessive muscular exercise; the hypertrophy found in athletes, rowers, blacksmiths, and all others engaged in long-continued, severe exertion. In these cases the consumption of pabulum from the blood exceeds the norm, and excessive action of the heart is required to supply it. The alternate contraction and relaxation of the muscles in this class of cases accelerates to a certain degree the circulation of the blood, but this is

\*Read before the Louisville Medical Society, Nov. 25, 1886.

only so much work taken off of the heart. The actual extra work of the heart is simply the result of the demand, in the cells of the muscles, created by excessive consumption of force and disintegration of tissue.

2. Those cases in which the circulation is obstructed, as in all cases of stenosis or valvular insufficiency, or where large arteries are pressed upon by tumors. In this class of cases the tissues, not being supplied with the necessary quantity of blood for even normal wants, communicate to the brain a complaint of this privation, whereupon it withdraws a portion of its inhibitory control from the heart, allowing it to perform the extra work which results in the hypertrophy observed.

3. In the third group are found those cases in which the blood is impoverished, and in which while the supply is normal in quantity it is subnormal in quality.

In these cases the tissues, not having sufficient nutrient material supplied them, complain through the central nervous system and cause more work to be put on the heart, with resulting hypertrophy.

The type of this class of cases is anemia, in which the blood is faulty only in being deficient in the amount of solid material it should contain. Of this character is probably, in most cases, the hypertrophy found in pregnancy. The blood in this condition being required to give up a share of pabulum for the fetus, the remainder is left impoverished and the tissues of the pregnant woman are led to complain.

It may be, however, that in some cases the pressure of the womb on the large arteries interferes with the circulation beyond, and thus leads to excessive action.

In atheroma and Bright's disease a like factor must operate. In the atheromatous condition of the arteries, on account of the rigidity of the walls, the ordinary efforts of the heart are not sufficient to supply the needs of the tissues, and a greater effort is necessitated, which results in hypertrophy. In Bright's disease, the blood being impure and deficient in proper nutritive qualities, the tissues demand more of it, vitiated as it is, to meet their wants.

It must appear self-evident that the heart would not exert itself to an unusual degree or

take on excessive growth, for no other apparent reason than that it is supplied with blood deficient in quality. Deficient work and atrophy would be much more easily accounted for in this way than overwork and hypertrophy.

To suppose, indeed, that the heart in any other way than the one here suggested could be moved to excessive work, would be to endow it with intelligence, volition, and a self-denial that could only be the result of reasoning from high moral principles.

The hypertrophy found in exophthalmic goitre, in "irritable heart," the nervous irritability produced by sexual excesses, in short, in all apparently functional disturbances, the cause may be and probably is the same. It is worth while to know whether in all these cases there is not some deficiency in the quality of the blood.

There is a class of cases in which atrophy instead of hypertrophy is found, and these, on any known principle, are more difficult of explanation. In certain forms of cancer, especially cancer of the pylorus, in diabetes, advanced consumption, and some other diseases, this condition exists; and pursuing the analogy we must here suppose that a kind of inappetence of the tissues is engendered, so that they do not require or appropriate pabulum to usual extent, and that the heart from inaction becomes atrophied.

LOUISVILLE.

## PEPTONIZED MILK.

BY ROBERT N. TAYLOR, M. D.

In the summer of 1883 the writer first began to use pancreatic extract in the preparation of milk for sick children; during that season he conducted to a successful issue a case of gastro-intestinal catarrh in an infant seven months old, bottle-fed, and sadly neglected. For sometime the case bid fair to end fatally, resisting bismuth and zinc, lime-water, milk diet, etc.; but as soon as it was put upon the use of peptonized milk, it underwent immediate, marked, and sustained improvement, making a good and rapid recovery.

During the warm seasons of 1884 and 1885 the writer also used the peptonized milk in several



cases of summer diarrhea in children one and two years old, and always with marked-good results; cases that were dragging along under bismuth, milk diet, etc., waiting for cold weather to cure them, were happily terminated when put upon a diet consisting exclusively of peptonized milk.

A recent experience has been highly confirmatory of the writer's faith in the value of extractum pancreatis; and has more than ever convinced him that its use is based upon sound physiological principles; that the good results which follow its use are not imaginary, neither are they accidental, as is so often the case in the routine of practical medicine; but that these results are direct and necessary, depending upon our being able to accomplish for the patient just that which the patient is unable to do, viz., the digestion of milk. This is not the place to enter into a discussion of the chemistry of this subject, but he who takes the pains to inquire into it will find that the use of milk predigested by pancreatic ferment is as firmly grounded in its chemistry as any other fact in physiological therapeutics; indeed, much more so than the majority of those facts upon which we base our daily practice.

The experience referred to above is comprised in the history of a case at once so instructive and illustrative of the value of predigested milk, that the writer feels warranted in giving the facts somewhat in detail. This patient was a child born in March, 1886, bottle-fed, weak, poorly nourished, inheriting from its father a delicate digestive apparatus. Its food was cow's milk, diluted and sweetened, upon which it grew and did tolerably well until about July first, when it began to have frequent attacks of vomiting with some diarrhea; the vomited matters consisted of milk, curdled in hard masses; it had frequent painful colics, and stools showed masses of curdled milk. The principal and distressing feature of the case was the obstinate and frequently recurring attacks of vomiting; and this, with the diarrhea, cut the child down in spite of bismuth, zinc, soda, mercurials, opiates, lime-water, and the best treatment that we could devise, until by the end of five weeks (August 7th) its chances of life were reduced to a minimum.

At times its temperature rose to 103.5° F., and we had a most severe case of gastro-enteritis in an already delicate infant five months old.

At this time (August 7th) the child was put on the use of humanized milk, prepared according to the formula of Leeds', presented to the New York County Medical Association, July 16, 1884. (Smith's article; Pepper's System Medicine, vol. ii, page 752.)

From the very first, after we began the use of the humanized milk, the child showed an improvement in all the symptoms; the vomiting ceased at once, and in a few days the diarrhea also, so that all medicine was withdrawn and the case left to the reparative power of humanized milk. The child improved steadily and uninterruptedly, except once, getting out of a supply of the peptogenic milk powder, it was allowed to use simple diluted milk for twelve hours, when vomiting came on with violence, but a resort to an extemporaneous peptogenic milk powder, as at first, promptly relieved this, since which time its growth and nutrition have been progressive and most satisfactory. All the milk it drinks is "humanized," that is, peptonized, with the addition of water, cream, and milk sugar, in such proportion as make it very closely to resemble mother's milk digested and ready for absorption, in which state the casein is not curdled into hard masses by the gastric juice, and herein lies the secret of its value as an infant food.

At the Salzburg Conference, 1881, held for the express purpose of considering the diet of infants, it was agreed by all that cow's milk is the best substitute for mother's milk during the entire period of infancy.

But as is well-known, animal milk coagulates in the stomach in hard, firm masses, which the infant can not digest by reason of their firmness and impermeability. These masses of coagulated casein, by their presence, and the mechanical irritation which they give rise to, set up a more or less acute inflammation of the gastric and intestinal mucosa, most apt to occur in warm weather, because of the greater feebleness of the digestive powers at this season. That is exactly the pathology of the case above narrated, and it constitutes the sole objection to the use of cow's milk as an infant food.

Pfeiffer has met and overcome this difficulty by his suggestion to peptonize the cow's milk. By means of pancreatic ferment it is thus predigested, either entirely or partially, depending upon the intention of the operator, and is not coagulated by the acid secretion of the infant's stomach, or if so, only in flashes, like human milk. By peptonizing cow's milk it becomes thinner, acquires a slightly bitter taste and is made to closely resemble human breast milk; the addition of water, cream, and milk sugar in definite proportions results in a product that chemically can scarce be distinguished from and practically and clinically is identical with mother's milk.

It is to be borne in mind that this method of peptonizing milk for infants is not a patent or proprietary affair, but that it is one of the most important and exact applications of pure science to practical therapeutics and dietetics.

The uses of peptonized milk are still more varied, as, for instance, during the past summer the writer had in charge a delicate boy, six years old, with well marked typhoid fever, temperature up to 103.5° F. At end of first week vomiting and diarrhea became troublesome symptoms; the diet being exclusively milk, the vomited matters were masses of hard curds. At this time the milk was peptonized for him, vomiting ceased at once, diarrhea was never so severe as to demand special attention, and for three weeks he lived upon peptonized milk, being urged to take the largest possible quantity of it. Nutrition was well maintained. By this means and to this fact, in no small measure, is to be attributed the successful issue of the case.

There can be no question of the fact that in all those wasting diseases, including fevers, some forms of tubercular disease, and inflammatory and ulcerative disease of the stomach and intestinal canal, in which the milk diet is so valuable, the process of peptonizing, or predigestion of the milk, is a most important advance, equaled only by the application of the milk diet to these affections in the first instance.

In the summer diarrhea of children it is a remedy beyond all price, and holds the very first place in the dietetics and therapeutics of this malady.

If we accept the authority of the Salzburg Conference, which experience abundantly bears out, that "cow's milk is the only substitute for mother's milk"—and after considering the various infant foods sold in the shops, "that these can in no way be substituted for mother's milk, and, as exclusive food during the first year, are to be entirely and completely rejected"—then the process of peptonizing cow's milk by which it is "humanized" or made to closely approximate human breast milk physically, chemically, and in its clinical effects, deserves to rank as the very best method of feeding all those infants who are deprived of the mother's breast.

The preparation which the writer has used is the extractum pancreatis, made by the Messrs. Fairchild Bros., New York, and in preparing "humanized milk," either an extemporaneous product is made from the above extract, or, what is preferable, because more convenient, Fairchild's Peptogenic Milk Powder is used.

TALLESBORO, KY.

#### THE SPECIAL HYGIENE OF ASTHMATICS, AND THOSE SUFFERING FROM PRURITIC RHINITIS (HAY- FEVER, ETC.)

BY THOS. F. RUMBOLD, M.D.

Asthma is one of the sequences of chronic nasal catarrh. The care that should be taken by patients afflicted with this complaint differs but little from that of those afflicted with common catarrh.

The asthmatic must avoid dust as carefully as the sufferer from pruritic catarrh. They must avoid all sulphurous odors and a dry, hot atmosphere. They must avoid night air, and remain at home on damp days in both fall and spring seasons. I would recommend every asthmatic to list his food, being particular to note every article of diet that disagrees with him. Very few asthmatics can bathe frequently even in warm weather, but every one may keep his body perfectly clean by means of vaseline, using a "woolen rubber" twelve inches square. This is made of three thicknesses of flannel, not sewed together around the edge but tacked together every two inches,



as cotton comforts are fastened together. Many patients were very greatly astonished when told that it was possible to cleanse the surface of the body just as perfectly in this manner as by water and soap, with the advantage of not taking the least cold from it.

The instructions regarding the importance of avoiding colds, protection of the body in general, and all the other hygienic and sanative measures recommended for catarrhal patients, apply to all asthmatics, because all asthmatics are catarrhal patients.

Horse-back riding is the most beneficial exercise for these patients. They should walk as little as possible during the fall and spring months.

Quite a number of my patients, who had reached the age of from forty-five to sixty years, have been benefited by employing abdominal respiration, that is, breathing without elevating or depressing the ribs. In this way the diaphragm alone does the work of taking in the breath, and the abdominal muscles alone the work of expelling it. This rests the two sets of muscles attached to the ribs.

Female patients must not construe this into a license to wear corsets or any thing tight around the waist.

Asthmatics should eat light suppers; they should not drink milk after they have taken their dinner. Those who have been in the habit of drinking alcoholic liquors will be much benefited by drinking one or two goblets of hot water before getting out of bed in the morning. This will have a good effect on the stomach, bowels, and kidneys.

#### PRURITIC RHINITIS (HAY-FEVER).

It is as preposterous to expect to even alleviate a patient afflicted with pruritic catarrh without strictly following the rules of hygiene, as it would be to maintain a ship dry with a leakage in its hull, or a man sober while continually imbibing large quantities of alcoholic drinks.

*Protecting the Head. The Hair.* If a patient who has suffered from annual attacks of this complaint for about five years, and whose head perspires freely, should make the mistake of

having his hair cut so short that it can not be parted, he will soon learn, to his sorrow, that but little can be done to lessen the severity of his paroxysms till his hair again grows. A cap may afford him some protection, but because of its too frequent removal it will not take the place of the lost hair. A properly constructed wig will come nearest to doing this.

*Wigs Healthful to the Bald-headed.* A large proportion of persons who are afflicted with pruritic catarrh are bald-headed, and the scalps of very many of them perspire profusely on the slightest exertion. With such, a very slight draught of air is sufficient to bring on a paroxysm of sneezing. An acquaintance, who had the misfortune to be quite bald, informed me in 1872 that he cured himself of his "hay-fever" by wearing a wig. He had suffered from this complaint for a few years, and observed that he was most liable to sneeze when his head was bathed with perspiration. If at such times he wiped his head with a handkerchief that had been wet, it produced a cold, chilly sensation to his head, and always caused sneezing; if he used a warm handkerchief he did not sneeze. He had a relative who was a wig-maker, and who advised him to wear a wig to prevent him from wiping his head so often. It took him some weeks' torture by the disease before his pride—an exceedingly foolish one—gave way. He felt an improvement on the first day of wearing the wig, and did not have an attack after that season. Of course he continues to wear the wig. Besides relieving him of his annual attacks of pruritic catarrh, he was relieved of headache also, a complaint that he had been subject to for years before his attack of "hay-fever."

I strongly urge all my bald-headed patients, whether afflicted with pruritic catarrh or with common chronic nasal catarrh, to wear a wig. The hair should be let grow until it is long enough to nearly touch the coat or dress collar; and it should not at any time be much shorter or longer on *any person*, whether male or female.

The beard should be allowed to grow until it forms a good protection to the throat and neck. Shaving is a flagrant violation of one of the laws of health.

*Hats and Caps.* The best hat for male patients is the soft hat.

A light skull-cap should be worn day and night when the patient is in the house. It is not necessary to have a different cap for night wear, unless a warmer one is required at night, for the protection of the head is equally essential during all hours of the day and night.

All of these patients, male and female, perspire very freely about the head, and while the scalp is thus covered with moisture, even a slight draught of air will, in a few minutes, reduce the temperature of the surface fully 20° F., which in all probability will be sufficient to produce a paroxysm. The cap is intended to prevent this sudden lowering of the temperature, not for the purpose of keeping the head warm.

Female patients should wear a silk hood day and night, which need not be heavily quilted.

Those patients who do not require the inunction of the whole body with vaseline, may require to have the face, neck, hands, and feet anointed with vaseline, as they retire for the night, as described in another article relating to local treatment.

*Clothing.* Patients of both sexes should wear thin stocking-knit, cotton and wool mixed, vest and drawers, and a heavy suit of pure flannel over them. The advantage of wearing cotton next to the body, is that it absorbs the perspiration, thus preventing a cold, chilly sensation should the body be exposed to a draught of air. Some of my patients have felt the necessity of wearing a third suit, consisting of heavy flannel, even on hot days, and claimed that they did not suffer in the least from excess of heat. This class of patients, and all whose nasal passages are affected with catarrhal inflammation, require a large amount of clothing, and they bear it with comfort.

*Inunction of the Body.* This is very frequently productive of marked benefit. The room in which the inunction is to be made should be kept quite comfortable. Vaseline is the substance to be used. It should be rubbed on by means of a flannel cloth made hot over a lamp. The clothing should be removed to the waist, and the body well rubbed, occupying about fifteen minutes time, then the clothing should

be replaced, and that of the lower portion of the body removed, after which this part also should be well anointed, occupying about the same length of time. Some patients are remarkably fond of this operation, and spend an hour and even longer in completing it.

*The Feet.* Male patients should wear boots, females high shoes. Two pairs of stockings should be worn; the pair next the feet should be cotton and the other woolen.

If slippers are to be worn, a pair of heavy woolen stockings should be drawn on over the stockings already on the feet.

Females must not wear elastic garters. In order to maintain the hose in place, they should be pulled on over the thin underdrawers, and held by four elastic straps, each of which has brass loops on each end, so formed as to securely retain the hold on the drawers and the top of the hose. In this way the circulation of the blood in the limbs is not impeded.

*The Sleeping-room.* The sleeping-room should be large, and well swept and dusted every day, and should face the south and east if possible. From morning until 1 p. m., all the windows and doors should be left wide open; after that time they should be all closed up tight and the sunlight be excluded to almost total darkness. A piece of ice, weighing about ten pounds, hung up about six feet high in the middle of the room, will lower the temperature of the air to a pleasant coolness, and it will continue so during the whole night. Some might think that this would make the air of a room too damp, but such is not the case.

If the ice melts too rapidly, so that the air is made too cold, the ice may be covered with a piece of cotton or woolen cloth, as with the latter the ice will melt more slowly than with the cotton covering. A swing to hold the ice may be made of a common towel, stretched and held by the four corners. This leaves the ice exposed to the downward current of warm air, which, as soon as it strikes the ice, is lowered in temperature, continues in its course to the floor, forming the lower stratum of air in the room. The water from the ice may be caught in a bucket or other receptacle as it drops from the towel.



*Sleep.* The patient should sleep between blankets, but not on feathers, or old moss, or old hair; a cotton mattress is the best. If a cotton mattress is not used, then a heavy cotton quilt should cover the bed mattress. It will be well to have the pillows made of cotton.

Anointing the face, neck, hands and feet with vaseline just before retiring is quite refreshing because it is cooling.

The "catarrhal season" should be slept away if possible, but it is not best to sleep so much during the day that the night will be passed in wakefulness. If the patient can not sleep sufficiently long at night, an anodyne should be given, but as a usual thing the ice and quinine produce refreshing repose.

*The Diet.* A good, nourishing diet is advisable. Every thing that the patient thinks may disagree with him, and all those articles known to disagree with him, should be avoided. Going to bed very hungry may prevent a good night's sleep. Drinking water is always healthful. One to two teacupfuls of hot water as soon as the patient rises from bed in the morning, or if convenient, before rising, is frequently conducive to good digestion. Milk, if taken after dinner, is liable to induce a cough by its causing the mucus in the throat to become quite thick and adherent.

*Exercise.* Many of these patients suffer from palpitation of the heart when they take exercise, but some gentle exertion, even to the extent of inducing a slight perspiration, is quite beneficial. As a general thing, the avoidance of sunlight, dust, smoke and other irritating agents that float in the air is the most conducive to comfort. Walking in a close, darkened room, in which a piece of ice is hung to keep the temperature fully 10° F. to 20° F. below the outside temperature, is usually quite refreshing.

*To be Avoided.* Sufferers from this complaint should not bathe; should not smoke, chew or snuff tobacco; should not drink beer, wine, whisky, brandy, gin or any beverage that contains alcohol; should not be out in the night air, and should not allow themselves under any circumstances to become angry. The disease has a tendency to make one irritable, but this condition of mind must be controlled. A fit

of anger will be almost certain to induce a fit of sneezing. Every victim of this complaint can, if he chooses, cultivate a habit of becoming angry, to his own discomfiture, or of exhibiting a disposition of patience. Coughing and sneezing must be avoided if possible. The former may many times be controlled to almost complete suppression. Handkerchiefs that have become wet from nasal secretions and tears should be put out of the room. If the expectorations are very profuse, a spittoon filled with dry earth should be kept in the room and new earth put in it every morning.

ST. LOUIS, MO.

#### A CASE OF LATENT PERICARDITIS PURULENTA, WITH FATTY DEGENERATION OF THE HEART, AND ATHEROMA OF THE ASCENDING AORTA.\*

BY J. A. OUCHTERLONY, A. M., M. D.

*Professor of Principles and Practice of Medicine and Clinical Medicine, University of Louisville.*

Henry Willis, aged forty-two, married, railroad man, was admitted to the Louisville City Hospital November 18, 1886.

*Previous History.* His father died, at the age of forty-five, of a destructive ulceration of the face, said to have been cancer. His mother is still alive and in good health. The patient himself generally had good health up to four months ago, when he thinks his present illness began. He has used alcoholic stimulants in moderation, but has been excessively addicted to smoking. His illness began with pain in the right epigastrium, rather constant and aggravated by the ingestion of food; he has also been much troubled with flatulence and other digestive disturbances, but had vomited only twice prior to his admission. His appetite had kept up tolerably well, but he has lost flesh steadily and in considerable amount. He had been under the care of two excellent physicians, who had suspected cancer of the stomach, and had so informed the patient. He was himself strongly impressed with this belief.

*Present Condition.* The patient is rather tall and gaunt, eyes somewhat sunken, but bright; color rather good, certainly not suggestive of

\*Read before the Clinical Society of Louisville.

cachexia. He complains of a bad appetite and symptoms of indigestion as described above. The integument over the epigastric region is discolored over an oblong-square, which he says marks the site of blisters ordered by his former medical attendants. He complains of severe, deeply seated pain in this locality, shooting up under the sternum. There is tenderness under pressure, most marked at a point corresponding to the pylorus. Palpation reveals increased resistance, but no tumor can be detected. The liver appears somewhat enlarged. He has no cough, but vomited several times after entering the hospital. Pulse is weak and slow. Temperature is subnormal, reaching but 98°. There is nothing abnormal observed about his chest.

*Progress of the Case.* During the evening of the 19th of November, that is, the day after his admission, he complained of very severe pains in the epigastrium and precordia. At 3 o'clock in the morning he was breathing hard; pulse was imperceptible at the wrist; his extremities were cold. The heart sounds were barely audible. His mind, however, remained perfectly clear. At 6 o'clock A. M., on the 20th instant, he died.

*Autopsy.* About five hours after death *rigor mortis* marked. Body thin, but not emaciated, moderate amount of fat in subcutaneous areolar tissue and omentum. Liver somewhat enlarged and congested; spleen full-sized, capsule opaque and thickened at various points; kidneys congested.

The pericardium was highly injected, and its cavity contained about two drams of pus. The heart was distended and flabby, pale, fatty degenerated; left ventricle contained black, soft coagulæ, left auricle contained a very firm, white, fibrinous clot, entangled in the cordæ tendinæ of mitral valve. Aorta ascendens thickened from incipient atheroma; orifices of coronary arteries almost obliterated. No disease of the stomach was found. Dr. A. LeCoq, Assistant to the Chair of Microscopy, University of Louisville, made a careful microscopical examination, which revealed that muscular structure of the heart was in a state of advanced fatty degeneration.

LOUISVILLE.

## Societies.

### THE LOUISVILLE CLINICAL SOCIETY.

Stated Meeting, November 23, 1886, John A. Ouchterlony, A. M., M. D., President, in the chair.

The President gave a detailed report of a case of latent pericarditis purulenta, with fatty degeneration of the heart, and atheroma of the ascending aorta, which was seen recently at his clinic in the Louisville City Hospital, as reported in page 391, this issue. By way of introduction, and as bearing especially upon the case at hand, the speaker read a translation from the *Nord. Med. Arkiv's* account of Prof. Panum's last illness. (See page 405.)

This report was followed by an exhibition of the heart and great vessels of the subject, together with microscopic sections of these organs, prepared by Dr. A. LeCoq, Assistant to the Chair of Microscopy, University of Louisville. These specimens confirmed in every particular the statements contained in the foregoing report.

Under the order of oral reports, Dr. H. A. Cottell said that some six weeks since he had been called to see a young woman, aged twenty-two, who, while in a paroxysm of pain due to a chronic follicular gastritis, had swallowed about two ounces of a mixture of equal parts of chloroform and spiritus ætheris comp.

Dr. Cottell arrived at the house about twenty minutes after the mishap. At this time the patient, though unconscious, was making feeble efforts at vomiting. The matter, which was thrown up in small quantity, consisted of semi-digested food. The pulse was feeble, and respiration had well-nigh ceased. The patient being unable to swallow an emetic, a piece of rubber tubing a quarter of an inch in diameter and a Davidson's syringe were brought into requisition. The tube was passed without difficulty into the stomach, and by means of the syringe a pint of water with salt and mustard was injected, which had the effect of producing free emesis, with the tube *in situ*. The first injection was followed with at least another pint of the emetic, and this with water, until the stomach was thoroughly ridded of its contents, clear water only at last coming away. This measure



was supplemented by injections hypodermically of whisky and atropia, with carbonate of ammonium by rectum. In less than an hour the pulse and respirations had become normal; consciousness returned, and the patient made good her recovery.

She has since shown no symptom of her former gastric trouble.

In the management of the case Dr. Cottell had the able assistance of Dr. D. T. Smith.

Dr. P. Guntermann: I have recently had in my practice two cases of chloroform-poisoning. The quantity of the drug taken by each was about one ounce. A funnel and rubber stomach-tube were used, and the stomach thoroughly washed out in each case. Whisky and carbonate of ammonium were given by injection, and the usual mechanical measures recommended in such cases employed; but nevertheless both patients died.

The President suggested the use of apomorphia (gr.  $\frac{1}{12}$  hypodermically) in such cases as the readiest means of bringing about prompt emesis; giving it as his opinion (in which he was supported by several of the Fellows) that the depressing physiological effects of the chloroform would not contra-indicate its use.

Dr. Thos. P. Satterwhite: By way of encouragement to physicians who may meet with cases of poisoning where the patients are found to be *in extremis*, I will present briefly the points of a recent case.

The patient (a young woman) was supposed to have taken an overdose of morphia. When I saw her she presented the symptoms of imminent dissolution. The pulse was scarcely perceptible, the surface of the body was cold, the countenance pale and pinched, and the respirations but six or seven per minute. The battery made no impression upon the muscles of respiration. The physicians, several of whom were in attendance, considered death to be certain, and had begun to discuss the question of an autopsy. Vigorous measures of relief were, however, persisted in, and the patient recovered.

Dr. W. Cheatham cited the history of several cases seen in practice and consultation, which were interesting in that they illustrated the extreme difficulty of diagnosis in some

forms of diphtheria. In one case a paralysis of accommodation had followed as a sequela of a supposed follicular tonsillitis, thus almost to a certainty proving the pre-existence of diphtheria. In another a diagnosis of follicular tonsillitis had been made, and other children of the family had been allowed to stay in the room or even to occupy the same bed with the patient. Unmistakable signs of diphtheria were in a few days plainly visible. A third was a patient with hypertrophied tonsils, who came to him with a view to having them removed. There was no visible exudate upon the fauces or tonsils; but the character of the secretions from the naso-pharynx, flowing down over the posterior surface of the velum, led him to regard the case as one of diphtheria, and to decline to perform the operation. Subsequent developments proved the truth of the diagnosis.

Dr. F. C. Leber: I have seen a number of cases in which the constitutional symptoms were such as render the existence of diphtheria probable, but in none of these could any trace of a membrane be seen. Can diphtheria exist without the characteristic exudate?

Dr. Cheatham: I think so.

Dr. Samuel Brandeis: It is probable in these doubtful cases that the exudate may be present in some of the deeper hidden parts of the respiratory or alimentary tract. I doubt the existence of diphtheria without membrane.

The speaker cited the case of a child (seen in practice before the days of laryngoscopy) in whom the only symptom present for several days was earache. The child died suddenly of laryngeal stenosis, due to diphtheritic exudate; but at no time previous to this event was a pseudo-membrane demonstrable in the case.

In another, laryngeal stenosis suddenly occurred after a few days' illness, during which no membrane had been visible. A tracheotomy was done; but the patient died upon the table. A few days after the death another child in the family was attacked with diphtheria of unmistakable character.

The President concurred in the position taken by Dr. Brandeis, and Drs. Satterwhite and Cottell each cited cases to the point.

Dr. I. N. Bloom reported the recent discovery of micro-organisms in tonsillitis lacunaris, which were the probable cause of the disease, and explained its contagiousness. He thought that some of the cases just discussed were probably simple follicular tonsillitis. The fact that others in the family had been similarly attacked, had probably led the observers (forgetful of the contagiousness of tonsillitis lacunaris) astray.

Dr. Turner Anderson: I will report briefly a case of *placenta previa*. November 21st, early A.M., I was called, but could not go, to see Mrs. —, multipara, in her second pregnancy, eight months advanced. She had gone to bed on the previous evening without premonition of impending trouble; but on awaking in the middle of the night she found that she had lost considerable blood. I saw the patient at 5 o'clock P. M. Her condition then was as follows: Pulse rapid and irregular. There was evidence that the patient had lost considerable blood, but reaction had been well established. There was great abdominal uneasiness, but no labor pains. The os was patulous, with a baggy condition of the posterior lip. The placental tissues and the vertex of the child could be felt through the anterior uterine wall. The examination caused a slight recurrence of the hemorrhage. I did not try to make out the exact attachments of the placenta, and so left in doubt the question as to whether the case was one of complete or partial placenta previa. A tampon was introduced, and uterine contractions encouraged by manipulation of the fundus. The tampon was left *in situ* for three quarters of an hour, and the manipulations resorted to with each recurrence of a pain. Evidence of hemorrhage being patent, I decided to remove the tampon, puncture the membranes, turn and deliver. The placenta was found attached postero-laterally over the lower half segment of the uterus in such a manner as to be involved in the dilating os. The delivery was accomplished without great difficulty or serious hemorrhage after the membranes were ruptured. The child was born alive, but died after one week, of congenital feebleness. The mother made a good recovery. The case brings to mind and supports the

axiom laid down by the late Prof. Henry Miller, viz., that "a contracting womb empty of its waters will not bleed, or, if it does, it will not be to a dangerous degree."

I. N. BLOOM, M. D.  
Secretary.

### CHICAGO MEDICAL SOCIETY.

Stated Meeting, November 1, 1886, E. J. Doering, M. D., President, in the chair.

Dr. Albert E. Hoadley read a report of five cases illustrating a treatment of the more severe forms of stricture of the rectum:

CASE 1. J. H. G., an engineer, aged forty, with history of piles of eight years' standing, and stricture two years. Examination revealed a hard carcinoma of the rectum within one and a half inches of the anus, immovable on account of adhesions to the sacrum. The adjacent parts were involved and the bowel completely occluded. The general condition of the patient was bad. Abdomen swollen and very tender. Had not had a passage from the bowels for two weeks. Could not take food without immediately vomiting. Pulse feeble, 120, temperature 102°. At the first examination Dr. Hoadley succeeded in separating the adhesions sufficiently to pass a syringe pipe beyond the immediate stricture. A half pint of soap-water was injected a number of times during the afternoon and evening, with the effect of bringing away considerable matter and gas and giving great relief to the patient. Three operations were performed at intervals by which a fair canal through the cancerous mass was made, but without relief to pain. At the fourth operation the lower end of the growth and sphincter ani were divided with one stroke of the knife. There was little hemorrhage. The relief obtained by the division of the sphincter was tenfold greater than that from all the other operations.

CASE 2. A laborer, forty-two years old, with history of hemorrhoids, and stricture of five years' standing. Examination revealed a firm unusual stricture within two inches of the anus. Syphilis could not be excluded, so he was put on large and increasing doses of iodide potassium, and a systematic dilatation with an elastic bougie commenced. After four weeks



a bougie one inch in diameter could be passed without difficulty. There was no particular irritation at the seat of the stricture, but the bowels were very irritable and there was an increasing diarrhea. The stricture and sphincters were thoroughly divided and the wound packed with gauze on which dry persulphate of iron had been sprinkled. Relief was immediate and complete. Examination two months after the operation showed the wound to be nearly healed, and the patient feels better than he has felt for a year previous.

CASE 3. An American woman, aged thirty-nine, the mother of three children; she had a stricture of nine years' standing. When the stricture was divided it was found that the rectum contained a carcinomatous mass, almost occluding the canal, higher than could be reached with the fingers. The sphincters were divided back to the coccyx and an incision was made through the mass nearly to the sacrum, and a piece of gauze pressed on the wound to prevent bleeding. A large-sized drainage-tube was placed in the bowel above the disease. The rectum was packed, and all secured with a T bandage and the patient put to bed. After the fifth day she rapidly improved, and left the hospital within a week after the operation. Three months afterward she was comfortable and had gained six pounds.

CASE 4. A German woman of fifty-six years, the mother of several children. She had enjoyed good health until the development of the stricture of the rectum about three years before. The stricture and sphincters were divided, and on introducing the finger the bowel was found blocked up with other strictures of a malignant character. These were dilated with the fingers. A violent inflammation supervened and the patient's life was threatened. She made a slow recovery, and was convinced that she was made worse by the operation. Dr. Hoadley thought that if the strictures had been incised instead of divulsed, the patient would have derived benefit.

CASE 5. An American of sixty-seven years, the mother of four children. Labor had always been normal and easy. She had a stricture of five years' standing. Examination revealed two or three open sinuses and fluctuating ab-

scences in the ischio-rectal region. The abscesses and sinuses were opened and packed with iodoform gauze and the stricture divided, the sphincter being dilated. Great relief followed the operation, which was made to relieve pain and not with the hope of prolonging life.

From a study of these cases Dr. Hoadley deduced the following principles:

First, it is dangerous to practice divulsion of malignant stricture of the rectum; second, division of a severe stricture of the rectum without dividing the sphincters is of little practical value and has no tendency to cure; third, division of malignant strictures with the sphincter gives great relief and tends to prolong life; fourth, division of severe non-malignant stricture with the sphincters gives great relief and tends to perfect cure; fifth, division of both stricture and sphincter, whether malignant or non-malignant, is not attended with danger. Therefore we may conclude, that in all severe strictures of the rectum, whether malignant or non-malignant, complete division of the stricture and all the tissues below it back to the tip of the coccyx affords the greatest relief, and of the non-malignant strictures, the best means of permanent cure at our command.

Dr. J. Frank thought that if the author had divided his paper into relief for malignant strictures and treatment for non-malignant strictures, it would have been a better classification. He had not had much experience with malignant strictures, but had divided one in the manner described by the author, by cutting down through the cellular tissue. He thought there was little danger in performing the operation, and was surprised at the small amount of hemorrhage. But the benefit from the operation lasted only for a short time; there was relief at first, but in six or eight weeks the same symptoms returned. Even in extirpated cancerous growths, as far as his information went, they generally return within a year. He had had one case in which the whole cancerous growth was extirpated, but in six or eight months it commenced to return, and in a year's time the patient died with cancer. He thought that in dividing the strictures care must be taken not to go too far up the bowel, or too deep, as the peritoneum might be cut into.

Dr. A. E. Hoadley, in closing the discussion said:

Dr. Frank suggests that we be careful in dividing the strictures high up; I think if we do not divide them higher than we can reach with the finger, dividing them in the posterior line, there is little danger of opening the peritoneal cavity. The peritoneum does not come down as a rule where it can be reached with the finger. In regard to hemorrhage, those cases sometimes bleed profusely even though they are divided right in the median line, where we least expect to find blood-vessels; the tissues become vascular, new vessels form, and it is necessary to tampon the wound, and in doing so it is best to put in a tube to relieve the bowels of gas. The suggestion made in reference to the division of the paper is quite proper; perhaps it would have been better to have said, report of cases illustrating a treatment. The treatment is palliative in malignant strictures, and in non-malignant strictures sometimes effects a cure. In answer to the question, how many inches up may we go; it is a rather difficult matter to reach the peritoneum of the posterior wall of the rectum with the finger, even if the sphincter is divided; you can reach about four inches with the finger by pushing hard, and I think I would hate to divide a stricture further than I could reach with my fingers. Even the inferior mesenteric artery (superior hemorrhoidal) comes down sometimes, before it bifurcates into the lateral branches, within reach of the fingers, and may be divided; but that is no drawback to the operation, because you can put a tampon into the rectum so firm that all hemorrhage can be perfectly controlled, and on the next day you may remove about half of the tampon to relieve tension, and the remaining half will tumble out itself three or four days later. It has been my experience, and it is on the authority of the text-books, that the vessels there can be controlled with the tampon very securely and with perfect safety. It is best to prepare for it, and always tampon where you make that division, because moderate hemorrhage is sometimes quite persistent.

Dr. A. J. Ochsner read a report of a case of actino-mycosis, with exhibition of patient.

The patient, a stock raiser, aged fifty-six, entered the Presbyterian Hospital of Chicago, October 13, 1886. Until the autumn of 1877 the patient was in perfect health, following his occupation of stock raising. At that time he was exposed to drafts of cold air during a journey, and experienced severe neuralgic pains in the left antrum of Highmore. He had seven teeth taken from his upper jaw, from which all the other teeth had previously been removed, but these proved to be sound, and he obtained no relief by their removal. For six months he suffered excruciating pain in the left antrum and in both eyes from sunrise until sunset. In 1878 there was a spontaneous opening of the abscess into the pharynx, evacuating a considerable amount of pus and some blood, and giving the patient marked relief. A portion of the discharge usually entered the larynx at night, giving rise to severe cough. In May of that year the patient underwent a surgical operation, an opening being made into the antrum above the first molar, and the cavity curetted and irrigated. The irrigation was continued two or three times daily for two years, during which time he suffered severely from pain and weakness. In the spring of 1882 the patient went to Northern Mexico and spent the summer on the plains and among the mountains between that point and Colorado. His general health and strength were much improved. In July, 1885, the patient began to cough and continued to do so until his admission into the Presbyterian Hospital. During September, 1885 and 1886, he expectorated blood, but thinks it came from the posterior nares. Since the first of October, 1886, he has expectorated mucus and pus streaked with blood, which undoubtedly comes from the lungs or bronchi. The patient has lost thirty-seven pounds in weight during the past two years; his position is stooping, chest full in front, and a decrease of motion on the left side, with dullness, roughened respiratory sounds and numerous mucous *râles*. Below the upper border of the fifth rib and throughout the right side the sounds are normal. The history of the patient led to a suspicion of actino-mycosis of the left lung, which had primarily existed in the antrum. By a microscopic examination of the sputum



the characteristic fungus was at once found confirming the diagnosis beyond a doubt.

Dr. Ochsner considered the following facts of practical interest in connection with the case:

The patient has been engaged for more than forty years in raising, buying, and selling large numbers of cattle. Many of these animals suffered from lumpy jaw, and it was his practice to cure them by freely opening the abscess by crucial incision, extirpating as much as possible of the lump and introducing about one dram of powdered arsenic into the cavity. Repeating this once or twice usually effected a permanent cure.

The Committee on Pathology reported, through Dr. W. T. Belfield, the examination of the case of *actino-mycosis hominis* presented to the Society on September 6th. The patient is a man about twenty-five years old, emaciated and feeble. The lateral diameter of the neck is considerably increased by inflammatory thickening of the superficial cervical tissues, which are hard and unyielding; on either side of the neck is a jagged scar and small fistulous opening from which issues a slight serous discharge. The jaws could be separated to only a slight extent; but, so far as could be determined, the mouth and throat presented nothing abnormal; no carious teeth were detected.

Dullness on percussion and broncho-vesicular breathing were found over the apex of either lung; on the left side in the supraclavicular region and first intercostal space anteriorly; on the right side down to the third rib.

The patient coughs frequently and occasionally raises considerable sputum. About an ounce of sputum was collected, from which slides were prepared and several specimens of actino-mycetes were detected.

September 28th an incision was made in the left side of the neck, giving exit to a small quantity of pus containing actino-mycetes. It was the opinion of Dr. Belfield that this patient is the subject of actino-mycosis.

Dr. Belfield said that he had been informally requested by the President to examine the case presented by Dr. Ochsner, and had found the patient exactly as described. He thought there was no question about the genuineness of the specimens exhibited. The diagnosis rested

altogether on the detection of the fungi in the sputum, because if that were absent the physical signs might be due to some other cause, but he thought the physical signs in this case were caused by the fungi in the lungs.

On motion of Dr. Tilley, fifty dollars was voted to Dr. Ochsner and two members of the Society for the purpose of making a series of experiments with actino-mycosis.

## Reviews and Bibliography.

**A Text-book of Human Physiology**, including Histology and Microscopical Anatomy; with special reference to the requirements of the Practice of Medicine. By Dr. L. LANDOIS, Professor of Physiology and Director of the Physiological Institute, University of Griefswald. Second American, translated from the Fifth German edition, with additions by WM. STIRLING, M. D., Sc. D., with five hundred and eighty-three illustrations. 8vo, pp. xxix — 922. Price, cloth, \$6.50; sheep, \$7.50. Philadelphia: P. Blakiston, Son & Co. 1886.

The reproduction in this country of the second English edition of Professor Landois' great work in physiology is an event of no little importance to the practitioner and student of medicine, and bears substantial testimony to the enterprise and ability of the famous publishers above named. The work is comprehensive and profound; and while necessarily containing much material of interest only to the expert in biological lore, is by no means wanting in matter of especial bearing upon practical medicine.

Indeed, it has been with a view to practical uses in particular that the author has framed the work, and no physician who sets himself to the mastery of its wonderful store of truth can fail to enhance in large measure his ability to grapple with the pathological problems of practice and his skill in the adaptation of therapeutic measures to the cure of disease. The headings under which the author discusses the physical problems of life are:

(1) Physiology of the blood; (2) Physiology of the circulation; (3) Physiology of respiration; (4) Physiology of digestion; (5) Physiology of absorption; (6) Physiology of ani-

mal heat; (7) Physiology of the metabolic phenomena of the body; (8) The secretion of the urine; (9) Functions of the skin; (10) Physiology of the motor apparatus; (11) General physiology of the nerves, and electrophysiology; (12) Physiology of the peripheral nerves; (13) Physiology of the nerve centers; (14) Physiology of the sense organs; (15) Physiology of reproduction and development.

To each of these topics is given ample space for the presentation of every fact known concerning it, while every feature, macroscopic, microscopic, and mechanical, is made plain by means of well-executed cuts.

The work is a vast repository of biological research, and demonstrates the fact that physiology must soon lay claim with anatomy to a place among the exact sciences.

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**Outlines of the Pathology and Treatment of Syphilis and Allied Venereal Diseases.** By HERMAN VON ZEISSL, M.D., late Professor at Imperial Royal University of Vienna. Second edition, revised by MAXIMILIAN VON ZEISSL, Privat-Dozent for Diseases of the Skin and Syphilis at the Imperial Royal University of Vienna. Translated by H. RAPHAEL, M.D., Attending Physician for Diseases of Genito-urinary Organs and Syphilis, Bellevue Hospital, etc. Pages vi-402; price, \$4. New York: D. Appleton & Co. 1886.

An experience in the treatment of more than thirty thousand patients, an entire life devoted to the study of syphilis, together with the possession of rare powers of observation and of sound judgment, have justly given Herman von Zeissl a high place among authorities on this disease.

In the form here presented as revised by the son, it is not intended to present much that is new or to spread new doctrines, but to offer as graphic and perfect a description or picture of venereal disease as possible. That in the accomplishing of this aim he has had admirable success is a conclusion that might justly be anticipated from the circumstances and conditions.

As regards the moot point of the transmission of syphilis by means of the seminal fluid, Zeissl believes it possible; indeed, taking ground

with Colles and believing in tardy hereditary syphilis, he could not come to any other conclusion.

Till now, says the author, only three cases are known of mothers becoming infected by the hereditarily syphilitic children whom they suckled.

The work is well entitled in every respect to take its place among the authorities.

D. T. S.

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**A Manual of Obstetrics.** By A. F. A. KING, M.D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of Columbian University, Washington, D. C., Fellow of the British Gynecological and of the American Gynecological societies, etc. With one hundred and two illustrations. Third edition, pp. x-379. Philadelphia: Lea Brothers & Co. 1886.

In framing this *résumé* of the science of obstetrics, the author does not attempt to introduce innovations or to discuss theories, but merely to present in a concise and striking form the teachings of the leading authorities. While different views might be held as to the exact place in the curriculum of study for such a work, there can be no denying that the author has succeeded well in the task he has allotted himself. The work evidences a sound knowledge and a vivid as well as clear conception of the subject, and withal is written in an entertaining style.

We are not among those who think the student is the one to be favored with condensations. "To know well is to know through causes," is a just maxim, to which might be added, "To learn quickly, and to remember well, is to learn through causes." In this view we would commend this excellent little work to such as, having studied larger works, have not the time to review them, and for such we know of none better adapted.

D. T. S.

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**Transactions of the College of Physicians of Philadelphia.** Vol. xv, pp. xxi-460. P. Blakiston, Son & Co. 1886.

This volume contains the many excellent papers read before the College of Physicians of Philadelphia during the past year, with dis-



cussions of the same, much of which has already been given to the readers of our American journals. A large part of the contributions are of permanent worth, containing valuable original investigations.

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**First Annual Report of the State Board of Health of the State of Kansas**, from its organization, April 10, 1885, and ending December 31, 1885. Topeka: T. D. Thatcher, State Printer.

This exhibit of the labors of the newly organized Board of Health of Kansas shows that the medical profession of that flourishing State are fully abreast with its enterprising inhabitants of other callings. They have entered upon sanitary work with an earnestness and energy that gives promise of great results.

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**Transactions of the American Surgical Association.** Vol. IV. Edited by J. EWING MEARS, M.D., Recorder of the Association. Pages 339. Printed and for sale by P. Blakiston, Son & Co., Philadelphia. 1886.

This volume presents an excellent exhibit of the thorough work done during the past year by the members of this Association. The various articles have already been given the public through the medical press, but are here preserved in a more attractive and permanent form.

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**Consanguinity in Marriage.** By E. S. McKee, M.D., of Cincinnati. Reprint.

**The Early Diagnosis of Pregnancy.** By E. S. McKee, M.D., of Cincinnati. Read in the Section on Obstetrics at the Thirty-seventh Annual Meeting of the American Medical Association. Reprint.

**"In shipping all industries unite."** Conference of the American Shipping and Industrial League held at Pensacola, Florida, November 10-12, 1886. Address on Relation of Quarantine to Shipping Interests. By Joseph Holt, M.D., President Board of Health, State of Louisiana.

The Archives of Gynecology, Obstetrics, Pediatrics, New York, series of 1886, just completed, has met with such warm encouragement the publishers have decided to issue

monthly, and, commencing January, the parts will so appear, instead of bimonthly as heretofore. The journal is published by Leonard & Co., 141 Broadway, New York.

The Southern Bivouac for December. The Southern Bivouac for December contains a number of original and striking articles, and is a magazine which neither the North or the South would hesitate to claim.

The first article, illustrated, is a description of the origin and genesis of the trotter, and it is accompanied by a number of instructive tables. The article is written by John Duncan, and its interest will not be confined to those concerned in the improvement of live stock. It is an unusually valuable and suggestive article.

The article to which nearly every reader will first turn relates to the Northwestern Conspiracy. It is the introduction to a complete history of this episode of the war, and contains the letters of instruction and the commissions issued to the Confederate Commissioners. The cipher used is also given, with an account of the manner in which the commissioners ran the blockade. These papers will equal in historical interest and exceed in personal adventure any war papers yet published.

Another important contribution to history is the paper containing some unpublished letters of Jefferson. These letters contain a number of valuable historical events and personal items of interest, and will be read with pleasure.

The stories and sketches are all up to the high standard of modern magazine literature. "At Rickettses' Play Party" will attract attention, and the favorable impression made by the first installment of "The Two Marksman of Ruff's Mountain" is very much strengthened. Col. G. P. Thruston, of Nashville, has a graphic account, from the Federal standpoint, of the battle of Chickamauga.

The poets of this number are Will Wallace Harney, William C. Richards, Richard E. Burton, and Cecil Harcourt.

The December Bivouac more than sustains its well-earned reputation for enterprise and good judgment.

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THE anatomical hall belonging to the medical department of the University of Virginia was destroyed by fire on the 20th of November. The loss is estimated at \$8000, a portion of which is covered by insurance. The medical course will not be interrupted in consequence of the loss sustained.

## Foreign Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Dr. Albert Robin lately read a very interesting paper at the Academy of Sciences, in which he endeavored to show that several drugs, termed antipyretics, did not diminish intra-organic oxidations, and that, if they act on the temperature, it is by removing outside the organism extractive matters little soluble and toxic. He now proposes another principle, which is: Far from seeking to prevent oxidations in fevers, therapeutics ought to tend, on the contrary, to promote them by all possible means, because, contrary to classical opinion, the oxidations undergo a remarkable diminution in fevers, and the rise of the temperature and the gravity of the symptoms depend, in great measure, on the presence in the blood and the tissues of extractive matters incompletely oxidized, which must be burned to hasten their elimination. To combat the gravity of typhic symptoms, one must endeavor to moderate the processes of disintegration, then to render soluble the residue which are ordinarily little soluble. Dr. Robin occupied himself particularly, for the moment, to obtain the solution by combination. The residue, rendered more soluble, is eliminated in the largest quantity by the urine, but without this large proportion corresponding with a parallel augmentation of organic destruction; it is only a more rapid elimination. This method brings about the lowering of the temperature, not by diminishing the oxidations, but by favoring the elimination of the toxic and pyretic principles which encumber the blood and the tissues. Among the drugs capable of procuring such a result, one should prefer benzoic acid and the benzoate of soda, salicylic acid, and the salicylate of soda. These benzoic and salicylic acids, instead of becoming oxygenated in the economy, combine with the nitrogenous elements, of which glycocol may be considered the type, and are converted into nitric acid, which is more soluble than the extractive matter which enters into its composition. The former acids are eliminated as

quaternary compounds, hippuric, and salicyluric acids.

Each medal has its reverse, and so has cocaine. The employment of this substance in therapeutics has become so general that, while the good services it has rendered should be acknowledged, several accidents have occurred from its too indiscriminate use. It may be interesting to resume here a paper by Dr. Bignon, of Lima, which lately appeared in the *Bulletin de Thérapeutique*. From a series of experiments on the dog and on man, the following results were noted:

(1) That cocaine produces only temporary physiological effects, in doses from 30 to 50 centigrams, when administered by the stomach, on the condition of its being absorbed in small divided doses (of five centigrams each hour). (2) It acts principally on the renal secretion, in slackening that function, preventing, in some measure, the elimination of the products of oxidation, and thus producing the first symptoms of a slight uremia. (3) In large doses, given at once, it produces anuria, which is followed by grave uremic accidents, nervous attacks, convulsions, etc. (4) This paralyzing action of cocaine on the kidneys generally disappears two or three hours after the absorption of the alkaloid. It is followed by considerable diuresis, which relieves the organism, and which is the more active the more the anuria had been prolonged. (5) Cocaine is toxic only in an indirect manner, when the dose is sufficiently high to prolong the anuria, until the accumulation of the toxic products of the urine occurs in sufficient quantity to produce the symptoms of uremic poison. (6) If the diuresis should quickly remove the toxic phenomena, the general stimulating action continues none the less for a long time afterward; it lasts about twenty-four hours (in a dose of fifty centigrams, to be given in the course of the day). During this time, the phenomena of oxidation continue to go beyond the normal average. In a word, denutrition continues.

The author summarizes his conclusions as follows. Cocaine acts in two ways:

(1) In diminishing the renal secretion, and, if the dose is sufficiently high, in suppressing



it during a lapse of time sufficiently long to produce the gravest uremic accidents, and even death in a very short time. (2) In promoting nutrition, and consequently the production of the products of disassimilation or of oxidation. If, then, the dose is high, the two actions combining contribute to cause death in a very short time by uremic accidents. This is the danger of administering large doses at a time. If, on the contrary, the doses are divided into small parts, they have, between each of them, the time necessary for a reaction (diuresis), and death will only be the consequence by prolonged exhaustion and diversion from the centers of organic life.

In connection with this subject, I may here mention that Dr. Schilling, of Neuremburg, recommends the nitrite of amyl as an antidote for poisoning by cocaine. In the only one case that had presented itself, he was so successful that he feels encouraged to continue the practice, and to recommend it to others. In the case referred to, the patient had had injected between a tooth and the gum six centigrams of cocaine, soon after which grave phenomena of poisoning became manifest, analgesia, anesthesia, amaurosis, deafness. These symptoms rapidly disappeared by the administration of the nitrite of amyl, and there remained no *malaisé* whatever. The explanation given by Dr. Schilling is this: Cocaine causes the vessels of the encephalon to contract, the nitrite of amyl dilates these vessels.

Professor Brown-Séquard lately made a series of communications, at the Academy of Sciences, to explain the mechanism of the rigidity that takes place in animals after death. It is generally admitted that the *rigor mortis* is the result of the coagulation, between the muscular fibers, of an albuminoid substance analogous to fibrin, and which is called "myasine." Brown-Séquard protests against this interpretation, and after numerous experiments the eminent academician concludes that even the term cadaveric rigidity is a misnomer. It constitutes, not a phenomenon of death, but essentially a vital one. It is while the muscle is *living*, after the death of the individual of which it formed a part, that it

contracts and becomes rigid; when it dies in its turn it becomes flaccid and decomposes. This communication is of the highest importance in a medico-legal point of view, and the knowledge of this sign may tend to prevent premature burial.

I may here note that Abbe Dinguart, Agrégé of Embryology, gives the following sign by which apparent death may be distinguished from real death. If the subject that is believed to be dead is only struck with hysterical weakness, or who has only an attack of convulsion, the lower jaw can not be separated from the upper one except by very great force. If the jaw be then let go, it will immediately close with the upper one and with some force.

PARIS, November 26, 1886.

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## Translations.

CHLORAL AND PARALDEHYDE.—Prof. Arpad Bockai, and Barcsi, of Klausenburg, in order to determine the question whether chloral hydrate or paraldehyde is to be preferred for long-continued use, gave to a number of dogs poisonous but not fatal doses of these drugs for a long period. The organism did not become tolerant of either drug, but its power of resistance rather became less, the latter condition being more marked with paraldehyde than chloral hydrate. From these experiments the conclusion was drawn that during long-continued use the dose of these drugs need not be increased. The animals perished from the chloral hydrate in about half the time as from paraldehyde.

In every case where catarrhal pneumonia appeared as the cause of death, this was due to fatty degeneration of the heart. Chloral hydrate affected nutrition much more strongly than did paraldehyde; a five-per-cent solution of the former producing erosion of the mucous membrane of the stomach, while this did not occur with paraldehyde even in the concentrated form.

From all of which it results that paraldehyde administered for a long time effects incomparably less injury than the long-continued use of chloral hydrate.—*Deutsche Med. Zeitung.*

MEDICINES FOR RELIEVING SWEATING IN CONSUMPTIVES.—Dr. Ablizon, of Dorpat, has endeavored to decide by clinical experiment which of the many agents employed for this purpose are to be preferred. With this view he weighed his patients morning and evening, and in this way determined the quantity of loss by perspiration. The following is the result of his observations undertaken on ten patients:

Pilocarpin had no effect on the agaricin, on the contrary, gave good results in so far as that the perspiration was less and the patient felt better. Agaricin hydrobromate of homatropine gave for the most part very good results, although in some cases no effect was observed. Duboisin and prorotoxin were much less efficacious than agaricin and homatropin, so that the two last seemed decidedly to be preferred. *Ibid.*

ECLAMPSIA IN THE SEVENTH MONTH OF PREGNANCY IN A MULTIPARA: RECOVERY OF THE MOTHER.—(Service of M. Budin at Hôpital de la Charité.) Patient twenty-eight years of age, about seven months pregnant, with nothing worthy of note during pregnancy except edema of the lower limbs, of which the patient was not able to give the date of appearance, even approximately. May the 7th, when she entered the service of M. Budin, she was anemic and albuminuric, with pale complexion, with edema of the lids, considerable edema of the lower limbs and of the abdominal wall as high as the level of the umbilicus. The fetus was living, and the patient complaining of general *malaisé* and weakness of the legs. No vomiting, dyspnea, or ocular trouble due to present condition. Prescription: Milk diet exclusively.

No examination of the urine could be made, as none was found in the bladder.

May 8th. Anuria almost complete. The patient has passed no urine since entering the hospital, and only about a tablespoonful of thick viscid urine was found in the bladder, coagulating in mass with heat. At eight o'clock in the morning she had the first attack of eclampsia, which was general, and lasted about three minutes. The first attack was fol-

lowed by six others of nearly equal duration and intensity, the last one occurring at 9 P. M.

During the day the patient had three clysters of chloral hydrate of forty-five grains each. At 10 P. M. M. Budin saw the patient and prescribed bleeding to twenty ounces. At this time the vaginal temperature was 39.7°, having gradually risen from the time of the first attack.

At 12:30, on the 9th, a very feeble attack of eclampsia came on, lasting about a minute and a half, after which she had no more attacks, and the temperature gradually approached the normal. On the 11th the death of the child took place, as evidenced by a cessation of the heart-beat. Some traces of albumen remained in the urine for five weeks afterward, when the complete ovum was expelled.—*Le Progrès Medical.*

CONTRIBUTION TO THE HISTORY OF CHLORIDE OF SODIUM.—We yet understand only incompletely the physiological office which chloride of sodium fills in the animal economy. We know that it does not enter into the constitution of any tissue, but all the physiological fluids contain it in notable proportions.

The flesh of sea-fish, which live in salt-water, is tasteless. It has been observed that animals, which by their mode of living are able to obtain chloride of sodium with great difficulty, hold on to that which is contained in their physiological liquids with great persistence, although they renew these continuously. In man, who adds chloride of sodium as a condiment to his food, nearly always in greater amounts than his needs require, and sometimes in great excess, all that is not utilized is easily eliminated, in some instances by provoking thirst.

Liebig believed that the greater part of phosphate of soda met with in the economy of animals comes from the phosphate of potash in plants, which the chloride of sodium causes to pass into the state of a soda-salt by double decomposition.

Plants contain only salts of potassa, among them phosphates, and the animals which make them their exclusive food find only phosphate of potash in them, when at the same time they



need phosphate of soda in equal proportion. It is obvious, then, that if the chloride of sodium has the property of favoring the formation of this phosphate, it is a physiological fact of extreme interest, and one which gives to chloride of sodium a very important rôle in the animal economy.

To test this point a solution of these salts was left to evaporate spontaneously in the cold under a cover containing also a quantity of concentrated sulphuric acid. At the end of some days crystals of phosphate of soda were found, abundant and easily recognized.—*Jour. de Med. de Paris*.

**NON-POISONOUS SUBSTITUTE FOR OXALIC ACID.**—Hager proposes the substitution of a mixture of equal parts of dried alum and citric acid for oxalic acid. This mixture ought to be reduced to fine powders and furnished in place of oxalic acid, when the intentions of the purchaser are doubted.—*Ibid*.

**DISAPPEARANCE OF ASCITES IN CIRRHOSIS OF THE LIVER.**—At the Société Médicale des Hôpitaux (August 13th) Dr. Dujardin-Beaumez reported the history of a patient in whom he had diagnosed alcoholic cirrhosis with ascites. On the 10th of March a tapping yielded five and a half liters of a clear liquid; this was reproduced in a few days, but finally disappeared. On the 26th of May the patient returned absolutely cured, although the liver remained large. The patient went away, got drunk, and returned the next day with a pneumonia, to which he succumbed. At the autopsy was found a large fatty and cirrhotic liver, and with an enlarged spleen. M. Beaumez insisted on the treatment which he had employed in this case, namely, the hippurate of soda in doses of thirty to sixty grains each day.—*Le Progrès Medical*.

**THE ABSORPTION OF DIFFERENT MATERIALS IN LANOLIN SALVES THROUGH THE SKIN.**—Dr. P. Bauskinski has made a series of test experiments in regard to the absorption of various materials in lanolin salves, which antagonize the assertions of Liebrich and Lassar. He rubbed into the body salves made of both

lanolin and lard, with quinine, salicylic acid, and other substances, with the following results: Lanolin possesses no exceptional advantage over other fats except its neutral reaction and its slight destructibility, still it is in all cases a good material for salves. It is yet a weighty question whether we can be sure of the impossibility of communicating splenic fever by the use of lanolin. Experiments for the decision of this point are to be desired.—*Deutsche Med. Zeitung*.

**BORIC ACID IN THE TREATMENT OF VESICAL CATARRH.**—Dr. Shidlowsky has obtained two rapid cures of vesical catarrh by the internal administration of boric acid, in the dose of fifteen grains twice a day, and vesical irrigations of a solution of two per cent.—*Jour. de Med. de Paris*.

**TUBERCULOUS MILK.\***—In a series of investigations relating to the contagious constituents in milk and dairy products of tuberculous cows, Dr. Bang obtained some very interesting results. He found that in cases of udder tuberculosis the milk, both from the affected and from the healthy portions of the udder, contained bacilli, and invariably produced inoculation tuberculosis in rabbits in every case experimented upon.

A series of feeding experiments with milk very rich in bacilli resulted in typical food tuberculosis in all the animals.

On subjecting milk containing bacilli to the process of centrifugation (*centrifugering*), the greatest number of bacilli were collected in the precipitate deposited in the peripheral part of the apparatus. But even the cream contained single bacilli, and inoculation with it produced tuberculosis.

Cream which had formed when the milk was allowed to stand in pans acted in a similar manner, and no difference was observed when the cream had turned sour. Butter made from such cream was also found to have contagious properties, and produced tuberculosis in rabbits both by inoculation and feeding.

\*Abstract from a Report from the Laboratory of the Royal Veterinary and Agricultural High School, by B. Bang and V. Storch. Translated from *Nordiskt Medicinskt Arkiv* by J. A. Ouchterlony, A. M., M. D.

Boiling of tuberculous milk destroys the contagious elements in it, and on quickly heating it to sixty degrees diminished the infectious properties in a very marked degree, while heating to seventy degrees in many instances, though not in all, removed the contagion.

V. Storch has undertaken the chemical investigation of milk from tuberculous udders. The milk from the affected part of the gland had a strongly alkaline reaction; in the earlier period of the disease it appeared like healthy milk, but later it became thin, watery, and yellowish brown. The milk from healthy portions of the gland, upon the contrary, became toward the close thick and of cream-like consistence. In the milk from the affected part of the gland the proportion of water and albuminous elements was increased, while fat and sugar of milk diminished.

The milk from sound parts of the gland was more concentrated, the proportion of water being diminished, while fat and albuminous elements had increased, but the proportion of sugar of milk was considerably decreased.

The composition of the ashes of milk from healthy parts of the gland presented nothing abnormal, but ashes of the milk from diseased parts of the udder showed marked increase of the phosphate of calcium and great increase in the proportion of sodium.

The analyses tended to show that sugar of milk and fat are formed in the udder, and probably from albuminous elements in the cells of the gland.

**A CASE OF PUERPERAL TETANUS.\***—The patient was a primipara, aged twenty-five, and was sent to the lying-in hospital by a midwife thirty-six hours after the inception of labor. The fetus was dead; a large segment of the head had already been forced through the superior strait. The os was five centimeters in diameter, thick and firm. Craniotomy was performed. Five hours later the fetus and placenta were spontaneously expelled. The uterine cavity was washed out with a three-per-cent solution of carbolic acid.

After the fourth day there was a rise of tem-

perature, and the lochia became fetid. Intra-uterine injections of three-per-cent solution of carbolic acid, and corrosive-sublimate injections for the vagina.

On the eighth day there was trismus with rigidity of the neck. The following day there were rigidity of the right shoulder and convulsive movements in the affected muscles. The following day she had opisthotonos with frequent and painful convulsive movements. Temperature 41°; pulse 140. Death ensued at noon.

Therapeutics: Chloral, morphine, woorari hypodermically injected.

On *post-mortem* examination was found an ulceration penetrating the whole thickness of the cervical wall down to the peritoneum, parenchymatous degeneration of almost all the internal organs. Medulla spinalis, brain, and the membranes of both were highly injected.

Tetanus in this instance was supposed to have been a symptom of a general septic infection incurred during the early stages of labor, while she was under the care of a midwife.

**PURULENT VULVITIS IN CHILDREN.\***—During the six months from November, 1884, to May, 1885, a comparatively large number of cases of purulent vulvitis occurred among the children admitted to the hospital for children in Stockholm. Among them were ten who at the time of admission were already affected with this disease. These were admitted especially on account of having it; in the others, who were admitted for other diseases, investigation after admission revealed the existence also of purulent vulvitis. The age of the patients varied between two and eight years. In one half of the cases the gonococcus was sought for, and with positive results in every instance. In regard to two of the girls it was uncertain whether the disease existed at the time of admission or was acquired while in the hospital.

Not less than eighteen girls in the hospital became infected by those already mentioned above. As many as five or six little patients occupying the same room with some of these became infected. In one case a quite seri-

\*Translated from *Svenska Läkare Sällskapets För Handlingar Hygiea*, 1886, by J. A. Ouchterlony, A. M., M. D.

\*Dr. K. G. Lennander, in *Nord. Med. Arkiv*. Translated by J. A. Ouchterlony, A. M., M. D.



ous gonorrheal arthritis set in, implicating one ankle-joint and one metacarpo-phalangeal joint. In another case were signs of a similar metastasis in one carpo-metacarpal joint and in one shoulder-joint. In a third case buboes occurred, and in a fourth developed a rather light purulent conjunctivitis.

One series of these cases is especially remarkable. A certain apartment had been occupied by a little patient admitted for vulvitis and two others who had been infected by her. It was soon vacated, and only after considerable time were other children placed in it. Very soon a number of them, not less than four, had purulent vulvitis with "gonococci." It was then ascertained that, at the time of cleaning out the apartment, some sponges which had been employed in the care of the former occupants had escaped observation, and were left in a washstand. These had since been used upon the new patients. It is not to be denied that they may have been the carriers of contagion.

**PROFESSOR PANUM'S LAST ILLNESS.**—This distinguished scientist had suffered for several years from bronchitis and emphysema, and in the night asthmatic difficulty. In other respects he was quite hearty until the 1st of May, 1885, when in the course of the evening, while walking in the street, he was suddenly seized with a paroxysm of severe dyspnea and violent pains in the precordial region, with a sensation as if some thing had given way in the left side of the chest. The paroxysms returned, and increased after he had returned home. Dr. Trier, who was called, found him pale, chilly, with small, irregular pulse. He had nausea and frequent vomiting—sensorium perfectly undisturbed. After a restless night he appeared a little better the next morning. While sitting up in bed he suddenly fell back with a moan, and died in a few minutes. At the autopsy Prosector Dahl demonstrated a rupture of the left ventricle of the heart wall, in the anterior surface, originating in an atheromatous condition, with thrombosis of the left coronary artery, and evidently going on gradually since the previous evening.—*Nord. Med. Arkiv.*

## Abstracts and Selections.

**USE OF BLACK HAW IN HABITUAL ABORTION AND OTHER UTERINE TROUBLES.**—In 1878 my attention was called to the haw in a paper published in *New Remedies*, page 105, April, 1878. I first employed it in the case of a lady who had aborted three times. It was used from the third to the fifth month with her with good effect, and she went to full term, and since has borne two children without any inconvenience.

Besides this case I have employed the haw in sixteen cases of threatening abortion that I have notes of, besides seven others of which I have no record. Six of these patients had aborted from two to four times. In five of them the child was carried to full term. In one abortion occurred, but I do not think the drug was kept up long enough to have the desired effect.

Three of the sixteen had aborted once, and they all went to full term, and did well.

Of the remaining three cases noted of primiparæ two aborted, and I feel sure that too much time had been lost before they let it be known, and the membranes were broken.

In half of these cases I did not have the fluid extract of the haw, and had to make a decoction of the bark of the root, which I think is best. In giving the fluid extract I gave from thirty to sixty drops, from two to four hours apart, till all pains ceased.

In congestive, as well as obstructive dysmenorrhea, I find it very beneficial, increasing the flow in the obstructive form, that is, obstruction from clots and shreds plugging up the canal.

In after-pains it has acted well with me, causing the patient to rest well.

By its quieting effect on the contracted uterus at the menstrual epoch, black haw allows the flow to go on without causing the patient to suffer as much as she would without it; and, if given in sufficient quantities, I believe it will prevent abortion in almost every case where the placenta is not detached or the membranes broken. It has never, in my hands, affected the stomach enough to produce nausea. *Dr. C. Bevil; Therapeutic Gazette.*

**MEANS FOR THE PREVENTION OF MYOPIA.** Priestly Smith, in an article on "Means for the Prevention of Myopia," enumerates the following essentials for a school desk:

(1) The seat must be of such a height as will allow the scholar's feet to rest flat on the floor or footboard, and broad enough to support the greater part of the thigh.

(2) The seat must have a back placed at

such a height as to fit the hollow of the back below the shoulder-blades, and support the body in a vertical position.

(3) The near edge of the desk must be just so high above the seat that when the scholar sits square and upright, with elbows to the sides, the hand and forearm may rest upon the desk without pushing up the shoulder.

(4) As used in writing the desk must have a slope of ten to fifteen degrees (about 1 in 5); as used in reading it must support the book at an angle of about forty-five degrees, and at a distance of at least twelve inches from the eyes—sixteen inches is better.

(5) As used in writing, the edge of the desk must overhang the edge of the seat by an inch or two, in order that the scholar shall not need to stoop forward, and that the support to the back may be maintained.

(6) Either the desk or the seat, or some part thereof, must be movable at pleasure, so that although the desk usually overhangs the seat, the scholar may be able at any time to stand upright in his place.

(7) The desks and seats must be of various sizes, in order that the foregoing conditions may hold good for scholars of various ages.—*Boston Medical and Surgical Journal*.

**ANALGESICS.**—At the meeting of the Section in Therapeutics of the British Medical Association the debate on analgesics was introduced by Dr. Spender, in a paper rather too long for such a purpose, but full of interest. After some introduction, he said we come to close quarters with pain in neuralgia, calculus in the ureter, gall-stones, gout, etc., and patients demand relief at all cost. In such cases opium, or its alkaloid, still remained our chief agent. In supra-orbital pain, however, it was of little use, while 10 grains of quinine, followed by a few doses of 5 grains, would cure. Gelsemium or chloral were not to be compared in these cases, especially when, as usually, there is a touch of malaria present. Again, in night-pain in a syphilitic patient, analgesics of such a kind give only temporary relief, while iodides will, after a few doses, permanently remove the suffering. So salicin and arsenic are relatively indirect analgesics in other cases. Iron, in myalgia and neuralgia, has a similar relative value. Bromides only dispose to sleep, and in slight pain appear analgesic; but if the pain is sharp enough to baffle sleep, it defies bromides. They bring the system into a placid state disposing to sleep, but if this is disturbed the analgesic charm is broken. He referred to doses, and illustrated the subject by the different effect in various quantities of tartar emetic, of opium, and morphine. Bleeding relieved

vascular tension. Ergot raised motor force, and possibly sensation. He next urged that we economize our power by combining drugs, instancing morphine given with bromides, acornite with quinine, hemlock with several others, quinine with arsenic in herpes zoster, or with colchicum in gout, etc. He thought that, as surgeons have their instruments all in place, so as to find just what they want, so physicians should have a cupboard where all their analgesics could be seen in order at a glance, with hypodermic syringes and other means of employing them. He concluded with a recognition of physical analgesics, and the importance of recognizing not only the mental influence which by the sight of the dentist dismisses toothache, but the spiritual comfort which the presence of a wise, Christian physician may insensibly impart.

The President thanked Dr. Spender and asked Dr. Brown-Séquard to follow.

Dr. Brown-Séquard then gave an account of his discovery that a jet of carbonic-acid gas or of the vapor of chloroform, projected forcibly on the larynx, produced anesthesia. Other agents will do it, but these are the best. After the larynx is thus anesthetized the influence extends to other parts, and he has rendered animals insensitive to pain all over by this method. The effect lasts a long time—twenty-four or even thirty-six hours—and that without the least effect on consciousness or interference with any other function. He considered it due to an effect on the superior laryngeal nerve. When this nerve was divided on one side, there was no anesthesia at all. He divided both, and scarcely any effect occurred on either—only just enough to be attributed to the other less important nerves.

The higher the scale of the animal the greater the effect. He had tried to apply it to man and had succeeded on himself, but the effect of projecting CO<sub>2</sub> on the laryngeal membrane is so exceedingly disagreeable he had found no one else able to endure it for a long enough time, and, of course, precautions must be taken to prevent its inhalation. He was still, therefore, searching for an agent suitable for use on mankind. Galvanism of the nerve sometimes acted in the same way, but was very uncertain, and therefore useless.—*Med. Record*.

**INGLUVIN.**—Ingluvine is a refined substance prepared from the ventriculus callosus gallinaceus, the gizzard of the domestic fowl, *Gans domesticus*. It is the essential principle of the gizzard, and bears the same relation to poultry that pepsin does to the higher animals.

A favorite prescription of Chinese physicians for chronic indigestion is to cut up and digest



chicken gizzards in hot water until they are reduced to a pulp, and then add some spices. A table spoonful or two of the resulting paste is taken at each meal until the patient has entirely recovered. From China the practice passed to other parts of Asia, and was adopted here and there among the Mediterranean peoples. Strange to say, it was never learned by the great nations of Europe until the latter part of the present century.

The diseases in which the use of ingluvin is indicated are indigestion in its various forms, known as dyspepsia, and for sick stomach or nausea caused by debility of that organ. It was originally discovered to be a remedy, indeed a specific, for vomiting in pregnancy; in this respect it stands above all other medicinal agents. In all that is here set forth the manufacturers claim no more than is sustained by medical authority of the highest standard.

In ingluvin, the physician has what might be called a specific for a sickness which in many cases has hitherto been uncontrollable.

Ingluvin is a powder of a yellowish-gray color, and may be prescribed in the same manner, dose, and combinations as pepsin, three to ten grains. The pulverulent form is considered more desirable, and it can be administered either dry or in water, milk, or tea. In sickness in gestation, the dose may be increased to ten or twenty grains.

The following formula for the vomiting of pregnancy was used successfully by Dr. George F. Meeser, of Philadelphia:

Ingluvin.....3j;  
Bismuth snit. ....3ss.

M. Div. in chart xii.

Sig: One every three hours.

Oxalate of cerium may be prescribed with it, one to three grains to each dose.

Dr. Shelly recommends the following formula for diarrhea, cholera infantum, and marasmus:

#### INFANT FORMULA.

Ingluvin. ....gr. xij;  
Sacch. lac. ....gr. x.

Misce et ft. cht. No. x.

Sig: One every four hours.

Aquæ calcis.....f 3ij;  
Spts. lavand comp., } .....āā f 3j;  
Syr. rhei arom..... }  
Tr. opii.....gtt. x.

Misce. Sig: A teaspoonful every two to four hours.

#### FOR ADULTS.

Ingluvin.....3j;  
Morphiæ sulph.....gr. jss. ■

Misce et ft. cht. No. xii.

Sig: One every four to six hours.

Aquæ calcis.....f 3ijss;  
Spts. lavand. comp.....f 3ss;  
Syr. rhei arom.....f 3vj;  
Tr. opii.....f 3ss.

Misce. Sig: Deserts spoonful every two to four hours, or after each evacuation.

The substance ingluvin without any combination has also yielded satisfactory results.

Dr. Roberts Bartholow, speaking of ingluvin, says: "It has the remarkable property of arresting certain kinds of vomiting—notably the *vomiting of pregnancy*. It is a stomachic tonic, and relieves *indigestion*, *flatulence*, and *dyspepsia*. The author's experience is confirmatory of the statements which have been put forth regarding the exceptional power of this agent to arrest the vomiting of pregnancy. It can be administered in inflammatory conditions of the mucous membrane, as it has no irritant effect. Under ordinary circumstances, and when the object of its administration is to promote the digestive function, it should be administered after meals. When the object is to arrest the vomiting of pregnancy, it should be given before meals."—*Medical and Surgical Reporter*.

AVIAN TUBERCULOSIS.—The study of comparative pathology will, it may be hoped, ere long attain to the proportions that its importance as an aid to the understanding of disease demands; and although we have not hitherto derived such assistance in medicine as its thorough prosecution would render possible, there is, notwithstanding, some trustworthy evidence forthcoming to show that this reproach in the past will cease to have weight in the future. For one thing, it may be urged in defense of our present ignorance on the subject, that the conditions necessary to successful study of disease in animals have, in effect, to be made, and that whoever would enter on it with any satisfactory prospect of advantage therefrom, must first, of necessity, take steps for acquainting himself with details, zoological and morphological, which can only be acquired by a special and prolonged education. Fortunately, however, there are not wanting in this age spirits able and willing to undertake the huge task that such a devotion implies; and among the band of workers in this field of investigation, Mr. John Bland Sutton, F. R. C. S., has already made considerable advances in this country. We have already been able to publish in these columns some of the results of Mr. Sutton's observations; and we have now to draw attention to a very valuable essay contributed by him to our American contemporary the *Journal of Comparative Medicine and Surgery*, on the subject of tuberculosis in birds. The observations embodied in this paper ex-

tended over a series of years, and were principally carried out in the gardens of the Zoological Society of London, where the author has long enjoyed the privilege of making *post mortem* examination of the animals dying in confinement there. Mr. Sutton points out that one of the earliest conclusions to which he was driven, is that disease in animals observes a zoological distribution, and that as regards tuberculosis, the class almost peculiarly affected is that of which the food consists of grains, fruits, and vegetables. It occasionally, however, is met with in birds of prey; but in this connection it is interesting and important to learn that it is conveyed to them from infected graminivorous or frugivorous birds forming part of their food. Other examples also are given of animals contracting the disease from their ingesta, and the suggestiveness of the conclusion thus arrived at will not fail to commend itself to medical men; nor can we fail to reflect on the significance of the fact, demonstrated now for the first time by Mr. Sutton, that grain-eating birds are in an enormous majority among those in which tuberculosis is developed; and from this to the danger of infection from such infected material the mind very readily passes. The paper to which we have alluded describes in careful detail the morbid anatomy and etiology of the tuberculous process in birds, and contains a vast amount of material of the highest interest to professional readers; and we heartily welcome it as a noteworthy addition to the labors already so efficiently carried out in a neglected field of study by an exact and painstaking investigator.—*Medical Press*.

**CASCARA CORDIAL, A SIMPLE, CONVENIENT, AND EFFECTUAL LAXATIVE VEHICLE.**—That the profession to day is being awakened to the necessity of palatable medicines, is evidenced by some recent articles that have appeared in current medical literature. Dr. E. S. Riggs, *Therapeutic Gazette*, March, 1885, p. 212; Dr. Frank H. Martin (*ibid*), January, 1886, p. 11 *et seq.*; and Dr. Horatio C Wood (*ibid*, p. 181 *et seq.*) emphasize the desirableness of materially improving the palatability of prescriptions; and other illustrations are not wanting to show the importance this question is assuming in the minds of physicians. While much may be done by a proper selection of the concentrated and improved forms of medicine, and by administering nauseous drugs in pills and granules or capsules, there still remain many drugs which it is necessary or expedient to administer in fluid form.

A vehicle which would combine the properties of compatibility, permanency, and innoc-

uousness, and above all possess the quality of disguising and rendering positively agreeable to the taste many of these nauseating and bitter preparations, must necessarily meet with the universal appreciation of practitioners, and be a priceless boon to their patients.

It is the purpose of this note to call attention to such a vehicle and corrigent, and to suggest a few illustrative formulæ which will indicate its wide range of application in everyday practice.

I believe that that combination of aromatics and carminatives with cascara sagrada, known as cascara cordial, introduced by Messrs. Parke, Davis & Co., fulfills every required indication.

In addition to its power of disguising the taste of such bitter drugs as quinine, its gentle laxative properties render it peculiarly well adapted for addition as a corrigent to the many preparations which, given alone for any length of time, tend to interfere with the normal action of the bowels, such as the various preparations of iron and opium, than which no others are more frequently indicated and more used by physicians.

Take, for example, such a preparation as the tincture of the chloride of iron. What physician has not been compelled to desist from its use, even when most strongly indicated, on account of the marked constipation it causes? To obviate this feature of this valuable hematic, we may use the following formula, or such modification of it as may be desirable:

Tinct. ferri chlor..... $\bar{3}$  vj to  $\bar{3}$  xij;

Cascara cordial..... $\bar{3}$  ij;

Water, q. s. ad..... $\bar{3}$  iv;

M. Sig: Teaspoonful, *t. i. d.*

A very useful formula in the treatment of the anemia and glandular enlargement of pale, flabby, scrofulous children, is the syrup of the iodide of iron combined with cascara cordial:

Syrup ferri iod..... $\bar{3}$  ij.

Cascara cordial ..... $\bar{3}$  āā  $\bar{3}$  ij.

Dose: 20 drops in water, *t. i. d.*, increased as required.

In nervous debility and anemia, and in phthisis, a combination of hypophosphite of iron with cascara cordial often acts very happily, especially where there is a tendency, as there often is, to atony of the muscular coat of the bowels and consequent constipation. In this condition we could use to advantage:

Ferri hypophosphit..... $\bar{3}$  ij;

Acid hydrochloric, dil., q. s. ad. solv.;

Cascara cordial..... $\bar{3}$  iiss;

Water, q. s. ad..... $\bar{3}$  iv.

M. S: Teaspoonful four times a day; after meals and upon retiring.



Perhaps no drug is more universally prescribed than quinine. Innumerable vehicles have been tried to disguise its bitterness with varying success, but we believe none has proven so acceptable as cascara cordial, which has been extensively used for this specific purpose, and with most gratifying results. To abort an ague fit, the following may be prescribed with advantage:

Quiniae sulphat.....grs. x;  
Cascara cordial..... $\frac{3}{4}$  ij;  
Water..... $\frac{3}{4}$  j.

M. S: Take at a draught.

As a prophylactic against malaria, or in all malarial remittent affections, we may combine quinine with cascara cordial as follows:

Quiniae sulphat..... $\frac{3}{4}$  ij;  
Cascara cordial..... $\frac{3}{4}$  ij;  
Water, q. s. ad..... $\frac{3}{4}$  iv.

M. S: Teaspoonful three or four times a day; increasing the quinine when indicated.

When it is desired to give the preparations of opium and to antagonize their constipating effect the addition of cascara cordial to the dose of the narcotic will admirably meet the indications. Thus, when it is required to use opium for its abortive effect in the initiatory stages of incipient catarrh of the respiratory tract in the first stages of a cold in the head or cough, we may give:

Dover's powder.....gr. x;  
Cascara cordial..... $\frac{3}{4}$  ij;  
Water..... $\frac{3}{4}$  j.

M. Sig: At a draught.

The cascara here secures a satisfactory evacuation of the bowel, and thus has a derivative effect on the catarrhal condition, which is further aided by the well-known antiphlogistic action of Dover's powder.

It is often difficult, when necessary to give opium in some form for a long time, to counteract its repressant action on the secretions, especially on those of the intestines. It is here that the specific action of cascara cordial is admirably shown. It not only secures a free, painless stool, but acts also as a stomachic, improving the processes of assimilation, which are so often at fault in cases of chronic invalidism.

It would be superfluous to suggest appropriate formulæ here; to any preparation of opium used we may add cascara cordial in quantities sufficient to meet the indications in the individual case. In melancholia, a condition now widely obtaining among women both in the higher and lower circles of society, and dependent on over- or under-work and insufficient or improper nourishment, opium will often furnish

the needed stimulant, though it is most important in these cases not to establish the opium habit. Lauder Brunton, in his "Pharmacology, Therapeutics, and Materia Medica," p. 724, suggests in this condition the use of the tincture of opium in doses of from five to ten minims. We could combine this with great advantage in these cases with cascara cordial as follows:

Tincture of opium..... $\frac{3}{4}$  iss to iiss;  
Cascara cordial..... $\frac{3}{4}$  ij.

M. Sig: Teaspoonful as indicated.

Here the patient may be kept in ignorance of the fact that she is taking a narcotic—a material aid in preventing the future formation of the opium habit. In specific disease, in scrofula, glandular enlargement, and in fine whenever it may be desirable to give iodide of potassium for a considerable time for its alterative action, no better vehicle for the drug can be used than cascara cordial. A useful formula is the following:

Potassii iodid..... $\frac{3}{4}$  iij;  
Cascara cordial..... $\frac{3}{4}$  ij;  
Water, q. s. ad..... $\frac{3}{4}$  iv.

M. Sig: Teaspoonful largely diluted *t. i. d.* The iodide of potassium to be increased as required.

A great objection to some very valuable remedies consists in the disagreeable cerebral symptoms accompanying their administration in large doses, or in cases in which it is necessary to prolong their use for a considerable period. Thus salicylate of sodium, which is so invaluable in rheumatism, must often be stopped at a critical period in the process of the disease, or the dose reduced on account of the head symptoms developed; cascara cordial will often prevent the development of these toxic symptoms of the drug. The following furnishes a convenient formula for combining the salicylate with cascara cordial:

Sodii salicylat..... $\frac{3}{4}$  j;  
Cascara cordial..... $\frac{3}{4}$  ij;  
Water, q. s. ad..... $\frac{3}{4}$  iv.

M. Sig: Teaspoonful in a wine glass of water four times daily, increasing or diminishing the salicylate as required.—*Dr. R. S. Henry; Medical and Surgical Reporter, October 23, 1886.*

ALLEGED FATAL POISONING FROM LOCAL APPLICATION OF COCAINE.—*Dr. W. H. Long (American Lancet, November)* reports the case of a man, thirty-three years of age, suffering from tumor of the larynx, who died from the results of the application of a two-per-cent solution of cocaine.

# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. II. SATURDAY, DECEMBER 11, 1886. No. 12.

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

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## CURE OF THE OPIUM HABIT.

We have recently read a communication from Dr. J. B. Mattison, proprietor of a sanitarium in Brooklyn, for the cure of opium and cocaine *habitués* and inebriates, in which he does good work in exposing the frauds who advertise themselves through the public press as furnishing sovereign remedies for the cure of these cases.

Of Dr. Mattison's own method we confess that while we regard it as conducted in a great measure upon proper principles, we can not see in it the rosy colors which it seems to hold in his view, since to the unbiased eye it must appear somewhat in the light of a commercial venture.

It is, of course, in the nature of things hardly to be expected that one who maintains an institution for the cure of opium *habitués* would lay great stress upon the difficulties of accomplishing such cure. That permanent cures are rare, no matter how effected, is well enough known to all who have been led to a careful investigation of the subject. At best it could not be hoped to make the opium *habitués* stronger and better than before the formation of the habit. All the weaknesses possessed by the pa-

tient previously to the formation of the habit would persist with him after such cure; and it is hardly to be expected that the circumstances of such a person will undergo a decided change for the better during the time that the vice has the mastery. The patient, who is supposed to be cured, comes out, in a large majority of cases, with all the unfavorable surroundings that first led to the formation of the habit, and with weakened will and a desire for the narcotic a hundredfold increased. It needs no prophet then to foretell that in the great majority of cases relapse must prove the rule.

We do not believe that the correct principle has yet been practiced on any considerable scale. The only hopeful plan is to strengthen the weakened will, if possible, beyond the normal. The patient should be taught to practice not only self-restraint, but endurance and fortitude. He should be taught, if possible, to take pride in subjecting himself to pain, and to all sorts of physical suffering short of mutilation. Absolute self-mastery is, in our opinion, the key-note to success. Whoever will not be led to aim at this, let him not be disturbed, let him cultivate his habit for all there is in it. He need not be rendered mendacious by fear of reproach; he need not be drained of his means by having to procure the drug stealthily at many times its cost. Countless heartburnings and miseries may thus be saved without foregoing any attainable good. But if this uninviting picture must be drawn of the prospects in the most favorable conditions, under the wisest treatment, what shall be said of the wretched struggle that so many make under the delusive guidance of the nameless adventurers who are constantly advertising their "cures" through the public press. Candidly, of all classes of robbers and thieves that infest civilization, we think that these are among the basest. In comparison with them we can honor horse-thieves and highway robbers, who are willing to risk personal danger and legal punishment for their crimes; but for these people, who under cover of the law and color of humanity rob and delude the already miserable, while making them worse off than before, what language can be used appropriate to their conduct? It would be thought strange if the



secular and religious press were seldom seen without advertisements for horses to steal, safes to break, counterfeit money for sale, strangers with money to garrote, yet these would be manly inquiries by the side of the majority of those headed "Opium Habit Cured."

These frauds, nearly without exception, furnish their victims mixtures containing opium in some form, although in every case denied, and thus succeed for a long time in laying tribute upon them, under the impression that the desire for opium is being destroyed.

A long list of these impostors is published in the article referred to, and a great pity it is that no one is sufficiently interested to have them as widely advertised in their true light as they advertise themselves in a false one.

s.

#### THE CONDITIONS FAVORING THE PRODUCTION OF CONSUMPTION.

If we would know why it is that people of civilized countries in temperate climates have consumption, while people in tropical and very cold countries, and savages every where, do not suffer from it in any great degree, we should look to the different modes of life of those who suffer and those who do not. In what respect have the conditions and circumstances of life been changed in passing from the savage to the civilized state? For this comparison it is best to take the mode of living of the savage of temperate climates, as it is here that the contrast in this respect between savage and civilized life is greatest.

Clearly the respiratory apparatus, as it exists in man, was developed under the conditions characterizing savage life. This was a life of constant exercise in fresh air, of something near uniform exposure, and clothing of skins which protected the body from the effect of sudden changes of cold. They did not even take the care to keep the "pores open," which, in an esthetic point of view at least, is among refined peoples so much insisted on.

Civilized people are more irregular in exercise, thus letting their lungs go partly unused; the thorough preparation and richness of their food leads to partial atrophy of their digestive

organs and to dyspepsia, while their houses are built in such a way that, owing to closeness, warmth, and want of ventilation, the lungs are still further weakened and rendered liable to injurious changes.

The effects of this kind of life in the production of consumption is well shown in the settlement of our frontiers. Here for a number of years the houses are more or less open, food is coarse, open-air exercise is almost continuous, and as a probable result consumption is rare. As soon as wealth begins to accumulate, luxuries to abound, and the general enjoyment of fresh air to be interrupted by tight houses, consumption multiplies. It may be that a part of the consumption found among cultured peoples is due to the preservation of the weak, who would otherwise be eliminated by exposure; but what we have just been considering would go to prove that it is largely due to the vicious methods of civilized life as regards living. Some of these features are inseparable from civilization. But if, winter and summer, we guard against depressing sudden changes, breathe continuously abundance of fresh air, use wholesome and sufficient food, but not too concentrated and varied, and finally exercise so as to cause the tissues to require fresh air in abundance, and which is useless unless they do, no matter how pumped into the lungs, a little sanitarium for consumptives can be opened up on every square foot of the earth's surface.

s.

#### AT WHAT TIME DOES THE PLACENTA SEPARATE?

A short time since we translated from the proceedings of the German Congress of Scientists and Physicians a discussion between Schatz, Schroeder, and a number of other German obstetric lights in regard to the time of separation of the placenta. It seems a matter of surprise that a question for the determination of which so many opportunities have offered should remain still in doubt.

The class of cases met with in ordinary experience are not favorable for the elucidation of this point. Usually the placenta is found detached by the time examination can be made

after the child is expelled, so that the exact period can not easily be fixed, even if there is such an exact period for the separation. The probability is that there is no rigidly definite time at which the placenta separates. If the placenta were attached high up in the uterus, there seems no reason why it should not be detached even before the complete expulsion of the child, since, when this has passed nearly through the os, the fundus would be free to make all the necessary contractions reasonably supposed to be required for detaching the placenta, whether it be first forced away from the uterus in the middle and then dissected away by the gush of blood thus produced, or rolled up from above downward by the peristaltic action of the uterus, as Schatz supposes.

A case is reported in a recent number of the *British Medical Journal* in which the placenta was found detached, when reached in a cesarian section undertaken while the child was still in the womb. It would seem that the question is to be settled by observations rendered possible by such opportunities. It is a very prevalent notion that as soon as the placenta is separated the child must die. But this notion is derived from observing what takes place in compression of the cord when the physiological respiration and circulation of the fetus is cut off. The separation of the placenta is a different thing. Here the circulation is kept up and the placenta may still for some time furnish oxygen for fetal respiration through the cord. s.

#### LOUISVILLE'S NEW MEDICAL SOCIETY.

On the 18th ultimo, a number of the physicians of Louisville met at the residence of Dr. John A. Ouchterlony for the purpose of forming a medical society. Officers for the ensuing year were elected, a constitution and by-laws framed and adopted, while the ways and means for making the organization an influential factor in the problem of scientific medicine, as it stands in this part of the world, were freely discussed.

The organization is named THE LOUISVILLE CLINICAL SOCIETY. The membership is limited,

and the social features are to be made judiciously prominent.

By unanimous vote Dr. John A. Ouchterlony was elected to the office of President, and Dr. I. A. Bloom to the office of Secretary and Treasurer.

It will be seen, by reference to the proceedings of its first stated meeting, which are published elsewhere in this issue, that the new Society is already well equipped, and enters the lists with every promise of brilliant achievement.

#### Notes and Queries.

ALBUMINURIA IN PREGNANCY.—\*Lizzie M., colored, aged fifteen, was admitted to the obstetrical ward October 23, 1886. From information and appearance she was in about the seventh month of pregnancy. She reported that on October 1st swelling began in her feet and legs, gradually extending to the rest of the body.

At the time of admission the swelling of the lower extremities was very marked, the lower part of the trunk was much swollen, while the labia were expanded into two unsightly tumors, which, to relieve the tension and pain, had to be punctured repeatedly during the first days after admission. The urine was small in quantity, and pale, specific gravity 1.012, with about twenty-five per cent of albumen, and granular casts under the microscope. Some dizziness was complained of, but not marked headache. She was ordered the following:

Pulv. jalap.....	gr. x;
Potas. bitart.....	} āā..... ʒ ij.
Sodæ et pot. cit.,	

M. S: For one dose.

This was given in twelve ounces of water every two hours, until the freest watery purging was produced, after which it was repeated as often as required to keep up its continuous action till a marked effect had been produced upon the dropsy, after which it was continued every night, or every second night, until the

\*Louisville City Hospital, service of Dr. D. T. Smith. Reported by Dr. T. E. Gosnell, resident graduate.



17th of November. At that time nearly all swelling had subsided, all tubercasts had disappeared, and nearly all traces of albumen. At this date (December 1st) the patient is cheerful, with good appetite, and apparently cured.

**PROGNOSIS OF SEX OF FETUS.\***—The number of fetal pulsations per minute was taken and recorded in sixteen cases, with a view of ascertaining its bearing upon the question of prognosis of sex, with the following results: One hundred and thirty-five was taken as the uncertain number or dividing line of the two sexes. Twelve exceeded this number, and four fell below it. Of the four falling below, two were boys, 126 and 123, and two girls, 132 and 126. Of the twelve exceeding this number, five were boys, 136, 148, 142, 146, 150, and seven girls, 146, 141, 147, 139, 142, 136, 156.

In regard to the question of weight, though only four were weighed, the result was equally unsatisfactory. One boy, with a pulse of 142, weighed nine pounds, and one of 146 weighed only a little less, and one of 150 weighed eight and a quarter pounds.

As illustrated by these figures, the method is altogether without certainty, but perhaps somewhat better than guessing.

**MR. FREDERIC HARRISON ON CITIES.**—We may not agree with Mr. Harrison on all questions, but it is impossible to dispute the intensity of his convictions. In spite of his fine pictures of ancient and mediæval cities, with their ample gardens and squares, their social life and their State importance, we are disposed to be thankful that we live in modern London, with its comparatively pure water and pure air. But there is no need of too much complacency, and we may well lay to heart some of Mr. Harrison's criticism. We must, above all, have more room and open spaces. Not only must we jealously guard the spaces that yet remain in this monstrous conglomeration of towns which we call London, but we must create others, in which trees and flowers will grow for the revival of human spirits, and in which gymnasia may be established for the

good of the young. The division of London into eight or ten separate counties, each with its own public libraries, public buildings, museums, baths, etc., may not be inconsistent with some common citizen life. The first condition and beginning of such a *desideratum* is the creation of intermediate spaces. And the time is favorable for this when ground is not so impracticably dear as it sometimes is.—*London Lancet*.

**SUDDEN CHANGES OF CLIMATE.**—If a blizzard of unusual severity were coming from the northwest that would send the thermometer down 50° or 70° in three hours, we should expect a great increase of pneumonia and other respiratory diseases, resulting in many deaths. Now, instead of three hours, suppose the mercury were to drop threescore degrees in three *minutes*—or, take another step in fancy, and suppose this great change to take place in three *seconds*—what would likely be the effect on health? And yet we bring about, artificially, changes to ourselves quite as sudden and as severe as this.

We make an artificial climate in our houses. We live in-doors in an atmosphere heated by stoves, furnaces, or steam-pipes, to 70° or 80°, and we pass from our parlor or hall, so heated, into the open air. At a step, literally in a breath, the temperature of the air has, for us, dropped 50° or 70°. We may put on an extra coat or shawl and shield the *outside* of the body and chest, but we can not shield the delicate linings and membranes of the air-passages, the bronchial tubes, the lung-cells. *Naked*, they receive the full force of the change—the last breath at 70°, the next at freezing or zero—and all *unprepared*. We have been sitting, perhaps for hours, in a tropical atmosphere; nay, worse, in an atmosphere deprived by hot iron surfaces of its ozone and natural refreshing and bracing qualities. Our lungs are all relaxed, debilitated, unstrung, and in this condition the cold air strikes them perhaps 60° below what they are graduated to and prepared for. Is it strange if pneumonia and bronchitis are at hand?

If we are at the West Indies, or even in Florida, and wish to come north in winter, we

\*Louisville City Hospital, service of Dr. D. T. Smith. Reported by Dr. T. E. Gosnell, resident graduate.

try to make the change gradual. But in our houses we keep up a tropical climate, or worse, for you have not the freshness of air that prevails in an open tropical atmosphere, and we step at once into an atmosphere as much colder as 40° difference of latitude will make it. It is in effect going from Cuba to Iceland, or at least to New York, at a step, and we make the journey perhaps a dozen times a day. And often, while we are still shut up in our domiciliary Cuban climate, Iceland comes down upon us from an open window. Especially is this likely to occur in school-houses, where children will instinctively seek to get a breath of fresh air that has not had all its natural refreshing qualities quite cooked out of it by hot stoves, furnaces, or steam-pipes. And all these sudden changes and shocks of cold come upon us while the whole system has its vitality and powers of resistance gauged down to the low necessities of a tropical climate.—*E. Y. Robins, Popular Science Monthly for December.*

**NATURAL SCIENCE AND THE SUPERNATURAL.** One of the latest phases of the religious thought of the times seems to be a desire to get rid of or to explain away the supernatural—at least to reclaim and domesticate it, and convince mankind that it is not the irresponsible outlaw we have so long been led to suppose—a desire nearly as marked in the theology as in the science of the day. Thus, the Bishop of Exeter (Dr. Temple), in his Bampton Lectures of 1884, on the “Relations between Religion and Science,” upholds the belief in miracles, without calling to his aid the belief in the supernatural as the word is commonly used. A miracle, he urges, *may* be only some phase of the natural not yet understood; the turning of water into wine by word of command, or the miracle of the loaves and the fishes, may have been accomplished by the exercise of some power over nature which is perfectly scientific, but of which man, as yet, has imperfect control.

And the Duke of Argyll, in his “Reign of Law,” cautions us against assigning an event or a phenomenon to the agency of the supernatural until we are quite sure we understand the limits of the natural—the natural may

reach far enough to include all that we have commonly called the supernatural. The latest considerable attempt in this direction is furnished by the work of Professor Henry Drummond on “Natural Law in the Spiritual World,” a work which undertakes to demonstrate the naturalness of the supernatural, or the oneness of religion and biology.

Butler, in his “Analogy,” says that there is no “absurdity in supposing that there may be beings in the universe whose capacity and knowledge and views may be so extensive as that the whole Christian dispensation may, to them, appear natural; that is, analogous or conformable to God’s dealings with other parts of his creation; as natural as the visible known course of things appear to us.”

Such a being seems actually to have appeared in the person of this Scotch professor. The “whole Christian dispensation” is to him little more than a question of experimental science—the conversion of Paul is as natural and explicable a process to him as the hatching of an egg, or the sprouting of a kernel of corn. “Religion,” he says, “is no disheveled mass of aspiration, prayer, and faith. There is no more mystery in religion as to its process than in biology.”—*John Burroughs, in Popular Science Monthly for December.*

**IS PETROLEUM POISONOUS?**—The *Archiv de Pharmacie*, No. 3, 1886, gives the following description of a case of poisoning with petroleum: A woman took with suicidal intent half a pint of petroleum. Soon after ingestion of the substance she experienced a burning sensation in throat and stomach, and complained of intense thirst. She received milk and cold applications to her head. The urine showed, during the first four days, evidences of being mixed with petroleum, which partly appeared at the surface and partly in a state of an emulsion. On the fifth day no more petroleum was discharged by the urine. The urinary sediment contained numerous epithelial cells, cylinders and oxalate of lime; a small amount of albumen was also present. In five more days the urine was wholly normal.

The rapid elimination of the petroleum, and the quick disappearances of all morbid symp-



toms of the case, induce Dr. Choay, under whose observation the case came, to declare that petroleum is not a poisonous agent.

If there were no other instances of petroleum intoxication recorded in medical literature, we think the presence of cylinders and of albumen to be sufficient evidences of the toxic nature of petroleum.—*Therapeutic Gazette*.

**A SENSIBLE VIEW OF THE TEMPERANCE QUESTION.**—Dr. Huntington, rector of Grace Church, preached the temperance sermon in the Church of the Holy Trinity, Fifth Avenue and One Hundred and Twenty-fifth Street. He said: "The Bible nowhere makes total abstinence necessary to righteousness, and it ill-becomes advocates of total abstinence to maintain that any one can not be really good unless he is a total abstainer. Temperance does not mean total abstinence, but moderation. Yet it is true that, under the social conditions of this country, the cause of temperance can best be served by the adoption of habits of total abstinence. The remedy of the widespread evils of drunkenness can best be secured by the quiet method of personal example and influence, rather than by noisy and demonstrative parade. I am not one of those who expect that legislation is going to effect a remedy of the evil. We must look to the personal example of abstinence set by men for the benefit of their weaker brethren, to gradually reduce the pitiable evils of intemperance." Well said, Dr. Huntington! Science, morality, civilization, and religion are on your side.—*Medical Record*.

**THE SO-CALLED COCAINE HABIT.**—Apprehensions which some have entertained lest there may develop a new and pernicious "habit" will be somewhat allayed by the discussion on the cocaine habit, so-called, which was held at the Neurological Society recently. For over a year the daily papers have been giving currency at times to shocking stories regarding victims of the cocaine habit, and a few reports of a similar kind have circulated among the profession. In Germany, especially, the subject has been studied by Erlenmeyer, and his contribution was supplemented by one of Dr.

Borneman, and by that of Dr. Smidt, the latter having been read at the German Congress of Physicians and Naturalists. Altogether, therefore, the question of a cocaine habit has received very considerable ventilation. So far as any conclusions can now be drawn, they are to the effect that the cocaine habit is extremely rare, if it ever exists. The use of cocaine and morphine together, however, has been observed often, and a morbid habit, which has been termed "morphine-cocainism," has been developed. This habit is much more serious, physically and mentally, than the morphine habit alone. The addition of the cocaine seems especially to produce hallucinations and other alarming physical troubles. German and American writers agree upon the evil effects of this cocaine-morphine combination. The use of cocaine in helping patients to rid themselves of the opium habit is one, therefore, that should be employed with great caution.

So far as pure cocainism exists, it seems to affect mainly physicians and druggists. To them there will be added soon recruits from the army of habitual drug-takers, who are always possessed with the desire to try every remedy that agreeably affects the nervous system.—*Medical Record*.

**A NEW ANTISEPTIC** is being used in the wards of Jefferson College Hospital. This is trichlorphenol, which is of Russian introduction, and has been favorably mentioned by one of the most prominent therapeutists. Trichlorphenol is extemporaneously prepared by mixing one part of a four-per-cent solution of carbolic acid with five parts of a saturated solution of chlorinated lime; the filtrate is said to be twenty-five times more powerful than carbolic acid. It is certainly a good combination, and doubtless will prove useful. It has been chiefly employed, freely applied locally, in epidemic erysipelas.—*Atlanta Medical and Surgical Journal*.

**THE PNEUMATIC CABINET.**—To any of our readers who may think of purchasing a pneumatic cabinet, the following communication will prove interesting:

"Two firms offer this instrument for sale;

one the original promoters of the pneumatic method, the other a recent manufacturer. The original party claim to hold patents covering the apparatus, and have sued their rival for infringement of patents. They also declare that any person using the rival instrument will be prosecuted.

"If the instruments are the same, physicians should consider the possibility of becoming entangled in the meshes of the law before they make choice between them."

#### *Editors American Practitioner and News:*

The Mitchell District Medical Society will meet at Mitchell December 30 and 31, 1886. A full attendance is requested. Reduced rates will be secured on the railroads leading to this point, and board from \$1 to \$2 per day.

JAS. C. PEARSON.

*Chairman Committee of Arrangements.*

MITCHELL, IND., Dec. 2, 1886.

**VIPER POISON AND RABIES.**—A writer in *Los Avisos* mentions that a dog which had been several times severely bitten by different rabid dogs, and had shown no symptoms of rabies itself, had been previously twice bitten by vipers, and suggests the possibility of the poison of the viper having conferred an immunity from rabies.

**A NEW FLUID** for preserving museum specimens so as to keep their color, size, form, and consistency for several weeks, has been devised by Prof. Grawitz. It consists of 150 grams of sodium chloride, 20 grams of saltpeter to 1 liter of water; to this is added three per cent of boracic acid.—*Medical Record*.

**DR. HENRY H. SMITH**, Chairman of the Executive Committee of the International Medical Congress, announces that the sessions of the congress will occupy six days. European delegates will consume thirty days in crossing the ocean twice and in attendance upon the congress.

**DR. FAUVEL**, the laryngologist, has just received the Cross of Officer of the Savior from the King of Greece, for services rendered to the Greek surgeons who came to Paris to study his treatment of throat disease.

#### **Army and Navy Medical Intelligence.**

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from November 21, 1886, to December 4, 1886:

*Lieutenant-Colonel B. J. D. Irwin*, Assistant Medical Purveyor, relieved from temporary duty in New York City, and of the charge of the Medical Purveying Depot in that city, and ordered to San Francisco, Cal., to take charge of the Medical Purveying Depot in that city. (S. O. 270, A. G. O., November 19, 1886.) *Major F. L. Town*, Surgeon, ordered from Fort Clark, Texas, to Post of San Antonio, Texas, to relieve Surgeon J. P. Wright. (S. O. 159, Department of Texas, November 15, 1886.) *Major Jos. R. Gibson*, Surgeon, ordered for duty as post surgeon, Fort Lyon, Col. (S. O. 134, Department of Missouri, November 20, 1886.) *Captain Edw. B. Mosley*, Assistant Surgeon, directed to take charge of the Medical Purveying Depot, San Francisco, Cal., until the arrival of a proper bonded officer. (S. O. 99, Division Pacific, November 19, 1886.) *Captain J. L. Powell*, Assistant Surgeon, ordered for duty as post surgeon, Fort Supply, Ind. Ter. (S. O. 134, Department of Missouri, November 20, 1886.) *First Lieutenant Peter R. Egan*, Assistant Surgeon, assigned to duty at Fort Clark, Texas. (S. O. 162, Department of Texas, November 22, 1886.) *First Lieutenant Freeman V. Walker*, Assistant Surgeon, assigned to duty at Fort McIntosh, Tex. (S. O. 159, Department of Texas, November 15, 1886.) *First Lieutenant Paul Clendenin*, Assistant Surgeon, recently appointed, ordered to report to commanding general, Department of Texas, for assignment to duty. (S. O. 271, A. G. O., November 20, 1886.) *Captain Henry Johnson*, Medical Storekeeper, will, in addition to his present duties, assume charge of the Medical Purveying Depot in New York City, as acting assistant medical purveyor. (S. O. 270, A. G. O., November 19, 1886.) *Major Daniel G. Caldwell*, Surgeon, granted twenty days' extension of his leave of absence. (S. O. 278, A. G. O., December 1, 1886.) *Captain P. R. Brown*, Assistant Surgeon, leave of absence for seven days, granted by post order, is extended to twenty-three days. (S. O. 124, Department of Arizona, November 24, 1886.) *Captain E. B. Mosely*, Assistant Surgeon, relieved from duty as attending surgeon in San Francisco, Cal. (S. O. 99, Division Pacific, November 19, 1886.) *Captain Louis S. Tesson*, Assistant Surgeon, granted leave of absence for four months, to date from November 13, 1886. (S. O. 278, A. G. O., December 1, 1886.) *First Lieut. Wm. J. Wakeman*, Assistant Surgeon, leave of absence extended three months. (S. O. 274, A. G. O., November 26, 1886.) *First Lieut. W. D. McCaw*, Assistant Surgeon, granted leave of absence for two months, to take effect when his services can be spared. (S. O. 274, A. G. O., November 26, 1886.) *First Lieut. Paul Clendenin*, Assistant Surgeon, assigned to duty at Fort Davis, Texas. (S. O. 166, Department of Texas, November 29, 1886.) *First Lieut. C. L. G. Anderson*, Assistant Surgeon, recently appointed, ordered for assignment in Department of Arizona. (S. O. 277, A. G. O., November 30, 1886.) *First Lieut. Robert R. Bull*, Assistant Surgeon, recently appointed, ordered for duty in Department of the Missouri. (S. O. 278, A. G. O., December 1, 1886.)



# THE AMERICAN PRACTITIONER AND NEWS

"NEC TENUI PENNÂ."

VOL. II.  
[NEW SERIES.]

LOUISVILLE, KY., DECEMBER 25, 1886.

No. 13.

*Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.*—RUSKIN.

## Original Articles.

### A REPORT OF FOUR CASES OF UTERINE FIBROIDS.\*

BY DOUGLAS MORTON, A. M., M. D.

*Visiting Surgeon to the Women's Wards in the Louisville City Hospital.*

The four cases I have to report this evening are selected from my work in this field in gynecology because they fairly illustrate most of the difficulties ordinarily encountered in dealing with fibroids through the vagina.

CASE 1. A lady, forty years old, who had had several miscarriages, but no child at term. She had been frequently troubled with uterine hemorrhage during the year prior to my taking charge of her case. Her spells of bleeding at the time I first saw her had increased in frequency and duration, and she had now become extremely feeble and anemic. On examination I found the womb freely movable, but somewhat larger and lower in the vagina than normal. The sound was introduced, but the length of the canal by this test seemed so nearly normal, that if there was any difference at all it escaped my notice; and in the absence of other ordinarily obvious signs of the presence of a tumor, I made a diagnosis of fungosities of the endometrium. Upon my next visit I used the curette, and was annoyed to find that this increased the flow of blood; so much, indeed, that it became necessary to use a tampon. This was borne badly, and in order to stop the hemorrhage, and at the same time to effect dilatation, I now introduced a large

sponge tent. This served the purpose very well, and dilated the cervical canal to some extent, but not sufficiently to introduce my finger high enough. Another larger tent was used, and on removing this, some hours afterward, I could reach a convex surface high up in the womb. The successive use of several other tents enabled me to make out the presence of a small fibroid projecting from the fundus. With great difficulty I managed to slip the loop of a wire ecraseur over the lower end of the growth. After tightening the loop I found the tumor capable of some rotary motion. This led me to try to twist it off, and I succeeded in doing so. It proved to be a fibroid of unusually dense structure, an inch and a quarter long and three quarters of an inch thick.

On several accounts this case was one of more than usual interest. It was evidently, when the patient came under my charge, largely interstitial, and had just begun to emerge from its bed in the fundal wall. This led to my failure to detect it with the sound; and, owing to its small size, the point was hardly enlarged above what is common in "areolar hyperplasia." Notwithstanding its insignificant magnitude, however, it had well-nigh caused the patient's death by hemorrhage.

There are points of interest in the treatment also. To bring much larger tumors in easy reach of instruments, and to facilitate their removal from the uterine cavity, enlargement of the cervical canal by some means frequently becomes necessary, and some cutting instrument or Paquelin's cautery knife is generally used. There are cases in which a two-bladed dilating instrument is sufficient, but sponge tents are used less now than formerly, on account of their tendency to occasion sepsis.

In the present instance, however, a fourfold purpose was accomplished by the sponge tent,

\*Read before the Lou. Med. Chirurgical Society, Nov. 19, 1886.

which renders it peculiarly fitted to the conditions of the case. It served as an efficient intra-uterine tampon, as a means of dilatation. It provoked uterine action, by which the imbedded growth was forced into the cavity, and induced "bearing-down" action of the abdominal muscles and diaphragm, by which the womb was pressed to a lower and more accessible position in the pelvic cavity. The danger of sepsis was averted by antiseptic vaginal washes. This was considered important, as the tents had to be applied daily for nearly a week. The patient recovered readily.

CASE 2. I was called at night to see a lady, fifty-six years old, who was suffering from uterine hemorrhage. Upon examination I found a tumor projecting into the cervical canal, but not as far as the external os. I judged it to be about as large as a good-sized lemon. She had been under the care of a female quack, who told her she had a tumor, and made her believe that the clots coming away from time to time were parts of it detached by the electric applications of which her treatment consisted.

On the next morning, when I set about removing the growth, I found it much larger than I supposed at first. It was pear-shaped, and the small end projecting into the cervical canal led to my underestimate of its size. It was sessile and attached to the uterine wall on the left side. It appeared to be a proper case for enucleation or of removal by piecemeal. As it was fairly accessible, I used the latter method. The operation occupied two hours. The instruments used were a strong volsellum with separable blades, and a knife with a small curved blade and a long shank. Hemorrhage during the operation was trifling. In order to secure asepsis and a firm contraction of the womb, I mopped its cavity with a strong tincture of iodine.

This tumor I judged, from the aggregate mass of its fragments, to be about five inches in diameter. The patient recovered without trouble of any kind. This case is interesting only in that it adds one to the comparatively small number of recorded cases in which its method of removal has been applied, while the growth was still in utero. There is only one

danger in the operation, and this lies in the possibility of having to leave it incomplete; in which event necrosis of the remaining part may take place, with consequent septicemia. Emmet records a case of this kind.

This operation was preferred to enucleation for two reasons: First, the important one, that at its presenting part at least the tumor and its capsule were firmly adherent; and second, enucleation must in many cases be a prolonged process, and also involves the danger of necrosis.

CASE 3 is that of a negress forty-three years old. She had never been married, and assured me her life had been virtuous. Her history was the usual one of frequent hemorrhage and gradually increasing weakness. Upon vaginal examination I found the womb considerably enlarged and almost immovable. The os was slightly patulous, admitting the tip of my finger. On abdominal palpation, I felt through the wall a subperitoneal tumor, apparently three inches in diameter. This she said had been giving her a great deal of pain. I put her on half-dram doses of the fluid extract of ergot four times a day, and was pleased to find on the second day that the os had undergone considerable dilatation, and I could reach a tumor projecting a little below the os internum. The ergot was kept up till the tumor projected nearly to the external os. The transverse diameter at the highest point that I could reach was about an inch and a quarter. It was very tightly wedged in the cervical canal, and appeared an unpromising case for the *ecraseur* at this stage of proceedings. I therefore tried enucleation, and to this end made as long an incision as I could through the capsule. The ergot was continued until the next day, when I found the condition about the same as on the day before. The capsule was found to be adherent, and there was no prospect of enucleation. At this time the ergot, which had been very active from the start, was beginning to cause a great deal of suffering, and had to be discontinued. I now made an effort to remove the tumor with a wire *ecraseur*, but on account of the difficulty of manipulation due to the smallness of the vagina and the tightness of the uterine grasp upon the tumor, I



found it impossible to carry the loop higher than the sulcus made in the latter by the constriction of the os internum. Fully aware, however, of the danger of removing a part of a fibroid tumor, I cut it off at this point, hoping this measure would facilitate enucleation of the remaining portion. But this did not occur, and in a day or two the cervix had contracted to its normal state. A little later there came a fetid discharge from the vagina, and the patient had fever and abdominal tenderness. I ordered a vaginal wash of bichloride of mercury, and after a few days these symptoms subsided. The use of mercury in this case caused ptyalism, and I met this difficulty by having the bichloride solution immediately followed by an injection of pure water. This is the only case in my experience in which poisoning has occurred from the use of the bichloride as an antiseptic.

I saw this patient eight months after the operation. She told me she had never had hemorrhage again, and that the lump in her abdomen had disappeared. I found on examination that the womb was much in the same condition as when I first examined her, except that the os was not at all patulous. The subperitoneal tumor had either really disappeared, or had so changed its position as to escape discovery. That a fibroid should become absorbed is not improbable. Gussierow gives thirty well-authenticated instances of such occurrence.

The favorable termination of this case would seem to justify the treatment employed. So good an authority as Fritsch teaches that under such circumstances, if the whole tumor can not be removed, it is proper to remove as much as is accessible. In the thorough application of antiseptic agencies that belongs to all departments of modern surgery, the danger of septicemia has immensely decreased, and this no doubt more fully justifies such a procedure. In the retrospect, however, it appears that one or two things could have been done that were left undone. I might have incised the cervix as high up as was safe. This measure would have greatly facilitated manipulation; and even if it failed to enable me to remove the tumor, it is known that this operation, in some unaccountable way, stops the tendency to hem-

orrhage. In addition to this measure I could have removed an important difficulty by dilating the vagina.

An interesting feature in this case is that it illustrates one of the limits to the use of ergot. The action of all muscles—all, at least, supplied with sensory nerves—becomes painful when kept up beyond certain limits. This is true of uterine muscle, whose vigorous action is painful from the outset. In this case the continued use of ergot was attended by pain of increasing severity, until it could no longer be borne. Before this point had been reached, moreover, the womb had ceased to produce any expulsive effect upon the growth, a fact going to show that the efficiency of uterine action was not in proportion to its painfulness.

CASE 4. This case is interesting only in connection with a question of differential diagnosis that arose with reference to it. The patient was a corpulent lady, between fifty and sixty years of age. She was very pallid and feeble from long-continued hemorrhage. I found the vagina distended by a rather soft tumor, about five inches in diameter. One of the physicians with whom I saw her, upon grounds that I did not hear him mention, feared it might be an inverted womb, and advised against its removal. He suggested that a strong ligature be tied tightly around its pedicle, and I was asked to do this. In my view of the case I had no strong objection to the procedure, but in his I did not fully understand its *rationale*. The only difficulties in proving the tumor not to be an inverted womb were that the abdominal wall was thick with fat, and its presence in the vagina made it somewhat difficult to use the sound.

I was called in a few days afterward by the attending physician, and found the patient troubled with a very offensive discharge. With very little trouble, except from the nastiness of the work, I slipped the loop of a chain ecraseur over the tumor and cut it off. It proved to be a fibroid of less dense structure than usual. The ligature had not been tied sufficiently tight to strangulate all its vessels, and only superficial necrosis had taken place.

There is no doubt of the importance, in a considerable proportion of cases of supposed

fibroids, to give careful attention to their differentiation from uterine inversion. Several years ago Becquerel published statistics of fifty cases of chronic inversion, in seven of which uteri had been amputated in the belief they were fibroid tumors. Some of these cases no doubt occurred in the infancy of gynecology, when means of diagnosis were very imperfect. Under present methods such an error would be hardly possible.

In a recently published paper Dr. Reamy, of Cincinnati, suggests a new differential test. It is simply to try to rotate the tumor on its axis corresponding with that of the vagina. The inverted womb will not rotate, while the pedunculated fibroid will do so readily. But this experiment will obviously fail to differentiate from a sessile tumor, and is therefore of limited value. Of the tests ordinarily given there is one that suffices for all cases. This is to slip a noose over the tumor and draw downward with one hand, while, with the forefinger of the other in the rectum, the upper border of the body is sought for. Before doing this it is well to try if there be sensibility in the tumor by acupuncture or by pressure with the tip of a sound. If pain is produced, the question is settled beyond doubt in favor of inversion; if not, however, it is not equally certain that the tumor is a fibroid, for there may be conditions in which there is lack of sensibility in an inverted womb.

LOUISVILLE.

## THE ROLE OF THE OVARY.\*

BY W. SYMINGTON BROWN, M. D.

I assure you, gentlemen, that I thought twice before adopting this title, one which exposes me to a double cross-fire of criticism, and may possibly end in depriving me of the chance to perform any rôle myself in this learned Society. First, there seems to appear the insinuation that the ovary is only a vagabond actor, not a citizen or legal voter in our body politic; and, second, after getting over that *pons asinorum*, that my title pre-supposes some sort of scheme or plan of creation in

which the ovary has been set down to play a part. This comes of importing metaphysics into a gynecological society.

Let me hasten to explain, however, that I do not mean any thing disrespectful to the much maligned ovary. If this important organ only acts a part, what then? Do we do any more? And as I believe that it takes a leading part in the great drama of life—a part which men are only too glad to support in a subordinate rôle, of course there can be no disrespect intended. For this and other reasons, I object to the phrase “uterine appendages” as applied to the ovaries. It would be much more correct to say *ovarian* appendages, by which I mean the uterus, fallopian tubes, ligaments, etc. For the ovary is the essential organ in the female, just as the testicle is in the male; they both originate in the same blastema.

The minute studies of pathologists are often useful. I do not attempt to decry them. But it seems to me that pathological minutiae are like the scaffolding put up for workmen during the erection of a building, intended to be removed when the building is finished. In fact, we can not see the building in any thing like its fair proportions until the scaffolding has been removed. In other words, I think that we have depended too much on morbid phenomena, and too little on the experiments which nature kindly performs for us. More is to be learned by careful observation of natural processes and guarded deductions therefrom, than from the twisted facts which disease presents us with. Naturally we cry up disease, for that is our business; but I am happy to say that the tendency in our day is to place more stress on the investigation of normal processes, so that we may be better able to recognize their deviations when they become abnormal. We have hitherto put the cart before the horse, and our partial progress has been attained by pushing instead of drawing. It is on this account that I attach comparatively little importance to vivisections as a means of discovery. Experiments on living animals may test or corroborate a great disclosure; they seldom or never find one out. It is the recollection of what we have previously observed, passed through our mental alembic, which enables us

\*Read before the Gynecological Society of Boston, October 14, 1886.



to discriminate differences and recognize agreements. While I despise the senseless, sentimental outcry now being raised against vivisections, I think it is our duty not to overestimate them, and to make such experiments the exception, not the rule. Sir Charles Bell asserts that if he had commenced with experiments they would have misled him. He made his great discovery by means of careful dissections and clinical observations.

The female generative organs apparently occupy a middle place between those devoted to nutrition and those which bring us into relation with the external world. They are a sort of bridge between the two, and partake of the characters of both.

The extreme period during which the ovaries are active may be set down as forty years, say from twelve to fifty-two years of age. In the great majority of women, however, this period is limited to thirty years, say from sixteen to forty-six years of age. Before twelve and after fifty-two years, the possession of procreative power rarely exists; although a few recorded cases point to its possibility. In childhood the ovaries only contain microscopic ova, and after the menopause they become atrophied, and all traces of ova finally disappear. In reproductive processes nature is ultra generous. The number of ova in each ovary seems to be out of all proportion to the number of possible children. Many of these germs, no doubt, remain undeveloped; but even of those which reach the surface and become capable of impregnation, how small a portion ever fulfill their function. Then, again, during each month there is a period of quiescence and one of activity, which may be called the cycles of involution and evolution. When the latter attains its maximum force, the ovary becomes nearly twice as large as at the close of involution, and is so sensitive to pressure that we run a risk of mistaking this state for inflammation.

Strictly speaking, the ovary is a gland which secretes free cells. It maintains an intimate connection with many other glands; a relationship more marked during pregnancy, but also noticeable during menstruation. A larger number of unsolved problems seem to depend upon this alliance than is generally supposed. Jaun-

dice, albuminuria, salivation, mastodynia, and other glandular diseases or disorders, may be connected with or dependent upon changes in the ovary. One reason why robust women—corresponding to the peasant class in Europe—recover more readily from puerperal diseases than pampered, delicate ladies, is the greater activity of the whole glandular system in that sort of patients. If we take puerperal albuminuria as an illustration, I think there need be no doubt that the affection does not necessarily arise from organic disease of the kidney, but may be a simple functional disorder following certain sympathetic changes in one or more of the reproductive organs. Any agency which interferes with normal action in a single link of the chain affects the whole.

If we except syphilis, perhaps no other disease pursues a more insidious course or fathers so many obscure symptoms as gonorrhea. Dr. Noeggerath, of New York, long ago directed attention to this subject, and his conclusions were generally met by the medical profession with almost scornful skepticism. I would fain hope that the sweeping verdict he passes upon commercial travelers is exaggerated; but the longer I live I see the more cases which can only be satisfactorily explained upon his theory—the presence of a latent gonorrhea in both sexes.

When I was a medical student (1841) I asked our professors of anatomy and obstetrics, separately, this question, Why do prostitutes so seldom conceive? The answer from both was substantially the same: they said, "They are driven beyond conception by their mode of life." For many years I could get no better answer than this from any body; but modern gynecology has, I think, demonstrated that the gonorrheal discharges passing from the vagina into the uterus, through the fallopian tubes to the ovaries, and exciting peri-uterine inflammation, is the true cause of sterility in prostitutes, and also, I am sorry to say, in many virtuous married women. Among the latter class especially this is not always preceded by an acute attack. The disease may be communicated by a mild, concealed gleet, which the husband himself is not cognizant of. As Dr. Noeggerath has pointed out, the gleet poison

may lie in a shallow cul-de-sac near the bladder months or years after the patient has seen any discharge at the meatus, and be voided with the seminal fluid during coition.

I suppose that our worthy President, Dr. Marcy, if he admits the premises, would explain the infection by the presence of some bacteric germ, which the attending physician had failed to dislodge. I do not express any opinion on that head. As the obliging showman says, "You pays your money, and you takes your choice." But whether caused by wicked germs or more ancient pathological processes, there can be no doubt about the widespread mischief resulting. The fibrous ovarian sheath becomes thickened, the fallopian tubes are dilated with muco-pus or closed, and it is probable that the ova themselves never become fully developed. If this happens to both ovaries or both tubes, sterility is a foregone conclusion. We should also recollect that in many cases where the epididymis has been affected spermatozoa are not to be found in the semen, and the male is also sterile.

This brings us to the absorbing question, Should the ovaries ever be removed on account of metrorrhagia, salpingitis, long-continued agonizing pain, or any intractable pelvic disease? I refer, of course, to Battey's and Tait's operations. Many conservative physicians aver that the removal of the ovaries unsexes a woman—changes her soft voice to a harsh, masculine tone, produces a beard and mustache, and takes away her sexual appetite. I think that all, or nearly all, of these charges are baseless. We have good reason to conclude that sexual desire is not annulled within a period of at least four years after either operation; and there is no probability that spaying results in sexual apathy at any time after puberty. Thousands of women possessing normal ovaries and tubes, and otherwise healthy, are quite insensible to venereal pleasures. The only thing these operations prevent is conception, and in our day that is not reckoned much of a curse by many women.

I am inclined to think that both the advocates and the opponents of female castration have been guilty of some exaggeration. It is

lamentably true that the modern surgeon, like the American base-ballist, is apt to go to extremes. I have no doubt that ovaries have been sacrificed which might and should have been saved. We are in too much of a hurry; and I am also quite sure that many women have been left to drag out a miserable existence for years, an opprobrium to the healing art and a daily terror to their relatives, who might have been saved untold suffering by a simple surgical operation, if the medical attendants had not been befogged by this ancient dogma of unsexing their patients. For sex is not lodged in either ovary or testicle. If in one part more than another, it is in the brain.

A long series of careful observations have satisfied me that insanity in women often depends upon sexual disorders, and in such cases can only be cured by treatment applied to the reproductive organs. The first case which impressed this conclusion upon me occurred in Blackstone, Mass., in 1852. The patient was a young married woman, of Irish extraction, under the care of the late Dr. Kimball. She showed signs of melancholic insanity, and tried to commit suicide by striking her head in more than twenty places with a dull hatchet. We dressed the scalp and got a neighbor to watch her; but on the second night, while the watcher dozed, she got out of doors and drowned herself. As it was a job for the coroner, we were privileged to make a *post-mortem* examination, and found extensive disease in the left ovary, with pus in the corresponding fallopian tube.

This case also illustrates the insensibility to pain in most patients affected with reflex insanity. Under ordinary circumstances, one or two blows with a blunt hatchet would result in sufficient pain to deter repetition.

In hystero-epilepsy, where the fits are prolonged, and the mind is beginning to be affected in consequence of pelvic disease, the best treatment is to remove the tubes and ovaries. This is one of the grounds where even conservative practitioners admit that extirpation is justifiable. And where we have long-continued excruciating pain, after all other remedies have failed, I think that we are warranted in removing the offending organs. There are



other kinds of work besides child-bearing which women can acceptably perform.

I have only seen one case where I thought that the operation was vindicable. She is an unmarried lady, about thirty years of age, who suffered from pelvic neuralgia for several years, and latterly was obliged to give up work entirely. All sorts of treatment had been tried without avail. She was under Dr. Barre's care, who called me in consultation. The operation was performed about two years ago, while I was absent in Europe, and proved quite successful. I learned yesterday that, although both ovaries were removed, she has menstruated regularly since the operation was performed.

General practitioners are more interested in another class of patients, where the symptoms arise from suddenly arrested menstruation, and there is no good ground for believing that the ovaries are seriously diseased, and yet sterility is a common result. A brief account of a typical case will illustrate my meaning. Five years ago I attended a strong young lady, nineteen years of age, in whom menstruation was suddenly arrested by sea-bathing. Severe pelvic pain, vertex headache, and a sense of constriction in the diaphragm, continued at intervals for a year, notwithstanding active treatment. Finally she recovered, and six months later got married, but has never become pregnant. To this day the diaphragmatic constriction remains, and the menstrual flow is gradually becoming scantier. Whether a sufficient degree of low-grade inflammation existed to close both tubes, or, which is more probable, the nervous shock attendant on arrest of menstruation also arrested the development of ova, I can not say. Only this, that in such cases I feel warranted in telling her relatives that sterility is highly probable.

I have only time left to state one or two other questions relating to my subject, without attempting to discuss them. Is menstruation inseparably connected with ovulation? To get a correct answer, we must bear in mind that rare instances have occurred where three ovaries existed, and also that stray ovisacs may exist in the human parovarium, following the type of certain lower animals. In most cases

removal of both ovaries arrests menstruation within a few months. In Dr. H. R. Storer's celebrated Malden case, operated on September 23, 1865, where he removed every thing except an inch of the cervix uteri, menstruation recurred eighteen days afterward, and lasted thirty hours. She was unmarried, forty-seven years of age, and a virgin. The explanation seems to be that the original habit produces a species of physiological momentum that continues to operate in some women after castration has been performed. Dr. W. L. Atlee, Sir Spencer Wells, and others relate cases similar in character.

Negrier believes that the ovaries act alternately, one ovary being active one month, perfecting ova, while the other is quiescent, the latter becoming active next month. This somewhat fanciful theory receives a little support from the circumstance that, where only one ovary is diseased, the pain sometimes returns every alternate month.

Ovariectomy has decided one problem for us: It has proved that the sex of the fetus does not depend on the particular ovary which furnishes the germ; that is, that the right ovary does not furnish males and the left ovary females, or *vice versa*. Sir Spencer Wells tells us that ten patients, from each of whom he removed one ovary, afterward conceived and bore children of both sexes. A woman with only one ovary may even bear twins of opposite sexes.

The proportion of male and female children born, all over the world, is so constant that one can not help concluding that it must be regulated by a physiological law, as yet undiscovered. This is a promising field for ambitious gynecologists. He or she who discovers that law is as sure of fame as the great Harvey. If I might be allowed to hazard a suggestion, it would be this, that the determination of sex does not depend on any thing done by either the mother or the father, but occurs long prior to conception in either the ovary or the testicle. That is to say, I believe that the agency which determines sex depends upon peculiarities in the ova or spermatozoa existing prior to coition.

## Societies.

### CHICAGO MEDICAL SOCIETY.

Stated Meeting, November 15, 1886, E. J. Doering, M. D., President, in the chair.

Dr. Lester Curtis read a paper on the Absence of the Patella Tendon Reflex, in which he enumerated a number of cases of persons in apparently good health in whom the patella tendon reflex can not be elicited, such being the case with the author himself. He quoted from authors who had made similar observations, and who had also found the patella tendon reflex present in diseases in which it is not expected. These variations in the presence and absence of the patella tendon reflex were so frequent that he was inclined to question its absence as an important sign of nervous disease. He believed it to be a sign that had received undue attention.

Dr. D. R. Brower, in opening the discussion, said: I have been very much interested in Dr. Curtis' paper. I have found the patella tendon reflex occasionally absent in health, but very rarely. Since the suggestion was made by Jendrassik that an effort be made to increase the general muscular tension by having the person pull upon the fingers of one hand linked into those of the other, which was brought to my attention about a year ago, I have been able to elicit the patella reflex in healthy persons when otherwise I would have failed. I think it is necessary in doubtful cases that the blow be struck upon the naked limb. I think it is occasionally absent in health, and it has been my habit in teaching to always say in regard to the patella tendon reflex, that it is the loss, and not the absence—we have first to know that the person had patella tendon reflex before we can regard its absence as pathological. I have taken that view of the matter for a long time. As to presence of tendon reflex in locomotor ataxia, the President will remember one of the patients that I saw three or four years ago, in whom patella tendon reflex was present, and in whom all of the other symptoms of locomotor ataxia were present in a marked degree, and I met with that condition in one or two other cases. I think that

in these cases the degeneration has not commenced in the usual place. At the meeting of the American Medical Association an interesting paper on this subject was read by Dr. Zenner, of Cincinnati, who has made very extensive observations upon healthy people as well as upon the insane, with a view of determining the real value of this sign. And his opinion is in accord with my own, that if all precautions are taken it is a remarkable thing for it to be absent in a healthy person. In the case cited by the author there would seem to be a part of the spinal cord that was not entirely destroyed, possibly enough to admit of the passage of the stimulus from the sensory nerves.

Dr. H. N. Moyer said, regarding the manner of eliciting the patella tendon reflex: Unless very great care is exercised in determining that the reflex is absent, the observation has very little value. In testing this reflex, I prefer to have the leg rest across the back of the wrist, by which means we easily detect any tension of the hamstring muscles, which greatly interferes with the reaction. As to the manner in which the tendon should be struck, I do not believe that the surface of the ulnar side of the hand is the proper thing to elicit it, and the ordinary rubber hammer is not quite heavy enough for that purpose. The best thing is a steel hammer with a small rubber tip. In doubtful cases care should be taken to percuss the tendon over its entire surface. I have seen a number of cases in which I supposed the patella tendon reflex was absent in undoubtedly healthy persons, but since this new manner of increasing muscular tonicity by lessening the inhibitory power of the brain over the lower spinal centers has been adopted, have never seen a case in which the patella reflex was absent in a healthy individual. There is one other point, in regard to the difference in the amount of the reflex obtained when this procedure is employed and when it is not. There are certain qualitative variations which have not been pointed out. I have, under my observation at present, two cases of chorea, in which there is only the slightest evidence of patella tendon reflex on percussion in the ordinary way, but when the patients are



required to clasp the hands, and the patella is then struck, the reflex is markedly exaggerated. I think in some cases this procedure will enable us to diagnose between the neurasthenia of cerebral and of spinal origin. I have one undoubted case of locomotor ataxia in which the patella tendon reflex is present. In the two cases of Westphal which have been recently published, the microscope revealed the morbid processes in the lumbar portion of the cord to be largely confined to the points of entrance of the posterior roots, and also slightly involving the lateral columns. This probably obtains in the cases reported to-night.

Dr. J. J. M. Angear said: I do not know that we can come to the conclusion that our patient is suffering from locomotor ataxia when we find the patella tendon reflex absent. I have in my mind a patient who was under my care about two years ago, in whom the patella tendon reflex was entirely absent. There was unsteadiness in gait, a little wavy motion when attempting to stand erect, with eyes closed and feet close together, and the patient walked with a cane. There were symptoms of congestion of the cord, a feeling of a heavy weight at the feet, that peculiar sensation known as girdle feeling, which improved on lying down. The patient improved somewhat under the use of mercury and iodide of potash (I learned afterwards that when a young man he had syphilis, but it has not shown itself since). This was two years ago, and the patient is no worse to-day, but it seems to me that he ought to be a great deal worse if it was locomotor ataxia. If we fail to elicit the reflex by simply striking the tendon, we can get it, if it is present, by engaging the patient in conversation about something foreign to himself and then suddenly strike the tendon. In regard to cases where it is absent in apparent health, I think we should emphasize *apparent*, for we have no positive evidence that the nervous system is in a normal condition in such cases, and I should be a little skeptical with regard to the patient's perfect health, if I had taken all the precautions for securing this action and then found it absent.

Dr. Robert Tilley said: I wish to bear testimony to the truth of Dr. Curtis' observations.

I certainly have seen a small number of persons that I considered average healthy individuals, in whom I have not been able to elicit the patella tendon reflex. I have not caused the patients to bare the leg, but I have employed other devices to satisfy myself that if the tendon reflex was not absolutely absent it was certainly diminished in its activity. I would like to emphasize the fact that it seems, under certain circumstances, to be obtained when struck upon one side or the other, when it can not be obtained by striking the tendon in the center. On several occasions it has struck me as desirable in *post-mortem* examinations to have a microscopic examination of the tendon itself, and see if some peculiar changes might not be visible in it. I would ask Dr. Curtis if he knows of any histological investigations in that direction. I recently saw an article giving an account of a case where the tendon reflex seemed to be absent, but on the administration of a small dose of morphia it was elicited. No mention has been made of what may be called a normal tendon reflex, although the exaggerated form has been referred to, and I do not know whether any one here would venture to give a definition of a normal tendon reflex in opposition to an exaggerated one. I am certainly disposed to take exception to Dr. Curtis' explanation of the tendon reflex, that it is most likely to be found in individuals who are a little scary, are easily frightened, easily thrown off their guard, or persons of that character. I may instance myself. I do not think I should be easily thrown off my guard; but in my case the tendon reflex is markedly present, so much so that those who would distinguish between the forms would say that mine was an exaggerated form.

Dr. J. Frank said: I have a theory as to why the tendon reflex might be absent in a healthy person. In order to get the tendon reflex the tendon must be put on the stretch, and there are such things as abnormal patella tendons. If the ligamentum patellæ is abnormally long when the leg is flexed, the tendon is not put on the stretch; if lax, and can not be made tense, it might be struck all day without any result. I think this will explain why, in some

people, the tendon reflex is absent. When I was a student my preceptor tried it on me, but could not get any tendon reflex; it seems that at certain times my tendon answers to the blow, and at other times it does not; still I have been in good health all my life. Where the tendon reflex is absent without other symptoms the tendon should be examined.

Dr. James Jewell said that in tendon reflex, when the muscle is struck a shock is given to the sense nerves. He had met with a large number of cases in which the patella tendon reflex could not be obtained by the ordinary impulse, but which he had been able to elicit by other means. He thought locomotor ataxia did not depend so much upon loss of sensibility in the muscles themselves as in the great numbness of the feet. He had had cases of locomotor ataxia in which the only symptom was acute sensibility to temperature, and another who had no sensibility on the right side except in the nates.

Dr. Joseph Zeisler read a paper on the Use of Ichthyol in the Treatment of Skin Diseases. Dr. Zeisler gave his clinical experience with ichthyol in the treatment of over one hundred cases of skin disease. The strength of the salves varied from three to thirty per cent; frequently other drugs were added as adjuvants, according to the requirements of the case. All the usual ointment bases mix well with it. Ichthyol soap was found very useful for acne rosacea and sycosis. The physiological effects of ichthyol—its regenerative power when used in a mild form, its resolvent action when used in full strength, its contracting influence on blood-vessels—were explained from its chief quality, to draw oxygen from the tissues. In about twenty-five cases it was used internally in the form of capsules (0.10 *pro dosi*), three to ten of which may be taken daily. In this form Dr. Zeisler found it very useful in chronic cases, and thinks that it may frequently be preferable to arsenic. Very good results were obtained in eczema, fifty-six cases of which, comprising nearly all forms and stages of that disease, were treated with it; its effect and the mode of its application in the principal form is described and illustrated in the history of two cases.

In sycosis (eleven cases) and psoriasis (two cases), it was found to be a very good adjuvant. Excellent results were also obtained from the internal and external use of ichthyol in acne rosacea (seventeen cases). In acne vulgaris (ten cases) it did not result beneficially except when used internally. In several other cases, herpes tonsurans, prurigo, and acne varialiformis, it was used in too few cases to allow of any decided conclusion.

Dr. G. C. Paoli said there is no one remedy that we can positively rely on in the treatment of skin diseases. This new remedy, ichthyol, was used by Dr. Unna, of Hamburg, but he combined it with other ointments. We can not treat all the stages of skin diseases with the same remedy. Ichthyol has a fetid odor, and he should think it would be obnoxious in use. He has not had an opportunity to try it.

Dr. E. J. Kuh said: Not enough time has elapsed to express either a final condemnatory or laudatory opinion on ichthyol. The physiological experiments by Baumann and Schotten are entirely insufficient, and the conclusions reached are practically no conclusions at all. Our clinical knowledge has been sufficient to show its value in skin diseases. And as Dr. Zeisler has confined himself to a discussion of its use in his specialty, a few words bearing on the application of ichthyol in other diseases may not be out of place. Lorenz and Unna are its chief recommenders. The former in the beginning applied it in acute and chronic articular rheumatism, and to judge from experience of others (including myself) who have used it in this direction, there can be no doubt that it is a very strong adjuvant in this disease, and that the exhibition of salicylates is promoted in its efficacy when used in conjunction with ichthyol salve. Lorenz extended its use to gout, muscular rheumatism, contusions, gastric troubles, etc. Unna, whose enthusiasm is so unbounded as to inspire distrust, barely finds a limit to its usefulness. It is a mild anti-tuberculosum, has cured asthma in an eczema patient, will cause immediate demarkation in erysipelas, etc. It is a malicious characteristic of new remedies that they are wonderfully multiple



in their therapeutic action. Time, the great enemy of the Pharmacopeia, is their surest test. Let us hope that it may deal gently with ichthyol.

Dr. Jewell thought a great deal of attention should be paid to the constitutional conditions, and especially to the neurotic aspect of cases of eczema. He had met with success in the treatment of skin diseases by a current of large quantity and mild intensity from an electric battery.

Dr. John A. Robison said that the literature on the subject of ichthyol is very meager except what is found in foreign and special journals. He was sorry that Dr. Zeisler did not give a fuller description of the drug, in order that general practitioners might become more familiar with it. Undoubtedly many of the members present thought it a proprietary preparation, and therefore will not investigate its merits more closely. During the past year a large number of new remedies have been introduced which unfortunately bear a foreign patent, although the manner of manufacture is known. While opposed to prescribing secret proprietary preparations, he believed the therapeutical action of such drugs as ichthyol, antipyrin, thallin, etc., should be studied.

Dr. R. Tilley said that it was to be regretted that the author did not present some cases that were treated solely by ichthyol; for instance, the case that went to so many physicians, the salicylate given would be likely to exert quite as much influence as the ichthyol, and the same might be said of the case treated by hydrarg. ammoniatum. It is really difficult to form an estimate as to what we can expect from ichthyol by the result of the combinations which the author found it necessary to use.

Dr. Joseph Zeisler, in closing the discussion, said that he did not think of recommending ichthyol as a panacea; on the contrary, he was afraid that it would be overestimated, and that some would use it in cases where it might not be beneficial. As to the remarks of Dr. Kuh, the physiological effect of ichthyol was not tested by experiments on animals, but was inferred from clinical observations. He was very much interested in Dr. Jewell's suggestion, and

referred to the well-known forms of neurotic eczema. Ichthyol has been found in Tyrol, Austria, in some bituminous rocks. He was unable to tell any thing about its manufacture; Mr. Sargent gets it directly from Germany. In reply to Dr. Tilley, he said it was true that in some cases he could not say how much of the benefit was due to internal and how much to external treatment, how much to ichthyol and how much to other remedies. But his observations on ichthyol might still have some value when compared with other cases, where, *ceteris paribus*, it is not used.

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## Reviews and Bibliography.

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**A Treatise on the Practice of Medicine**, for the use of Students and Practitioners of Medicine. By ROBERTS BARTHOLOW, M. A., M. D., LL. D., Professor of Materia Medica, General Therapeutics, and Hygiene, in the Jefferson Medical College of Philadelphia, and Dean of the Faculty. 8vo, pp. xvi—990. Sixth edition, revised and enlarged. New York: D. Appleton, & Co. 1886.

The great success met with by Dr. Bartholow's Practice of Medicine affords the best proof that it has fulfilled the conditions required of such a work by a large class of physicians. The author is blessed with a confidence in himself and a faith in medicines that, coupled with much positiveness of assertion, are well calculated to divide men into opposers or followers.

Barring a few faults that might be pointed out, the work is well adapted for the use of students, and for a work of ready reference. It is furthermore calculated to reflect credit on American medicine.

D. T. S.

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**The Curability of Insanity.** A series of Studies, by PLINY EARLE, M. D., late Superintendent of the State Lunatic Asylum of Northampton, Mass., etc. 8vo, pp. 232. Price, \$2. Philadelphia: J. B. Lippincott & Co. 1886.

We have before us a work written for those who have a great deal of time to read, and who are more ambitious to turn over pages than to gain ideas. The drift of the author's efforts seems to be to prove that the number of in-

sane patients reported from different asylums, as cured, is in a great degree misleading, from the fact that, though a patient may have twenty recurrences of insanity, every time he leaves the asylum he is reported as a case cured. In this way three patients might be put into an asylum, and two of them prove incurable, while the third might be returned a dozen times, and each time be dismissed cured. Thus the statistics of the asylum would show about eighty-five per cent of recoveries, when there were really but thirty-three and one third per cent, or it might be that even this case would eventually die insane. The idea is a good one, but we see no reason why two hundred and thirty-two pages should be consumed by its utterance.

D. T. S

**The Physician's Visiting List** (Lindsay & Blakiston's) for 1887. Thirty-sixth year of its publication. Philadelphia: P. Blakiston, Son & Co.

This old and well-known visiting list, so long a favorite with the profession, is again before us. The new edition preserves all the good features which have characterized the former editions, with such improvements and revision as have been necessitated by recent advances in science.

The evidences of improvement are particularly noticeable in the posological table and the complete list of new remedies. That it will continue to be a popular candidate for professional favor goes without the saying.

**Hand-book of Practical Medicine.** By DR. HERMAN EICHHORST, Professor of Special Pathology and Therapeutics, and Director of the University Medical Clinic in Zurich. Vol. III. Diseases of the Nerves, Muscles, and Skin. 157 wood engravings. Library of Standard Medical Authors, 1886. 8vo, pp. viii and 390; cloth. New York: William Wood & Co. 1886.

The merits of this German work in practical medicine, which forms one of the most attractive features of the "Library" for 1886, have been already laid before our readers in our reviews of the two preceding volumes.

In comment upon the present volume, it is needful only to say that the great branches of medicine with which it deals are handled

by the author with characteristic terseness, and with careful attention to every feature of the diseases which may render their diagnosis clear and their treatment (so far as they may be curable) effective.

The work is from the hand of a master in clinical medicine, and can not fail to be of great interest and substantial service to the general practitioner.

**A Reference Hand-book of Medical Sciences**, embracing the entire range of Scientific and Practical Medicine and Allied Science, by various writers, illustrated by chromo-lithographs and fine wood engravings. Edited by ALBERT H. BUCK, M. D., New York City. Vol. III.—FAC.—HYS. Royal 8vo, pp. iv and 813; leather. New York: William Wood & Co. 1886.

The third volume of this cyclopedic work is a worthy successor of the volumes which have preceded it, and gives assurance to the subscriber that the publishers and contributors will make good the great promises of the prospectus. It is clear to the reader, as the work progresses, that it will comprehend all the known facts and established principles of medical science as set forth up to the date of issue, with many important items in the allied sciences which touch medicine at various points.

To the practitioner it must prove invaluable as a book of ready reference, while the student, if he should discard all other textbooks, and set himself to the mastery of this work, would find himself well equipped for honorable achievement at the college examination, and fully panoplied for his battle with disease in after-life.

The Reference Hand-book, when completed, will bear the same relation to medicine that the Encyclopedia Britannica bears to universal knowledge, and, being framed by many hands, each an expert in the branch upon which he writes, will make light work for any physician who is ambitious to take rank among the erudite men of his profession.

**Outbreak of Yellow Fever at Biloxi, Harrison County, Mississippi, and its relation to Inter-State Notification.** New Orleans. 1886.



## Foreign Correspondence.

### LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The disinfection of articles of clothing and of dwellings after fever and other infectious ailments, is admittedly one of the most important duties which attends the work of preventing disease. The spores of certain germs are known to possess a vitality in some cases far exceeding that exhibited by the mature forms. For example, Dr. Klein shows that while bacilli, the most common form perhaps of germs, are killed at the temperature of boiling water, their spores are not affected by this degree of heat. When experiments were made with solutions of from five to ten per cent of carbolic acid and other disinfectants, the spores were not killed, although, as Dr. Klein remarks, they were kept in these fluids for twenty-four hours. A bad, that is an inefficient, disinfection is worse than none. A recent report of the medical officer of the Local Government Board presents the entire question of the destruction of germ-life in a new aspect. Included within the limits of this report is a memoir on disinfection by heat, from the pen of that able sanitarian, Dr. Parsons. The result of Dr. Parsons' investigation is two-fold. He first shows that many of the processes used for killing germs by heat are fallacious. Secondly, direction is drawn to what have experimentally proved to be the most satisfactory methods of using heat for this purpose. The study of Dr. Parsons' conclusions is therefore highly worthy of attention. The application of heat to the destruction of infective materials in clothes is thus treated in a very ancient manner, in the incineration and destruction of the garments infected. It is obvious that this act of destruction is not always either possible or desirable. In our great towns, when the clothes and garments of the poor require cleansing from germs, it is evident that if the work of disinfection is to prove of economical and satisfactory nature, it must provide for the saving of the materials, and for their restoration in uninjured form to their owners.

This result is practically aimed at in the public disinfecting chambers which are at work in various great centers of population.

It was with a view of testing the real efficacy of each apparatus that Dr. Parsons undertook his experiments. The first point necessary to be determined in the investigations was the degree of dry heat which was competent to kill the germs of certain diseases well-known to be infectious. In the general result, it was found that the germs or bacilli of splenic fever were killed by exposure for five minutes to a dry heat, varying between  $212^{\circ}$  and  $218^{\circ}$  F. On the contrary, the spores of these germs did not lose their vitality after two hours exposure to a heat of  $220^{\circ}$  F. One hour's treatment at  $245^{\circ}$  killed the spores, however, and the same result was attained after the four hours' exposure to temperature of  $220^{\circ}$ . A rabbit was inoculated with germs of swine fever, which had been subjected to dry heat, varying between  $212^{\circ}$  and  $218^{\circ}$  for an hour, but the animal remained in perfect health—thus showing that the germs had been killed or sterilized by the heat. On the other hand, when a rabbit was inoculated with like germs, that had only been exposed five minutes to the same degree of heat, it died of swine fever in nineteen days, the usual period of death after such inoculation varying from five to eight days. Clearly, in the latter case, the germs showed a diminished virulence. When guinea-pigs were inoculated with tubercle, a form of disease to which these animals are specially susceptible, and when the tubercle germs had previously been exposed to a heat of  $220^{\circ}$  for the space of five minutes, a first result of great importance to human welfare was thus attained by Dr. Parsons' experiments. As none of the diseases which affect man are known to depend upon the spores, it may be concluded that no germs noxious to man are likely to retain their virulent properties after an exposure of one hour's duration to a dry heat of  $220^{\circ}$ .

Steam-heating at  $212^{\circ}$  appears to accomplish a like result. It is in the case of such articles as bedding and blankets, which have been used by fever patients, that the real difficulties of public disinfection by heat are found.

Dr. Parsons remarks that these articles are difficult of penetration by dry heat in the degree necessary for disinfection and destruction of their germs. A pillow, for instance, is a highly difficult object to disinfect. In this case a very high degree of dry heat has to be employed, or the pillow requires to be exposed for many hours to a lower degree of temperature. But it appears, when steam is employed, the heat is found to penetrate much more rapidly than when applied in the dry form. This is proved by the experiment of placing a thermometer in a roll of dry flannel set in a hot air-bath at  $212^{\circ}$ . At the end of an hour it registered a heat of  $130^{\circ}$  only. Placed in the same roll of flannel, and subjected to steam, the thermometer registered  $212^{\circ}$ , or the actual amount of heat employed. Steam is, therefore, seen to exhibit a much higher power of penetration and disinfection than dry heat. As regards the drawbacks of such a method of destroying disease germs, Dr. Parsons found that by moistening the air of the heated chamber the time required for the work of disinfection was limited, while injury to the articles being treated was avoided. It is obvious that steam can not be used for disinfecting purposes in cases in which articles will not bear wetting, but bedding, blankets, and carpets, are admirably treated both by dry heat or steam. Dr. Parsons, in summing up the results of his experiments, awards the palm to those forms of apparatus which disinfect by means of steam, dry heat appearing uncertain in its action and penetrative power. He points out that the heat must be uniformly distributed in the interior of an effective disinfector, that the temperature must be uniformly maintained, and that means must exist for the accurate indication of the degree of heat present in the interior of the apparatus at any given moment.

Dr. Braithwaite has drawn attention to salicylate of iron as being very useful in the treatment of diarrhea occurring in children, usually after weaning, and from that period to four or five years of age, which is characterized by the most horrible offensiveness of the motions. It is commonly met with in summer, but is not strictly what is known as infantile diarrhea. He says the following pre-

scription is found very suitable: Sulphate of iron, one scruple; salicylate of soda, one scruple; glycerine, three drams; water, up to three ounces. The sulphate of iron and the salicylate should be dissolved separately, and the solutions mixed. One teaspoonful is given every hour, until the stools become well blackened, by which time the contents of the bowels become successfully disinfected.

Joseph Gatti, who was lately employed at the Brown Sanitary Institute, died on the 12th ultimo at St. Thomas' Hospital. The deceased was bitten on the hand by a cat, and visited Paris and was inoculated by M. Pasteur. It was stated, at the inquest, that the deceased died from paralysis arising from exposure to wet and cold during his return journey from Paris.

Dr. Stevenson states that the normal crystallized aconitine is the most powerful lethal preparation he has ever examined, one three-thousandth grain will kill a mouse in twelve minutes.

LONDON, November, 1886.

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## Translations.

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RETENTION OF THE PLACENTA AFTER ABORTIONS.—M. Budin (Academie de Medicine.) On the one hand, contrary to the views held by certain authors, the retention of the annexes of the fetus in abortion is very rarely the source of complications, if recourse is had to antiseptics. On the other hand, of the various measures of interference which have been advised and put in practice, some are inadequate and others dangerous. Consequently we have not regarded it as necessary to interfere when, the embryo having been expelled, the placenta remains within the uterine cavity. We should be content with making the toilet two or three times a day, and using vaginal antiseptic injections. But if complications come on, either of grave hemorrhages, or septic phenomena, whether because of the fact that no antiseptic precautions have been taken, or because fruitless efforts have been made to extract the secundines, what is to be done?

For severe hemorrhage the tampon made of



materials steeped in an antiseptic solution (carbolic acid or corrosive sublimate) is the treatment *par excellence*, the only truly efficacious one. If from the beginning septic phenomena appear, vaginal antiseptic injections should be practiced every hour or every two hours.

If the symptoms of infection are very grave, or do not yield readily to vaginal injections employed with diligence, we should have recourse to antiseptic intra-uterine injections (solutions of sublimate, 1 per 2000 or 3000, or solutions of carbolic acid, two or three parts in one hundred).

Care should be taken that no obstacle is presented to the escape of the fluid in these intra-uterine irrigations. This escape is perfectly secured by the use of a hollow sound in the form of a horseshoe.—*Journal de Medicine de Paris*.

GLAUCOMA.—Discussion in the German Ophthalmological Society, Heidelberg:

Javal: In concluding a communication in regard to some cases of prodromal glaucoma with marked increase of pressure, in which iridectomy had resulted in severe pain, great increase of pressure, and finally complete loss of sight, desired the ventilation of the question, Which are the cases of glaucoma in which iridectomy is not only useless but absolutely injurious?

Schweigger remembered that Von Graeffe had described such cases as glaucoma malignum. So far as he himself had observed, they had belonged altogether to glaucoma simplex, and were met with in females in whom glaucoma had developed before the climacteric. The outcome had been atrophy.

Samelson during the prodromal stage instilled eserine with good results. He finds the prodromal stage is constantly preceded by a contraction of the median field of vision for blue, so that the blue supervened immediately on the limit of the red.

Fuchs, six weeks after an unfavorable iridectomy, makes a puncture of the cornea in the line of the horizontal axis, with a resulting improvement of vision from finger-counting to  $\frac{6}{24}$ .

H. Cohn also had had experience of iridectomies for glaucoma running a disastrous

course. He also addressed a question to the Society in regard to glaucoma from atropia. One of his patients, fifty-eight hours after the instillation of one-half-per-cent solution of atropia, had been seized with acute inflammatory glaucoma. He regarded this as a rare accident, but will in the future follow atropia with an instillation of eserine.

Javal stated that the case reported by him had not had any narrowing of the field of vision even for blue. An equatorial puncture in the sclerotic, made six weeks after the iridectomy, produced no improvement, though the eye was easier after the instillation of morphine. Morphine, since the discovery of the stronger myotics, has very improperly gone out of use.—*Deutsche Med. Zeitung*.

MIYASIS.—Dr. Pablo Patron, in *La Cronica Medica*, reports a case of a disease known in Peru as miyasis, caused by the larvæ of a species of fly indigenous there, which deposits its eggs in the ears and nose of such as expose themselves in certain situations. The symptoms are very similar to those produced by the "screw-fly" of Texas, Western Louisiana, and Southern California, which also sometimes deposits its eggs in the nostrils of men. In the case mentioned by Dr. Patron, the larvæ or maggots were found crawling from the nose, ears, and pharynx, while all the parts adjacent were swollen and painful, and the patient had rigors with fever. Inhalations of chloroform, injections of chloroform and water, equal parts, chlorinated water, decoction of tobacco, solutions of alum, turpentine in fumigations, and benzine, and five- to nine-per-cent solutions of carbolic acid have all been employed in these cases, but the preference is now given to veratrum sabadilla and ocimum basilicum, which are given by inhalation.

The fly which produces this disease in Peru is thought to be the *Caliphora limensis*. In Mexico in the vicinity of Vera Cruz, a fly, the *Lucilia versicolor*, causes frequent ravages by depositing its eggs in the ears and nose of those who sleep in exposed situations.

The *Caliphora vomitoria* and *Lucilia hominivorax* in other parts of tropical America work similar ravages. These differ from the screw-

fly of Texas in attacking by preference those who have a diseased condition of the nose, while the latter will deposit its eggs only where fresh blood is found, or where, as in the nostrils, it is very near the surface.

**ANALYSIS OF THE URINE IN ABDOMINAL SURGERY.**—Dr. Thuriar, of Brussels, invariably ascertains the daily amount of urea in patients on whom he contemplates performing a gastrotomy. He calls attention to the fact that in the case of hospital patients precautions should be taken as regards the increase of urea, which is always observed for the first few days, owing to the difference of food, which is much more abundant and strengthening at the hospital than with the poor at home. But little by little the urea returns to its habitual standard and remains there. On the contrary, in the case of tumors of a malignant character, the urea continues to diminish, and will even sink to less than one hundred and eighty grains per day, while in benign tumors the average is from two hundred and twenty-five to three hundred and seventy-five grains.

Thuriar cites a number of observations bearing out this view. In one instance a woman, aged forty-two, was affected by an enormous tumor, which seemed to be connected with the spleen. For six days before the operation the average of urea was two hundred and ninety grains. The operation verified the diagnosis of benign tumor of the spleen. In benign tumors of the abdomen the daily amount of urea always exceeds one hundred and eighty grains; in malignant tumors, on the contrary, there is always hypo-azoturia. In support of this view he cites many instances in which he was able from this sign alone to make a diagnosis of a benign or malign tumor, which was afterward confirmed either by the operation, the autopsy, or the course of the disease.—*Journal de Med. de Paris*.

**LANOLIN.**—Dr. Aubert, of Lyons, has made a series of experiments bearing upon the influence of lanoline on absorption. Lanoline, or the fat extracted from the perspiration of sheep, which has been formed synthetically by Berthelot, is remarkable chemically from the fact

that it consists of a combination of a fatty acid with cholesterine. Liebreich thought it favored cutaneous absorption, but the experience of Aubert led him to a conclusion diametrically opposite. Lanoline not only retards cutaneous absorption, but even completely prevents it. It may be employed in surgery as a vehicle for any antiseptics.—*Le Progrès Medical*.

**MUTISIA VICIÆFOLIA IN THE TREATMENT OF CONSUMPTION.**—Dr. Andres Muñoz, in *La Cronica Medica*, gives a description and analysis of mutisia viciæfolia, which has been lately attracting much attention as a cure for consumption. The plant is popularly known in Peru and Bolivia, where it grows in mountainous regions, as chinchircoma.

*Mutisia* is a shrub of the family of *Compositæ*, order *labiatiflores*. It is propagated most readily by means of suckers and stolons, as the seeds are very scarce, only about thirty having been obtained from over two thousand flowers. The flowers, when dried, weigh about forty grains each. One flower is steeped in a glass of hot water. Six flowers used in this way in two days suffice for a complete cure.

The active principle seems to reside in a bitter resin and a bitter principle, which compose less than two per cent of the flower.

In the *Journal de Hygiene*, of Paris, September 9, 1886, appears a communication from Dr. Ch. Naudin, directed to the Secretary-General of the French Hygienic Society, in regard to this plant.

"I do not know," says Dr. Naudin, "whether you have heard of mutisia viciæfolia, a Bolivian plant, in regard to which Dr. Saac, for many years established in Cochabamba, calls the attention of physicians. In his first communication, directed, some months since, to the National Society of Agriculture, we are informed that this *mutisia* has enjoyed from time immemorial, among the Indians, the reputation of being a radical cure for ptisis, and also a majority of the diseases of the respiratory passages. The Indians made a secret of this remedy, but Dr. Saac, by means of presents and kindnesses, has succeeded in inducing them to reveal it to him. According to his statement, the reputation of the remedy is not exaggerated, and he



is so fully convinced of its efficacy in ptisis that he has no doubt it will have a greater future in therapeutics than quinine itself."

Dr. Saac has sent a quantity of the extract of mutisia to the London and Paris hospitals, and seeds have been sent to Paris and Algeria.

## Abstracts and Selections.

LECTURE ON DIET IN ALBUMINURIA. — I shall devote the present lecture to the subject of diet in albuminuria. Nothing is more natural than to compare diabetes with albuminuria. Has it not been shown again and again, since the first experiment of the kind made by Claude Bernard, that, in injecting albumen into the blood, you determine its passage in the urine? Have not Hammond and Parkes pointed out that an exclusively albuminous diet provokes albuminuria? The carefully conducted experiments of Semmola are equally to the point, in showing that it suffices to inject under the skin of dogs a certain quantity of albumen to see the latter speedily make its appearance in the urine.

These last experiments present the greatest interest, and in a recent communication made to the Academy of Medicine, Semmola has indicated their high importance. In injecting under the skin of dogs, for five or six days in succession, fifteen or twenty drams of white of egg daily, in four or five hypodermic injections, you determine in these animals an experimental Bright's disease, that is to say, albuminuria, the albuminous dyscrasia, with progressive diffusibility of the albuminoids of the blood, diminution of the ordinary amount of urea-production, dropsies, and lastly, renal lesions absolutely like those that are observed in Bright's disease.

Hence it is that many authorities, struck by the points of resemblance between diabetes and albuminuria, have not hesitated to regard the latter as the result of an augmentation of the albuminoid principles of the blood; in fact, of a hyper-albuminosis, comparable to hyper-glycemia. Gubler, who has the most completely developed this theory, in order well to indicate the points of contact which exist between diabetes and albuminuria, has described the latter under the name of *leucomuric diabetes*, thus modifying the appellation of *leucomatic diabetes* which Paulinier, in 1814, had given to this disease.

But when you investigate more deeply this physiological and clinical problem, you see how great is the difference between these two

forms of diabetes, glycosuric and leucomuric diabetes. First, while we know with tolerable clearness the nature of glucose and its modifications, we are still profoundly ignorant as to the composition of the different albumens, and we are hardly able to distinguish the albumen of egg from that of blood (serum). This, however, is only one of the small aspects of the question; the capital point is that the quantity of albumen which one finds in the urine is only secondary, and it is the renal alteration which plays the most important part. One patient, for instance, may void quantities of albumen, eight to ten drams a day, and his general health remain relatively good, while another, in whose urine you will find scarcely a trace of albumen, presents all the symptoms of a fatal uremia.

Wherefore this difference? It is due altogether to the state of the renal filter. Without entering here into the discussions which have been carried on between the humorists and the solidists relative to the pathogeny of Bright's disease, it must be borne in mind that when we are called to treat a case of chronic albuminuria, it is at an advanced period of the affection, that is to say, when the lesions of the kidneys are more or less pronounced. The prognosis, then, depends not on the hyper-albuminosis, but on the more or less profound alterations of the kidneys, and the retention therefrom resulting of extractive matters, and of those toxic products which Bouchard has made known to us under the name of *urotoxine*. Uremia, the terminal period of albuminuria, depends, then, not on the quantity of albumen contained in the urine, but on the state of the renal filter.

We can not then, in treating albuminuria, take as our guide the mere decrease of albumen in the urine; hence our indications are necessarily somewhat vague, and based rather on empiricism than on sound physiological data. The hygienic treatment of albuminuria ought to fulfill several indications, which Semmola has summed up in the following terms:

(1) To furnish to the patient a diet which shall be readily assimilable, requiring the least possible labor for its preparation on the part of the digestive organs; (2) moderately to excite the cutaneous functions and promote elimination thereby; (3) to facilitate the assimilation and combustion of albuminoids introduced by the food.

Before taking up the first of these indications, which will demand our principal attention, I must say a few words about the second and third. It is a matter of capital importance to promote the cutaneous functions, and Semmola, in a very interesting communication,

has shown us that in true Bright's disease there are alterations of the skin characterized by an atrophy of the malpighian layer and of the sudoriferous glands, and since 1861 he has pointed out the importance of the care of the skin in this disease. Hence he recommends methodical and repeated applications of dry frictions and massage, combined with hot-air baths, to favor sweating; he approves of the Scotch douche, but discards altogether the cold-water treatment. He also disapproves of forced muscular exercises.

As for the third indication, which consists in favoring the combustions of albuminoid substances, Semmola recommends living in a mild, dry air, and particularly in a climate with a constant temperature; therefore, the professor, of Naples, advises patients living in variable climates not to quit their rooms, and to take abundance of muscular exercise in an apartment maintained at a constant temperature of from 19° to 20° C. He rightly insists on the extreme impressionability of the skin in Bright's disease, and compares it to a very sensitive hygrometer. To these means should be joined inhalations of oxygen, and baths of compressed air. I have often seen albumen disappear from the urine under the influence of this atmospheric treatment.

Let us now return to our first indication, and study the dietetics of albuminuria. As a guide in the alimentary treatment of Bright's disease, I shall follow chiefly the directions of Semmola, Senator, and Bouchardat, and I shall also avail myself of personal researches which I have made on this subject, many of which have been embodied in the thesis of my pupil, Nollet. The general notion which has directed the dietetic rules applicable to the albuminuric has been borrowed from the doctrine which has established the alimentary hygiene of the diabetic. Just as in accordance with what we saw in the last lecture on "Diet in Diabetes," it has become a custom to suppress from the diet of the glycosuric all alimentary substances containing starch or sugar, so, also, has it been proposed to prescribe for patients with Bright's disease a diet containing the least possible quantity of albumen, and abstinence from albumen has been regarded, in the latter case, as almost of as much importance as abstinence from sugar in the former.

But before taking up the details of this kind of dietetics, I must speak of a food whose favorable effects in Bright's disease are universally acknowledged. I refer to milk. Milk diet has been applied in the treatment of anasarca from the most remote antiquity, and we see the Father of Medicine recommending milk in the treatment of dropsies. This traditional

practice was observed down to the beginning of this century, and even furnished Guy Pastin with his savage remark *à propos* of Mazarin, whom he detested: "We have him with us still; he is dropsical, lives on milk, and will not die." But it must be remembered that it was Chrestien, of Montpellier, who, in 1831, again called the attention of the medical world to the utility of milk in the treatment of albuminuria and nephritis. Pecholier and Guignier, belonging to the same school, next showed all the advantages of the method counseled by Chrestien, while still later, Jaccoud, and his pupil Lemoine, have reported excellent results from a regimen of pure milk in all forms of nephritis. Therefore, we are justified in saying that to-day the application of milk diet to the treatment of albuminuria is accepted by all authorities, and every where now nephritic patients are subjected to this regimen as a matter of routine.

As I have told you before, the mere fact of albumen in the urine is not of chief importance, but rather the degree in which the kidneys are affected, and you readily understand that the milk diet must be powerless to restore the malpighian bodies and tubules when they are clogged and destroyed by the renal sclerosis. In any event, it is always milk which should serve as the basis of your regimen. But as milk diet can not be indefinitely continued, and as there are, moreover, patients to whom its usage is repugnant, it is necessary to have recourse to other kinds of food, and here it is that the rules laid down by Semmola and Senator, and which pertain both to the quantity and quality of aliments find their applicability.

As for the quantity, it has been observed that the proportion of albumen in the urine always augments after a too copious repast. You should then always insist that your albuminuric patient shall eat but little at a time, and that they shall have numerous light meals during the day. As for the quality of the food, those suffering from Bright's disease ought to make a judicious choice of alimentary substances and absolutely discard certain articles of diet, and first in the category of things prohibited we should place eggs. You know that an experimental albuminuria has been determined by an exclusive diet of whites of eggs. Stokvis has studied quite thoroughly the influence of white of egg in albuminuria, and he has shown, as previously Legart, Brown-Séquard, and Hammond had done, that two conditions are necessary in order that albumen ingested may pass out in the urine: first, that nothing but eggs shall be eaten; and second, that they shall not be cooked. In fact, it takes



but little cooking to prevent the filtration of albumen through the kidneys. I ought, however, to remind you of the curious experiment that Claude Bernard performed upon himself. This celebrated physiologist relates that, having eaten several hard-boiled eggs after a short period of fasting, he was surprised to find his urine albuminous. Hence, while admitting as scientifically demonstrated, the facts as related by Stokvis, I nevertheless believe that it is better to be chary in the employment of eggs, even when cooked, in albuminuria.

As for meat, Senator is of opinion that it should be suppressed from the diet of the albuminuric, or at least that usage should be made of only a little white meat; while, on the other hand, he recommends a vegetable diet under all its forms, as well as fats. I have made large use of vegetable diet in albuminuria, and must acknowledge that in a great number of cases I have derived much advantage therefrom. Amylaceous substances, vegetables, fruits, along with fats and milk, compose quite a sufficient dietary.

Among vegetables there is one which plays an important rôle in the treatment of albuminuria; I refer to the bulb of the *allium cepa* or the onion. Lerres, of Alais, in 1859, maintained that with the onion, which should be eaten raw, one might cure Bright's disease. But what detracts very much from the conclusions of Lerres is that he ordered at the same time a milk diet, so that it is difficult to say how much credit was due to the onions for the good results obtained; and, although Claudot and Pantiea have reported similar cases, there is reason to doubt the curative properties of the onion in this disease. At the same time, as this vegetable is relished by most patients, there is no reason why they should not be allowed to eat freely of onions in their soups or in other ways.

At the same time there are patients who can not get along without meat, and in such cases pork has seemed the least to augment the proportion of albumen in the urine; hence I have been in the habit of recommending to my albuminuric patients to eat ham, or cold roast pork, and the fatter the better.

Senator counsels fish; I am inclined to think, however, the fish is not a good food in Bright's disease, and that it notably increases the amount of albumen.

The same prescription should be made of cheese, which is a highly azotized nutriment.

As for drinks, it is still milk which you should order to be taken most abundantly, and which you shall insist upon unless its usage is absolutely repugnant to the patients. When milk can not be taken, you can make

use of wine, and especially port, which contains considerable tannin, dilating it with Vals or Vichy water; pure wine should be forbidden, as well as brandy and other spirituous liquors. Beer must also be interdicted, as all observers are agreed that the use of beer augments the figure of albumen, and congests the kidneys.

As I am on the subject of drinks, let me call your attention to a potion which Semmola has called "Anti-Brightic," and whose composition is as follows:

Iodide of sodium.....	1 gram;
Phosphate of sodium.....	.2 grams;
Chloride of sodium.....	6 grams;
Aqua fontanæ..	1 liter.

The Neapolitan professor recommends that this potion should be drunk every day, pure, or mixed with milk, and claims good effects from it.

Such are the dietetic rules applicable to albuminuria. These rules, it must be borne in mind, are directed by empiricism, and are far from having as high value as those which preside over the alimentation of the diabetic. I have given you the reasons before, namely, that the augmentation or diminution of albumen in the urine plays but a secondary rôle in Bright's disease.

But as the symptoms of uremic poisoning, whether produced by urea or urotoxine, are augmented by an azotized diet, it seems to me reasonable and physiological for persons affected with this disease to diminish as far as possible, the usage of azotized substances, and to employ instead a vegetable diet and milk.

What result may you obtain from these dietetic rules rigorously carried out? They are very variable, and depend entirely on the greater or less extent of the renal lesions, and also on the nature of the lesions. I have seen in children severe cases of Bright's disease get well, and the most curious instance of the kind was that of a little boy, twelve years old, whom I saw at Compiègne, with Dr. Chevalier; the patient was voiding nearly an ounce (25 grams) per quart of albumen in his urine. At the time of my visit there were marked symptoms of uremia present, but at the end of three months, by following a severe dietetic regimen, of which milk, vapor baths, and massage were the principal factors, this young patient completely recovered.

Unfortunately, you are generally called at an advanced stage of the disease, when little can be done, and your duty will consist in an endeavor to keep the patient alive as long as possible, and to prevent uremic complications. You will be able, in a measure, to attain this

end by remembering that the intestine has a vicarious office with regard to the renal and cutaneous functions, and that you may, to a certain extent, by repeated purgatives relieve the kidneys of a part of their burden, and give issue to toxic materials which accumulate in the blood, thus preventing uremic poisoning.—*Prof. Dujardin-Beaumetz; Boston Medical and Surgical Journal.*

A PRACTICAL HINT ON THE PERFORMANCE OF TRACHEOTOMY.—Upon looking through various text-books and articles upon this operation, I can find no where any insistence upon the following detail—one important, as I believe, at any rate to operators of not large experience, and valuable, as increasing greatly the facility and therefore the success, of the operation. The operator is usually recommended, standing preferably on the right side of his patient, after first determining the exact relation of parts, to fix the trachea with the left hand, the fingers on one side and the thumb upon the other, at the same time stretching the skin at the site of incision. The direction is at least distinct, but the manipulation is usually in effect very different. In all of many cases which I call to mind there has been a little (the only) trouble in the operation, and in some considerable danger, delay, or anxiety, consequent upon the way in which the attempt is made to keep the wind-pipe steady, as customarily taught and performed: four fingers on the left side and the thumb upon the right side of the larynx, press with more or less force immediately backward to hold the organ in place, with the effect of considerably aggravating the dyspnea (especially if an anesthetic is not being employed), of flattening the pipe against the vertebral column to some extent, of in all cases increasing the depth at which the part to be incised can be reached, and frequently of failing to secure fixity of the larynx, which, likely to move with the slightest change of pressure, is pushed still more out of reach by the increased pressure made to secure it. Any or all of this inconvenience is the result of pressing backward with the finger placed upon the skin immediately on either side of the wind-pipe.

The suggestion I have to make, and which, I have no doubt, many surgeons have long ago thought of or adopted, although hitherto I have never seen it noticed, is so simple as to provoke a doubt as to its value, but any one who tries it will, I think, find it so effectual in practice as to have no more doubt than I have as to its advantage. Let the surgeon place his left hand, as widely expanded as pos-

sible, over the neck of a child in the position for tracheotomy; then, resting the fingers upon one side, and the thumb upon the other firmly upon the skin, as far to the side of the neck as they will reach, gradually draw in the thumb and fingers, and the skin (and loose tissues underneath) with them, toward the median line; as the sides of the windpipe are approached, a little more pressure, made in a backward direction, will place the ends of the thumbs and fingers in a position in which they almost meet behind the larynx, which is thus firmly held by the encircling hand in a position in which all the great blood-vessels, etc., (which *have* been wounded) and the vertebral bodies (which, it is recorded, have *blunted a knife-point*) are far out of harm's way, the wind-pipe itself starting forward and standing out prominently under the skin, which is yet fairly stretched (and can be stretched more tightly) over the site of incision, and lying both as superficially as could be desired and as perfectly under control as possible. Lastly, and this, I think is not altogether unimportant, this procedure may be adopted without producing more than the very slightest degree of discomfort in any ordinary child—the younger the more easily—and one is still able to make the skin as tight as possible; now, however, the necessary pressure is distributed all round, instead of acting directly backward upon the tube so as to flatten or displace it. I have even been able, without much trouble, to make the thumb and fingers feel each other behind it by this means; while, by the older method, I have seen the production of undoubtedly a dangerous increase of dyspnea. I may have overrated the danger, or underrated the utility of the usual method of fixation, but it has always seemed to me to be the only difficulty in an operation, which of course has none for experienced surgeons, but to others presents often some trouble, chiefly in consequence of the fact that the means adopted for fixing the part to be incised, being ill-devised though time-honored, are not only not to be relied on to secure that end, but, as I have tried to show, they directly tend to increase the depth of the wound of the trachea from the surface and the distress of the patient; and in all the accidents I have read of, and some that I have witnessed, this method has shown itself marked sometimes by danger, often by inutility. As to the barbarity of the *hook*, is it not an insult to the fingers of the χειρουργός?—*Leonard Braddon, F.R.C.S.E., London Lancet.*

CURIOUS CASE OF POISONING.—An inquest was recently held on a young married woman at Haslington, whose death was alleged to have



resulted from having partaken of a fowl. The fowls were bought at market on the Saturday, and were eaten at dinner on the following day by the deceased and several friends. The deceased also partook of the dish at tea and supper. None of the guests were inconvenienced, but on Monday the deceased complained of feeling unwell, and by the time a medical man was called in she was so ill that no hopes were entertained of her recovery. From the report before us, the doctor does not appear to have been called upon to give evidence, and on the meager details given above, a verdict was returned of "Accidental death, caused by eating fowl too long after being killed." This verdict is a remarkable one, seeing that no *post-mortem* examination appears to have been made, and it is another example of the slight protection afforded by the antiquated institution of coroners' inquests, especially in the hands of provincial coroners. The symptoms given are perfectly consistent with death from poisoning, since the *ptomaines* to which putrid meat is said to owe its injurious qualities are indistinguishable in their effects from those of certain toxic alkaloids. The fact, too, of the other persons escaping any symptoms of poisoning, although they had eaten part of the same fowls, should in itself have prompted a more searching inquiry. Possibly some explanation of this otherwise deplorable neglect may be furnished—*Medical Press*.

ARE SMALLPOX AND COW-POX ONE AND THE SAME DISEASE?—Geo. Fleming, LL.D., Principal Veterinary Surgeon of the British Army says (London Lancet):

For many years now, the medical profession in this country seems to be generally agreed that human variola and cow-pox are one and the same malady, the latter being merely smallpox modified through transference to the bovine creature. In books, letters, and lectures there is evidence of this belief, and the latest proof of its existence is to be found in the Harveian Oration recently delivered by Dr. Pavy, in which we find the following statement: "It may now be regarded as an accepted conclusion that vaccine lymph is the virus of smallpox, modified by transmission through the cow." If it be not rank heresy to throw doubts on a conclusion accepted by such high authorities in human medicine as Dr. Pavy represents, will you kindly allow me, a very humble student of animal medicine and comparative pathology, to dissent from this generally accepted conclusion, and to express strongest doubts, or even entire disbelief as to the one malady being merely a modification of the other. The question would

not, perhaps, be of so much moment had not at least three serious accidents resulted from carrying the above conclusion into practice; and as more disasters may yet be due to the same notion, I submit that it is high time the supposed facts upon which it is based should be examined, in order that the truth may be arrived at. The most notable authority for the statement made by Dr. Pavy, in this country at least, was my old friend, the late Mr. Ceely, of Aylesbury, who reported that he had succeeded in producing cow-pox by inoculating a cow with smallpox matter. But it must be remembered that he, at the same time, was experimenting with vaccine lymph, and the great probability is, that he employed the latter when he thought he was using the former. At any rate, he never afterward succeeded in repeating his presumed success, though his subsequent trials were made under the most favorable conditions. The last attempt was undertaken not long ago, and only a short time before his death. On that occasion, twelve heifers were purchased by the Local Government Board and lodged in the Brown Institution, where they were inoculated by Dr. Klein, under the supervision and direction of Mr. Ceely; and though smallpox matter was literally poured into the incisions, and the greatest care was observed throughout, yet cow-pox was not developed in any of the animals. Similar failures have attended all other attempts, when these have been made openly and by two or more individuals. I may allude to those of the French commission, which included some of the most distinguished members of the medical profession in Paris, with the able veterinary surgeon, Chauveau, as operator; and the Italian commission, whose labors were carried on at Turin on a large scale and for a long time. All in vain, however, for smallpox could not be converted into cow-pox; and the conclusion arrived at was in direct opposition to that which Dr. Pavy asks us to accept.

Dr. Pavy speaks of the smallpox virus becoming attenuated in the cow, and that this attenuation manifests itself as cow-pox. But if inoculation of the former produces the latter, then I contend it is not attenuation, but absolute and permanent transformation of the most startling and complete description, and such as can not be effected with any virus or microbes known. We are required to believe that by one remove of human smallpox—a most infectious, fatal, and generally eruptive disease—to the cow, we have produced a non-fatal disease, which can only be transmitted by inoculation, with an eruption quite localized at the points of inoculation, and other-

wise widely different in its clinical and pathological features, especially with regard to the eruption. Most astonishing of all, however, is the circumstance that this modified or attenuated smallpox, when carried back to its original soil in mankind, never resumes its original characteristics; no matter though it be carried through countless generations of human beings, it remains for ever in its transformed condition. This does not happen with an attenuated virus, nor can any virus, by any artifice of man, become so utterly changed. Again, we all know how readily vaccine lymph, when inoculated in the calf or cow, will produce vaccinia. As I have pointed out, all attempts to develop the latter by inoculating these animals with variolous matter have resulted in failure, when made by those most competent to achieve success, if this were possible.

HERPES AND BRIGHT'S DISEASE.—After discussing the correlation of the activities of the skin and kidneys, Séjournet (*Gazette Médicale de Paris*) questions various theories regarding an albuminuric diathesis, and concludes as follows:

1. Herpetism, a chronic tendency to herpes, may be defined as an arthritic diathesis.
2. Sufferers from chronic nephritis possess this diathesis, and the author believes that the cause for albuminuria and structural kidney changes is generally to be found in herpetism.
3. By considering Bright's disease as dependent upon a diathesis, the writer thinks he has explained many obscurities in pathogenesis and symptomatology.—*Medical News*.

TREATMENT OF METRORRHAGIA. — Doléris commends the following method of treatment in metrorrhagia:

Commence with friction, morning and evening, over the lumbar region with

Spirits of camphor.....	120 grams.
Ether.....	30 “
Chloroform .....	15 “

Internally,

Tincture cinnamon ..... 15 grams.

Daily, and *per vaginam*, the following application:

Glycerine.....	350 grams.
Acid tannic.....	30 “
Tincture iodine.....	4 “

Also general hydrotherapy, *not* used about the pelvis; douche in intermittent jets, fifteen seconds in duration. The vaginal application may be modified as follows:

Glycerine.....	350 grams.
Laudanum (Sydenham's)...	4 “
Extract belladonna.....	2 “

Not to be used when ulceration of the cervix exists.

Counter-irritants over the spine in the lumbar region, the cold douche; and, should the indication arise, curetting the uterus or sponging its interior.

In the case of exudates and uterine fibromas, digitalis may be used as follows:

Glycerine.....	120 grams.
Extract of digitalis .....	4 “
Alcohol to dissolve.....	q. s.

Dissolve the extract in alcohol and shake with the glycerine. Not to be used if ulcerated cervix be present.

Also,

Glyceride of starch.....	120 grams.
Extract of digitalis .....	4 “
Alcohol .....	q. s.

—*Gazette de Gynécologie; Medical News*.

CHLORIDE OF SODIUM IN BRIGHT'S DISEASE.

This is certainly a very simple remedy, yet Dr. Allard Memminger, of Charleston, S.C., highly lauds it in the *New York Medical Journal*, July 31st. He has only tried it, so far, in four cases; but his observations are of value, because it alone was used, to the exclusion of all other drugs. At first he ordered ten-grain doses of the chloride, contained in gelatine capsules, three times a day, and, if the state of the case allows, by preference one hour after or before meals. He generally reverses each day the order of giving; thus, if one day the capsules are given before meals, the next day they are prescribed after. If the patient complains of no nausea, he allows him to keep up; but at the slightest intimation of a sick stomach he orders him immediately to assume the recumbent posture, and there remain for an hour or so, after which this temporary ill-feeling always subsides. The second day of treatment he increases the dose to two capsules three times a day, and every other day he increases by one capsule until the patient is taking five capsules three times a day. About this time the good effects of the treatment will be apparent, not only from the improved subjective and objective symptoms of the patient, but from the improved condition of his urine. Albumen will, of course, at this period be found still in abundance; that is, if the case is at all a grave one. Even here, however, if you institute a gravimetric examination, you will find a decided improvement, not so much in the absolute as in the relative decrease in albumen.



At this juncture he orders the chloride to be diminished in quantity; and he has so far found that, after the system has been brought fully under its influence, it requires but two capsules three times a day to keep up the desired effect. If at this stage of the case there is any decided nausea or disinclination to take the medicine, he stops the same, and during the interval gives one or two alterative pills, after which he proceeds again to a resumption of the chloride. Should albumen again increase in the urine, urea and chlorides diminishing, he immediately resorts to large doses, thus bringing the patient once more under the influence of the chloride, after which he again reduces.

The effects of this treatment are most marked. Headache, edema, low spirits, general weakness, and anemia give way to just a reverse order of things; and the patient, who a few days before was most gloomy and desponding, is now full of life and hope.

Thus has it appeared to him in each of his four cases; and if he has been led to express views that to many may appear extreme, it is because his convictions are based upon clinical observations which, up to this time, he has never had the pleasure of recording with any other form of treatment. He would, therefore, urge a thorough trial of this therapeutical agent by the profession on the following grounds:

1. It is harmless if properly administered.
2. Its effects are comparatively uniform, provided it is given for a sufficient time. That he has so far used it only in chronic cases of no long standing does not, in his opinion, militate against its beneficial effects; for even should it not be found a cure for Bright's disease, may it not become an important article in our medical armamentarium—indeed, if only an ameliorator of man's sufferings and a prolonger of his life!
3. It may be employed as an adjunct to all recognized methods of treatment without detriment to the patient.

Thus, then, he asks the practitioner, teacher, and scholar, does not an array of such facts, coupled with the well-known physiological action of chloride of sodium, demand from each and every one of them a fair and honest trial in this most formidable of diseases?—*Medical and Surgical Reporter*.

**THE ACTION OF SALINE PURGATIVES.**—M. G. Leubuscher concludes, from a series of experimental researches into the action of saline purgatives: (1) That an exaggeration of the peristaltic movement of the intestine only plays a secondary part in the action of saline purgatives; (2) in whatever manner saline purga-

tives may be introduced into the intestine, the intestine becomes the site of a great secretion of liquid, which is the principal cause of the purgative action; (3) it is impossible to claim for saline purgatives that they act as a barrier to reabsorption; (4) saline purgatives introduced into the circulation in sufficient quantity produce constipation.—*Edinburgh Med. Journal*.

**TREATMENT OF THE LATE OCULAR MANIFESTATIONS OF SYPHILIS.**—Abadie (*Bull. Gén. de Thérap.*) discusses under this title a form of parenchymatous keratitis which resists the ordinary antisyphilitic treatment, but is favorably affected by hypodermic injections of the following solution:

Corrosive sublimate.....	1 part;
Common salt.....	2 parts;
Distilled water.....	100 parts.

Twenty drops are to be injected deep beneath the skin of the back every two days. To mitigate the pain of the injection, a solution of cocaine may first be used. An improvement will be observed after about the twelfth sitting. The same treatment is applicable to syphilitic choroiditis, paralysis, neoplasms of the optic nerve, etc.—*N. Y. Medical Journal*.

**QUILLAJA SAPONARIA.**—In July last Kobert, of Strasburg (*Medicinisch-Chirurgisches Central-Blatt*) recommended this drug as a remarkable adjuvant to seneca root. Merkel, in Nuremberg, has used saponaria extensively, giving to adults a teaspoonful of a decoction made with five parts of the drug to one hundred and eighty of water and twenty of syrup, repeated hourly; to children, a teaspoonful, three parts to the same proportion of water and syrup. In profuse and also in foul expectoration the drug has given the best possible results without unpleasant after-effects. It is also inexpensive.—*Medical News*.

**THE GALVANIC CAUTERY IN DIPHTHERIA.**—Bloebaum (*Dtsch. Med.-Ztg.; Ctrbl. f. d. gest. Therap.*) applies cocaine to the affected parts, and then cauterizes them with the galvanic loop to kill the micro-organisms. Thus far he has tried the method only on the lower animals, of which he has thus cured sixteen out of twenty that had been inoculated artificially.—*N. Y.*

**HYPODERMIC INJECTIONS OF SOLUTIONS OF IRON.**—Hirschfeld (*Bull. Gén. de Thérap.; Lyon Méd.*) asserts, as the result of his experience, that such injections are not only painful, but useless. There is no preparation of iron, he thinks, that fulfills all the requirements of a hypodermic solution.—*N. Y. Medical Journal*.

# The American Practitioner and News

"NEC TENUI PENNÂ."

Vol. II. SATURDAY, DECEMBER 25, 1886. No. 13.

D. W. YANDELL, M. D., }  
H. A. COTTELL, M. D., } - - - Editors.

A Journal of Medicine and Surgery, published every other Saturday. Price \$3.00 a year postage paid.

The department of translations and abstracts from foreign journals is in charge of D. T. SMITH, M. D.

This journal is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. Essays, reports of cases, and correspondence upon subjects of professional interest are solicited. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITORS OF THE AMERICAN PRACTITIONER AND NEWS, Louisville, Ky.

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## MUSCLE-READING.

The Boston Medical and Surgical Journal, in speaking of the exhibitions of reputed mind-reading given by Washington Irving Bishop, and which both in this country and in Europe have of late attracted much attention, describes them as disappointing, being "nothing more than muscle-reading."

Without being at all well advised as to the actual powers possessed by Bishop, we are free to say that our able contemporary will not in the least have satisfied our curiosity, or reduced in our view the marvelousness of the phenomena, by removing them from the category of mind-reading to that of muscle-reading. The fact of transmission of impressions and ideas even by nerves has ceased to be a wonder only because it has become a familiar mystery.

We know of no reason why nerve force should not travel along wire, through the air, or even through a vacuum, except that according to common experience it does not. According to that same experience, so far as declared, muscle affords just as defective a channel for the conveyance of nerve force as the air, or fat, or wood, or any other substance.

But we fail to grasp, indeed, what is meant

by muscle-reading. If it is meant that by a mere tremor muscles communicate to one person the thoughts of another, and that too in such an effective way as could not be well done by the use of words alone without the aid of diagrams, the marvelousness of the case is in nowise diminished. We then ascribe a function to a tissue which has never been known through all evolutionary history to exercise it, and that in a far higher degree than is possessed by tissues or organs that have always exercised it. We make the muscle surpass the nerve in the exercise of nerve functions. Then, even supposing that the force which is supposed to reveal the thoughts in these cases does travel to the brain of the operator through the hand of the subject, why conclude that the muscles convey it?

The muscles do not pass into or through the skin, nor in most cases even attach themselves to it. Besides, not a single muscular fiber is continuous from the hand to the brain. The nerves, however, lead from the brain to the very epidermis. Why not then let them retain their office, and call this nerve-reading.

If by muscle-reading is meant a co-ordination of muscular action, conveying ideas by involuntary contraction, we simply have to call for the first particle of evidence to support the assertion.

For our part, we should be pleased to see some of these supposed irregular manifestations of mind clearly proven. We are inclined to the view that they lead in the direction of the ultimate method by which mental records are kept and mental impressions conveyed. The notion that mental impressions are but so many photographs of things laid away in the brain, to be taken out and used when needed, seems crude in the highest degree. Mental impressions or affections, it would appear, must in some way exist as ceaseless activities, ceaseless undulations. If once they slept, what could awake them; if once impressions should become mere images, mere dead pictures, what could call them into life again? The probability is that they persist as living, never resting activities, and that sensations, perceptions, ideas, and emotions are essentially one, all composed of the same primordial element, namely,



the simple undulation, and that the number, intensity, and direction of these undulations determine whether the product shall be a sensation, a perception, an idea, or an emotion, memory being nothing more than the persistence of these as they flit before the eye of consciousness in endless panorama.

Holding these views, we should be pleased to meet with a confirmation of instances of mind-reading, muscle-reading, or any similar manifestation of rare powers of interchange of thought in a way radically out of the common. If thoughts in one mind, directly and without the intervention of the ordinary machinery of language, call forth thoughts in another mind, we are forced to the conclusion that undulations or waves constitute the instrumentality by which it is done. And if this is true of one case it is true also in great likelihood of all.

s.

#### PASTEUR'S SUCCESS WITH HYDROPHOBIA.

From the fierceness of the contest that is being waged in France over the results of Pasteur's treatment of hydrophobia, the looker-on might conclude that the virus in some way lent its spirit to the controversy. We have listened to the discussion until we have almost grown weary, and still we are apparently not by any means out of the dark.

Pasteur read recently a communication, going at length into the history and results of his method, which were much of the same character as what he has from time to time imparted to the public. He was answered by Dr. Colin, of Alfort, who put the matter in a clearer light than, so far as we know, has yet been done. Dr. Colin shows that during the year, from the 1st of October, 1885, to 1st of October, 1886, the census of France shows that three hundred and fifty-one persons have been bitten by rabid dogs, while one thousand have been treated at the laboratory of Pasteur. But more telling are the figures of the census in the matter of deaths from hydrophobia. For a number of years past the annual average has been thirty. Pasteur admits that he has lost ten of his French patients from rabies and two

from other causes, which some have ascribed to rabies. Say ten is the right number. The mighty machinery, moral, political, and scientific, not to say polemic, that has been put in motion and so engrossed the reading world, has resulted in the saving, so far as France is concerned, of eighteen or, at the most, twenty lives per annum.

The only alternative to this conclusion is the one aptly put by Dr. Colin—that vaccination has actually resulted in the spread of hydrophobia. If more than twenty per annum are saved, they can only be drawn from the number of patients added to the list by the practice of inoculation. It is not yet by any means certain, judging from present indications, that the entire system will not in time collapse.

s.

#### IS VACCINIA A MODIFICATION OF SMALLPOX?

The doubt implied in this question would, only a few years since, have been regarded as a species of medical heresy. Lately, however, in this, as in so many other matters, men are beginning to demand a re-examination of the evidence upon which the world has so implicitly based its conclusions. And surprisingly enough, the notion that vaccine is a modified form of smallpox virus bids very fair to be placed in the category of delusions, along with so many others that men have quietly rested under for ages.

As rightly stated by Dr. Fleming, there is not a single instance in the history of the subject in which, beyond all reasonable cavil, smallpox has been communicated in any form to the cow or any other lower animal.

Several seeming instances have from time to time been presented, but in all of them there was liability to various sources of error. While, on the other hand, innumerable attempts have been made to communicate smallpox to cows without success. For some time it was supposed by many that the disease was first communicated to horses as "grease" or farcy, and then to cows as kine-pox. This, however, has been thoroughly exploded, and is not now believed by any one.

The loose evidence upon which the belief in question rests has met its firmest rebuttal in

the comparative fixity of species. The whole of natural history does not present a parallel case to the change of smallpox into vaccinia at once and permanently. Such behavior of species is unknown in any other department of natural history. This fact, taken together with the universal failure to accomplish the transformation experimentally, bids fair in no great while to relegate this one-time universally accepted belief to the limbo of neglect to which so many popular notions have in recent years been sent.

Doubtless the two diseases, or rather the *materies morbi* in the two diseases, are closely related, and in some remote age descended from a common source, but not within historic periods. And from present indications this fact will shortly be every where recognized.

S.

### THE ACTION AND THERAPEUTIC VALUE OF VEGETABLE ASTRINGENTS.

In a report recently made to the Scientific Grants Committee of the British Medical Association, by Ralph Stockman, M. D., Assistant to the Professor of Materia Medica in the University of Edinburgh, the results of a series of experiments on the action and therapeutic value of vegetable astringents is given, from which it would appear that these agents are of no especial value as remote astringents when applied through the circulation. The experiments were made with gallo-tannic (ordinary tannic), catechu-tannic, rhatany-tannic, gallic, and pyrogallic acids.

The conclusion of the author is that these substances do not contract blood-vessels even when applied locally, but, on the contrary, dilate them and accomplish hemostatic effects simply by their power of precipitating albumen.

They exist in the blood only in combination with alkalies, and in this form are entirely neutral in their action on the vessels.

Gallic and tannic acids appear in the urine only in combinations with alkalies, and the compounds thus formed are inert unless given combined with alkalies. These acids form albuminates in the stomach, which are not at all absorbed, or so slowly that their presence

can not be demonstrated in the blood or saliva. If given in combination with alkalies, as gallates or tannates of soda and potash, they are rapidly absorbed from the stomach, and are excreted as such by the kidneys. The only influence they can have as hemostatics, when taken internally, is exerted by diminishing the alkalinity of the blood and thereby increasing its coagulability, and in this respect they are surpassed by all the stronger acids.

### Notes and Queries.

**CASE OF CONGENITAL ENCEPHALOCELE.**—Mrs. K., white, aged forty-five, multipara, mother of fourteen children, wife of a farmer, has given birth to twins twice. She is a patient of Dr. J. I. Barnes, of this place. She was taken in labor on the morning of November 21, 1886. Dr. Barnes failing to make out a diagnosis of presentation, and labor being tedious, called Dr. L. Meriwether and myself to assist him. On our arrival we found that the child had been delivered. The case had been one of face presentation, and the child was fully developed with the exception of a deficiency of at least two thirds of the frontal



bone, with an encephalocele protruding. The tumor was the cause of the failure of diagnosis. The child measured about eighteen inches in length and weighed ten pounds; it lived about twenty hours, dying in convulsions, which commenced about ten hours before death.



This is a case wherein maternal impressions are claimed to be the cause of the deformity. The mother alleges that she killed a snake, about the time of conception, by mashing its head.

The accompanying cut is a perfect picture of the head-tumor.

JNO. L. HALL, M. D.

GRAPELAND, TEXAS.

*Editors American Practitioner and News:*

I would ask space in your journal to correct some errors in regard to the management of the case of placenta previa, published in the issue of December 11, 1886, page 394.

1. The case was one of partial placenta previa.

2. When uterine action had been established the tampon was removed, and the attached portion of placenta was detached from the os, the membranes being ruptured at this time.

3. The presenting vertex readily engaged and controlled further hemorrhage.

4. Turning was NOT resorted to, and the case favorably progressed as in natural labor after rupture of the membranes.

5. The membranes were ruptured for the control of hemorrhage, and the procedure acted in such a satisfactory manner as to verify the maxim which Professor Miller offered as an addition to the old adage, "A contracted uterus can not bleed," by saying, "neither can a contracting uterus bleed when it is emptied of its waters, or at any rate, if it bleeds, the hemorrhage is no longer dangerous."

TURNER ANDERSON, M. D.

*Editors American Practitioner and News:*

**BAD RESULTS FOLLOWING THE USE OF THE HYPODERMIC SYRINGE.**—I wish to report the following case, which has given me no little trouble:

Mrs. C., married, mother of four children, has been suffering at times for seven years with a pain in the right arm and shoulder. About seven years ago, while suffering with an attack of malarial fever, the attending physician gave her morphine hypodermically, inserting the needle at a point corresponding to the insertion of the biceps muscle about midway between the elbow and shoulder. It gave her great pain at the time, and has pained her more or

less ever since. If she rides on horseback or in a buggy she is sure to be confined to the bed for several days, and suffers the most excruciating pain. There is no swelling or tenderness on pressure. The trouble is getting worse each year, and seems to defy all ordinary treatment. I have treated it as neuralgia. Any slight derangement of the general health is invariably accompanied by the pain in the arm. Was it caused by the needle piercing a nerve? and if so, is there any remedy more than palliative measures? Are such cases common?

Any information from you or the readers of your valuable journal would be thankfully received.

B. L. CARR, M. D.

LATHAM, TENN., December 7, 1886.

*Editors American Practitioner and News:*

**DEATH OF A PATIENT FROM THE DISCHARGE OF TUBERCULOUS MATERIAL FROM A VOMICA OR VOMICÆ INTO THE BRONCHI.**—On the 28th day of last March I was called to visit W. G., aged thirty-six years. The messenger reported that he was suffering with symptoms of suffocation, and had great difficulty in breathing. When I arrived he was resting easier. This was at least an hour and a half after the messenger left him.

The cuspidor contained a considerable mass of cheesy material, only slightly altered by softening, and mixed with a small amount of muco-purulent sputa. There must have been several ounces of this cheesy tuberculous material.

While making my examination he expressed a desire to evacuate his bowels. I assisted him to the vessel at the bedside, and in the midst of the effort to evacuate his stools he suddenly exclaimed, "I am gone! quick, put me in bed." His weight was so reduced that I easily lifted and laid him in bed almost immediately.

His countenance showed great distress; he breathed with violent, gasping efforts at inspiration, and at the same time loud tracheal râles were heard. He motioned for the cuspidor, and I turned him upon his side and let his head hang slightly down over the edge of the bed, when, almost in his last effort, he expelled several ounces of cheesy matter but little altered, and of such diameter that it must

have completely blocked the entrance of air into the trachea. After a few violent efforts at inspiration he died.

This case is worthy to be reported, because so few deaths from this cause have found a place in medical literature. I have consulted a great number of works on phthisis pulmonalis, and this accident is not mentioned in any work that has fallen under my eye. Those cases by Geoghegan, Vigla, and by Poulet in his "Treatise on Foreign Bodies in Surgical Practice," being almost alone in literature.

I was unable to obtain a *post-mortem* examination. This is greatly to be regretted. The patient had been the victim of phthisis about five years. His wife is now suffering from the same disease, having been infected from him.

SPENCER, IND.

WALKER SCHELL, M. D.

"THE BACILLUS OF MALARIA FOUND AT LAST," says the Philadelphia Medical Times. At the conversational meeting of the Pathological Society of Philadelphia, November 3d, Dr. Osler communicated the result of a study of the blood in over fifty cases of ague, and he, too, finds the bodies described by Laveran to be constant features. At the Washington meeting of the Association of American Physicians, if we remember rightly, Dr. Osler expressed himself rather doubtfully as to the nature of the bodies he had seen, but further study has evidently convinced him of their parasitic character. He described the bodies as occurring both inside the red corpuscles and free in the plasma. The intra-cellular form appears as either a hyaline or a darkly pigmented body, filling one third or one half of the corpuscle, and undergoes slow ameboid changes. The hemoglobin of the corpuscle is gradually destroyed by the organism, and the stroma becomes pale and finally colorless. There seems to be no doubt whatever about the ameboid character of these movements, which are readily followed with a high-power objective. The forms occurring outside the corpuscle are still more remarkable. These are (1) small, circular, pigmented bodies; (2) curious, crescent-shaped organisms; and (3) an extraordinary flagellate body resembling an infusorian. The pigmented crescents have

been noted by all observers, and are much more readily seen than the ameboid bodies. They do not occur so frequently, and apparently only in the later stages of the disease. The flagellate form, also pigmented, is still less common, and was seen by the lecturer in only six cases. The movement of the flagella is very active, so that it brushes away the red corpuscles in its vicinity. The confirmation given by Dr. Osler, to the observations made by Laveran, Marchiafava, Celli, Golgi, Sternberg, and Councilman, seem to settle the fact that we have found at last a micro-organism peculiar to malaria. This organism belongs probably to the flagellate infusoria. It is observed not only in the febrile paroxysm but in the intervals, and its presence is likely to be helpful in diagnosis; if we can not yet say that it is the cause of the disease.—*Medical Record*.

MILK INFECTION; A SUGGESTION.—Dr. James F. Allen, medical officer to the corporation of Pietermaritzburg, has written a very suggestive report on the causes of enteric fever in that city. Pietermaritzburg, he says, is in fair sanitary condition. It has a public water-supply, and the houses in which enteric fever made its appearance were not those in which any local condition of house construction could give rise to it. Last year this disease broke out round a small dairy on the outskirts of the town; the occupants of the farm entirely escaped, so far as he could ascertain. In this dairy specific enteritis among the calves had been very fatal; all the calves contracted the disease, and in each case it ended fatally, eight or nine dying altogether. The proprietor of the dairy states that the pasturage round his house is very unhealthy, and last year the calves were therefore kept tied up; nevertheless they did not escape the disease; but Dr. Allen notes that full-grown animals are exempt from it. As a rule, the calf disease made its appearance in this farm late in the summer, but last year the first calf must have died about the end of July or the beginning of August. Thirteen cases of enteric fever occurred altogether among persons resident in the neighborhood—one in August opposite the affected dairy, the family of the sufferer re-



receiving milk from this source. In another house five cases occurred among a household of seven. This household did not receive milk from the suspected dairy, but they used for fuel cow dung collected in the neighborhood—not from the affected calves, for these were tied up, but perhaps from other animals suffering from the same disease. In another family two cases occurred, and in this house cow dung was also used for fuel, the source from which it came being unknown. Another case occurred in the person of an infant at its mother's breast, but this child, the mother states, received no other milk than her own. Concerning the household, no distinct mention is made of the fuel used for burning. The remaining four cases were all in one house; milk was not received by this household from the suspected dairy knowingly at the time of the appearance of the first case, but during this child's illness this dairy supplied the milk for the rest of the family, but it was at this time regularly boiled. Later, however, this precaution was neglected, and three other persons then contracted enteric fever. There is to be found in these cases nothing more than a suggestion that the bowel discharges from the animals in the dairy may have been concerned in the production of some of the cases of enteric fever in the neighborhood. Dr. Allen has omitted to state the total number of households using for fuel the material which he suspects has given rise to disease, and the whole facts are therefore not sufficiently before us to enable any positive opinion to be formed on the subject; but Dr. Allen's story is well worth bearing in mind in any further investigation into the etiology of this disease. In another report Dr. Allen insists upon the simultaneous appearance of enteric fever among the inhabitants of the neighborhood of farms, and the appearance of what he describes as specific enteritis among the calves. He states that he examined the mesentery and small intestine of one of these animals; that he found the mesenteric glands enlarged, and in the intestinal mucous membrane evidence of the same diseased action as is to be found in that of human beings after death from enteric fever—thus ulceration and patches of inflammation in-

volving Peyer's glands are to be found in both diseases; and he asserts that the two disorders in Pietermaritzburg at least are always found together.—*London Lancet*.

**SOLUBLE HYPODERMIC TABLETS.**—John Wyeth & Brother, the well-known manufacturing chemists, and the first to put in the hands of the profession the soluble tablets for hypodermic use, have recently added twenty-seven combinations to their old list. The new preparations, suggested by Bartholow, are as follows:

Duboisinæ hydrochlor.,  $\frac{1}{60}$  grain; duboisinæ,  $\frac{1}{100}$  grain; morphiæ sulph.,  $\frac{1}{4}$  grain; morphiæ sulph.,  $\frac{1}{8}$  grain; hyoscyaminæ sulph.,  $\frac{1}{60}$  grain; hyoscyaminæ sulph.,  $\frac{1}{100}$  grain; picrotoxini,  $\frac{1}{40}$  grain; picrotoxini,  $\frac{1}{60}$  grain; picrotoxini,  $\frac{1}{80}$  grain; strychn. sulph.,  $\frac{1}{80}$  grain; morphiæ sulph.,  $\frac{1}{6}$  grain; curarinæ sulph.,  $\frac{1}{60}$  grain; curarinæ sulph.,  $\frac{1}{80}$  grain; curarinæ sulph.,  $\frac{1}{100}$  grain; eserina sulph.,  $\frac{1}{60}$  grain; eserina sulph.,  $\frac{1}{80}$  grain; eserina sulph.,  $\frac{1}{100}$  grain; physostygmminæ salicylas,  $\frac{1}{40}$  grain; physostygmminæ salicylas,  $\frac{1}{60}$  grain; caffeinæ,  $\frac{1}{2}$  grain; caffeinæ, 1 grain; quin. carbam. mur., 1 grain; quin. carbam. mur., 2 grain; quin. carbam. mur., 3 grains; coninæ hydrobrom.,  $\frac{1}{80}$  grain; coninæ hydrobrom.,  $\frac{1}{100}$  grain.

These tablets are free from any admixture of foreign material, and, with the old list, comprise every known remedy suitable for hypodermic exhibition.

**PROFESSIONAL ADVERTISING.**—"Good morning, gentleman," said the doctor, as he walked into the newspaper office; "is the editor in? Ah, yes, I see he is. Mr. H. there was an accident on Fremont Avenue this afternoon that I thought you would like to hear of. Mrs. John P. was thrown out of her carriage and sustained a compound fracture of the right clavicle. She was taken home and medical aid summoned. Her injuries were skilfully attended to, and she is now resting easily. You might say that '*I was called and have charge of the case.*'" "By the way, doctor," said the advertising manager, looking up from his books, "I would like to insert an advertisement for you in the *daily*. I'll let you have it a

year for thirty dollars an inch, payable—"Sir," interrupted the doctor, with a scowl, "I never advertise. It is contrary to medical ethics. Good day, gentlemen."—*Exchange*.

**DANGERS OF WATER GAS.**—A committee of the Medical Society of the County of Albany, New York, have recently presented to that body a report on hygiene, of which the concluding paragraph reads as follows:

It must be admitted that water gas, with its thirty per cent, more or less, of carbonic oxide, is a more dangerous substance than coal gas with its five to seven per cent of carbonic oxide, and that the only question that can be raised is, "How much practical importance is to be attached to this poisonous character?"

Prof. Henry Morton says that the burning of water gas produces fifty per cent more carbonic acid gas than is produced by the burning of coal gas; hence the air becomes sooner vitiated with water gas.

Upward of fifty deaths were reported in New York, from water gas, from October, 1878, to January, 1883; six in Toronto; eight in Brooklyn.

About one half of the gas used in New York is water gas, Brooklyn uses it largely, and many other cities. Albany is soon to be supplied with it.

Massachusetts has a law prohibiting the sale of gas containing above ten per cent of carbonic oxide; New Jersey makes the limit two per cent.

Brooklyn coal gas contains 7.9 per cent of carbonic oxide; its water gas 28.25 per cent. *Medical News*.

**PUERPERAL ECLAMPSIA.**—When, in the lying-in chamber, the awful complication of eclampsia comes upon you, as it occasionally will with the suddenness of an earthquake, be cool. Encourage the attendants. Enforce quiet. Restrain your patient sufficiently to keep her from bodily injury. Place a cork between her teeth. Remembering that the whole surface of the body is in a condition of hyperesthesia, make as few vaginal examinations as possible. Use the catheter only if there is distension of the bladder. At no time yield to the common sug-

gestion to apply blisters to the nucha or cataplasms to the calves. Evacuate the bowels by stimulating enemata. If there has been constipation, purge by calomel or croton oil. Apply cold water to the head, and remove hair if necessary. Mustard baths to the feet. Do not dash cold water into the face. It may be done in hysteria; in syncope it is undoubtedly beneficial, but in eclampsia Barnes says "he has seen it provoke a fit, and knows it to be decidedly injurious." Give enemata of chloral and a bromide. Bleed only in decided plethora to relieve cerebral hyperemia. Etherize, but not completely, except during a paroxysm. Keep your hands off your patient except when necessary to perform some service, and then, if possible, do what is to be done under cover of anesthesia. The spasm over, prepare to empty the uterus. Puncture the membranes and leave the rest to nature. If nature refuses to respond, slowly dilate the os. Do not forget that the fingers in cone-shape are the best dilators, and chloral their best assistant. Dilatation effected, deliver with the forceps for the head, or, in breech cases, by the feet. The uterus emptied, all unfavorable symptoms will vanish. If not, continue the chloral, the bromides, etc., as needed.—*Massachusetts Medical Journal*.

**WHEN IS A MAN DRUNK?**—T. L. Wright, M. D., Bellefontaine, O., in the *Virginia Medical Monthly* for December, asks the question, and answers it thus: When, under the influence of alcoholic liquor, and by reason of it, the mind is moved from its normal state, and its operations are performed in an incoherent manner, and it is also incapable of righting itself by its own efforts, the man is drunk.

The *first* element in the condition, "drunk," is the untoward impression of alcohol upon the nervous system; and the *second* element is the impressible sway of that impression.

The actual magnitude or degree of the mental disturbance is not an essential point in deciding upon the fact; but the combined *certainly and tenacity* of the alcoholic impression is a determining element in the discussion. Yet the *extent* of the mental lawlessness is the measure in deciding the question, whether the confusion or delinquency of mind is indicative



of the condition "drunk," or "drunker," or "drunkest."

Let it be borne in mind that there is no such thing as "half-drunk," or "two thirds drunk," or the like; and these terms are not to be found in any dictionary.

Another definition of the condition called "drunk," which involves the one given above, and besides, implies the reason for it, may be stated as follows: When consciousness becomes modified, in any manner whatever, by the influence of alcohol upon the sensibilities, and when that modification can not be rectified by the exercise of innate nervous force, the man is drunk.

The scope of this is seen when we consider that consciousness is the mental attribute by which we know that we perceive, we think, we exist. Through consciousness, therefore, we recognize our personal identity, and are aware of *relationship* with the intrinsic world. It is obvious, that to have these conditions and relations in their true force and meaning, consciousness must be complete.

This mental attribute, however, may become disturbed from various causes, of which the poisonous influence of alcohol is a prominent one.

A *collorary* of the above is this: It can not be denied that a mind, whose relations with matter or with other minds are aborted, or misled, or antagonized by an incomplete and deteriorated consciousness, should not be held to equal legal responsibility with minds not thus oppressed and entangled.

"DON'TS FOR THE SICK-ROOM."—Don't light a sick-room at night by means of a jet of gas burning low; nothing impoverishes the air sooner. Use sperm candles or tapers which burn in sperm oil.

Don't allow offensive matters to remain. In cases of emergency, where these can not at once be removed, wring a heavy cloth—for instance, like Turkish toweling—out of cold water, use it as a cover, placing over this ordinary paper. Such means prevent the escape of odor and infection.

Don't forget to have a few beans of coffee handy, for this serves as a deodorizer, if burnt

upon coals or paper. Bits of charcoal placed around are useful in absorbing gases and other impurities.

Don't have the temperature of a sick-room much over sixty degrees; seventy degrees are allowable, but not advisable.

Don't permit currents of air to blow upon the patient. An open fire-place is an excellent means of ventilation. The current may be tested by burning a piece of paper in front.

Don't give the patient a *full* glass of water to drink from, unless he is allowed all he desires. If he can drain the glass he will be satisfied; so regulate the quantity before handing it to him.

Don't neglect during the day to attend to necessities for the night, that the rest of the patient and family may not be disturbed.

Don't ask a convalescent if he would like this or that to eat or drink, but prepare the delicacies and present them in a tempting way.

Don't throw coal upon the fire; place it in brown paper bags and lay them upon the fire, thus avoiding the noise, which is shocking to the sick and sensitive.

Don't jar the bed by leaning or sitting upon it. This is unpleasant to one ill and nervous.

Don't let stale flowers remain in a sick chamber.

Don't be unmindful of yourself if you are in the responsible position of nurse. To do faithful work you must have proper food and stated hours of rest.

Don't appear anxious, however great your anxiety.

Don't forget that kindness and tenderness are needful to successful nursing. Human nature longs to be soothed and comforted on all occasions when it is out of tune.—*American Druggist*.

THE NEW SURGEON-GENERAL OF THE ARMY. Lieutenant-Colonel John Moore, who was formerly Assistant Medical Purveyor, has been appointed Surgeon-General of the Army. Surgeon-General Moore is a native of Indiana, from which State he entered the medical corps of the army in 1853. His first active service was at Fort Meade, Florida, where he relieved Dr.

W. A. Hammond during the second Seminole war. He attained to the rank of major in 1862, and was breveted lieutenant-colonel in 1864 for gallant and meritorious service during the Atlanta campaign; and the following year, having served as a medical director, he was breveted colonel, for faithful and meritorious services during the war. For some time past he has been Assistant Medical Purveyor and Acting Medical Store-keeper at San Francisco. He was the fifth on the list of lieutenant-colonels of the medical corps in the line of promotion.—*Medical and Surgical Reporter*.

THE IMPROVED PNEUMATIC CABINET.—To any of our readers who may think of purchasing a pneumatic cabinet, the following communication will prove interesting:

J. A. W. Pine, Esq., Cincinnati, O.

Dear Sir: After having examined the patents relating to the pneumatic cabinets to which you called our attention as those under which the New York Cabinet Company was doing business, we advise you that the cabinet manufactured by you, which you exhibited to us is not, in our opinion, liable under any of the above-named patents. Yours very truly,

PARKINSON & PARKINSON.

CINCINNATI, O., October 19, 1886.

A REQUEST.—The American Rhinological Association would be pleased to have authors send any monographs, papers, or books, treating of any disease pertaining to the nose, throat, or ears to the librarian, Dr. N. R. Gordon, Springfield, Ill. Due acknowledgment will be made by the association.

THE diuretic action of mercury salts is, Mr. F. S. Locke believes, due to its stimulating the liver and increasing the amount of urea thrown into the blood by that organ.

HARVARD UNIVERSITY has two surviving graduates both of the class of 1811, seventy-five years ago.

### SPECIAL NOTICES.

I have used Peacock's Bromides in a number of cases with the best results, especially in epilepsy, one case in particular, C. S., a railroad man, hav-

ing been compelled to quit work on account of the paroxysms coming on every day. After one week's treatment with Peacock's Bromides, the attacks were considerably lessened; now, after two months' treatment, he seems entirely cured, and has resumed work. Any case where there is a nerve sedative indicated, I can cheerfully recommend Peacock's Bromides.

W. H. WOLFORD, M. D.

2634 State Street, Chicago, Ills.

### Army and Navy Medical Intelligence.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from December 5, 1886, to December 11, 1886:

*Maj. A. A. Woodhull*, Surgeon, ordered for duty at post of Fort Leavenworth, Kansas. (S. O. 138, Department Missouri, December 3, 1886.) *Maj. B. F. Pope*, Surgeon, relieved from duty in the office of the Surgeon-General of the Army, and will report in person to the President of the Army Medical Examining Board in New York City for duty as member and recorder of the board. (S. O. 285, A. G. O., December 9, 1886.) *Capt. F. C. Ainsworth*, Assistant Surgeon, will repair to this city and report in person to the Secretary of War, and, on completion of the duty which may be required of him, will return to his station (New York City.) (S. O. 280, A. G. O., December 3, 1886.) *Capt. Fred. C. Ainsworth*, Assistant Surgeon, relieved from duty as Recorder of the Army Medical Examining Board, New York City, and ordered to report in person to the Surgeon-General of the Army for duty in his office. (S. O. 282, A. G. O., December 6, 1886.) *Capt. H. S. Turrill*, Assistant Surgeon, ordered for duty as Post Surgeon at Fort Spokane, Washington Territory. (S. O. 209, Department Columbia, November 29, 1886.) *Capt. Edward C. Carter*, Assistant Surgeon, leave of absence extended six months. (S. O. 281, A. G. O., December 4, 1886.) *First Lieut. Chas. C. Barrows*, Assistant Surgeon, granted leave of absence for two months, to take effect when his services can be spared by his post commander. (S. O. 285, A. G. O., December 9, 1886.) *First Lieut. George F. Wilson*, Assistant Surgeon, granted leave of absence for one month, with permission to apply to headquarters Division of the Missouri for an extension of twenty days, to take effect about December 15, 1886. (S. O. 125, Department Dakota, December 1, 1886.) *Major John W. Williams*, Surgeon, ordered for duty at Jackson Barracks, Louisiana. (S. O. 205 Division Atlantic, December 1, 1886.) *Pope, Benjamin F.*, Major and Surgeon, so much of S. O. 285 A. G. O., December 9, 1886, as directs him to report in person to the President of the Army Medical Examining Board, New York City, for duty as member and recorder of the board, is revoked. (S. O. 287, A. G. O., December 11, 1886.) *Captain Joseph K. Corson*, Assistant Surgeon, leave of absence extended seven days. (S. O. 288, A. G. O., December 13, 1886.) *First Lieutenant R. R. Ball*, Assistant Surgeon, ordered for duty at Fort Riley, Kansas. (S. O. 144 Department of Missouri, December 13, 1886.)













